

COMMUNITY HEALTH LEARNING PROGRAMME

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A Report on the Community Health Learning Experience
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**SCHOOL OF PUBLIC HEALTH EQUITY AND ACTION
(SOPHEA)**



soehara
building community health

**SOCIETY FOR COMMUNITY HEALTH AWARENESS
RESEARCH AND ACTION**



Music and musician; dance and dancer; life and living :
To enjoy, to play, to be:
Who is the subject, who enjoys?
Does Music possess the musician or does the musician
live the music?
Beneath the song of life one can perceive
The basic note of hope
That of perfection
Marred by jarring notes, true,
Not always sung by the heavenly choir;
But by the large one of life in its vibrancy!
The melody, the harmony of life!
Is it merely part of our perception about the world
Or the world itself?



-K. Pandikattu
-K. Suriano

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ACRONYMS

ANC-Ante Natal Care

ANM- Auxilary Nurse Midwife

AWC-Anganwadi Centre

AWW-Anganwadi Worker

ASHA- Accredited Social Health Activist

VHSNC- Village Health Sanitation And Nutrition Committees

IGMSY- Indira Gandhi Matritva Sahyog Yojana

IYCF- Infant And Youthchild Feeding

JSY- Janani Suraksha Yojana

PNC- Post Natal Care

GOBI- Growth Monitoring Oral Rehydration Breastfeeding And Immunization

BOBIFFF- Growth Monitoring Oral Rehydration Breastfeeding And Immunization Family Planning Food Supplementation and Female Literacy

VHND- Village Health and Nutrition Day

BCG- Bacille Calmette Guerin (TB VACCINE)

CHW- Community Health Worker

M&E- Monitoring and Evaluation

SAM- Severe and Acutely Malnourished

MFC- Medico Friend Circle (mfc)

UPISE-Understanding Patient Interest Support Empathy

SOLER-Sit Straight Openness Lean Forward Empathy Relax

SECTION- I

Turn on the Music

Chapter 1
The music opens to the floor

Music in the soul can be heard by the Universe.-Lao Tzu

A flat note is floating around me and I try hard to move my legs, but every time I stumble. And air brought a beautiful note from the old days music legacy of India. I start syncing along the music, and I was able to perform something which I call dance of soul. Soul can only dance to the music of life.

The first step- After I completed Master of Social Work I started feeling that I was lacking some insight and learning which I wanted to do in life. As I moved around the organizations to do my voluntary work and I finally ended up in Bethany Society (BS) Shillong. While going to field with BS I was able to relate issues that people are facing in day to day life. I used to discuss with the coordinator of BS and my Aunts regarding the health issues. Always thought where to go and learn and how to begin with it!! My philosophy process kept going on without clue. As a girl I used to pray and tell God to show me the light that will help me to do something in life. My voluntary work kept going and I didn't find the right path to take. Every time there was a question mark in my mind. Going to field every day hurt me when I saw people suffer. My associate with Bethany Society' working areas exposed me to the life of Persons with Disability (PWD). I felt I didn't have much knowledge towards health. After two and half months of my voluntary work the Director of Bethany Society offered me a job as staff assistance in an inclusive school. I mingled with students and teachers from different back ground and kept thinking about acquiring the knowledge and skills on health The Director of Bethany Society (Mr. Carmo Norranha) introduced SOCHARA to me. When I went through the website of SOCHARA, I felt on the top of the world because I found the right steps. At last God heard my pray and I thanked my lucky star for bringing me to SOCHARA.....

TRAIL OF MUSIC- Why I want to join Community Health Learning Programme (CHLP)? I consider myself privileged to be associated with School of Public Health, Equity and Action SOPHEA, SOCHARA for the Community Health Learning Programme (CHLP). Thank you for letting me to express why I wanted to join CHLP, I passed out my Master of Social Work (MSW) from Assam Don Bosco University in the year 2014 and I was specialized in Community Development (CD). Before joining CHLP I associated with Bethany Society, Shillong, Meghalaya.

The very objective of my specialization in Community Development (CD) relating to health services and to enable me to participate in activities including research, campaigns, movement and processes “To make Health For All a reality”.

I was very much willing to join community health services and serve the rural/urban people. I wanted to join community health programme in order to enhance my knowledge on community health, especially community monitoring being the integral part of the community process under NRHM; in order to educate and capacitate community member to access and enhance participation of people in the public health programmes. By acquiring more knowledge in community health I will be able to educate the community people through mutual understanding and respect. Further, I will be able to communicate to the rural population or community people at various levels through social audit.

Since, I am originated in the interior part of the North East, India, Nongtalang Village under Jaintia Hills District, Meghalaya. The people inhabited in my village are very backward, they are lacking behind in many ways, in terms of development, schemes implemented for the welfare of the people, particularly health facilities; even after the implementation of NRHM due to lack of knowledge and awareness. Since childhood I dreamt of addressing the health issues of my community people; as it is a universal fact that “Health is wealth”. I took up social work profession with Community Development (CD) as my specialization in order to keep my long cherished dream alive.

The training programme offered by SOCHARA will be the major platforms for me to enhance my learning and learn the techniques and guidelines in a systematic manner in facilitating the health problems faced by my community people. I would like to advocate the health issues of my village/community people by educating them about the importance of health facilities needed, regular check-up and schemes implemented by the Government specially for the rural areas and to enable the community people to raise their voice to let the higher authorities be aware of the problems faced regarding health issues. As an individual, I am very flexible in nature I am ready and eager to learn and acquire new knowledge. I have a strong determination to keep up the dreams of assisting the health issues of my community people.

I therefore eagerly looking forward to get the opportunity to be a part of the team in the training programme offered by the SOCHARA, the esteem organization. I am willing to

cooperate with the trainers and offered my services to the SOCHARA whenever required because I firmly believe that through this programme I will be able to learn tremendously and share my experiences with my other co-workers who are not privileged to attend the training programme and along with the community people I will share my learning and guide my fellow community people on how to address and find out a solution to the health issues of the people. Through the training programme I look forward to enhance and build a good network with the expert and organization dealing or working or having the same objectives.

Chapter- 2

The song and dance began, where words fail, music speaks.

-Hans Christian Andersen

For me SOCHARA is a big jigsaw puzzle. All the little pieces coming together, to form a beautiful picture. Here, in the 1 year of Community Health Learning Programme I found my understanding, thought, behaviour and attitude is totally changed and acquired a rich experience in Community Health as a future community health worker. There was nothing unreal; everything was indeed very real in life. In fact, the thing that remains constant is reality which is constantly changing. I wonder myself how the 1 year with SOCHARA translated into action on the ground level. I believe once I return to my own place it will be the great transformation for me to put into action along with the interest and objectives. Being with SOCHARA, it touched my live at the grass root level because there was a time I doubted my own capability. Always think about the high salary but now I understand the meaning of life. I believe in myself, money is not my cup of tea. Therefore, the most important is job satisfaction that gives peace of mind and happiness in life. Hence, working in any field needs to be kind and accept the people the way they are and without judgemental attitude. Also nothing is impossible in this world. What is more difficult is to find the will to do something. So, if anyone has the will power, anything can be achieved along with the challenging and passion.

The interesting portion to be with SOCHARA is the environment itself which was to create an atmosphere to feel at home. When I recall back from the first day of applying the fellowship programme, it amazes me about SOCHARA because while having skype interview I felt like knowing them already, they make me smile and feel comfortable while talking to them. After reaching Bangalore I had personal interview again and this made me scared again but fortunately it was a wonderful interview I ever had. The collective sessions brought up my knowledge and understanding level to improve my thoughtful towards the community health in both class room and field experience. My basic objectives is to improve my learning skills, enhance my knowledge on community health especially community monitoring and understand the community on how to deal and work with them.

The experience of class room learning was entirely different from the previous experiences I had during my college days. It was exciting as there were no teachers–students model of conventional learning happened at SOCHARA. All what I have witnessed and gone through

was a journey with fellow travellers facilitated by the travellers who have walked before us. It was learning through experiences that gave equal weightage to both theory and practice. During theory classes I liked the most because there is no teachers and students practice instead it was conducted in a very different atmosphere as learner and facilitator that I never had during my entire studies. The atmosphere in the class has transformed my thought into optimistic and I learnt from co-fellows from different experiences, knowledge and ideas. This is the great platform for me to be part of the program that gave me lot of new concepts and input. The recap session was wonderful that made me to reflect and think back about what I learnt at present, past and future. It is very meaningful session what I felt that will help each and every one of us. It is also good practice and at the same time it reminded me what I have learn and put theory into action. It brings new concepts and makes me reflect about the reality that we are fighting today life time. SOCHARA is one of the greatest organisations that I will never forget and believe in myself, I will carry the message in future. I am so grateful to God for being with SOCHARA and this will be the greater gift I got in 1 year fellowship programme both theory and practical. I developed and admired the whole team of SOCHARA, they are a role model for me because each and every one of them having unique styles of teaching and effort of work through their passion and commitment towards the needy person. Facilitators work with different interest and try to uplift people and “*Let their voice be heard*”. The most important part I enjoyed along with my co-fellows is sharing and learning from each other’s experiences, and at the same time they are very helpful and cooperative in overall necessities. Also had fun and jokes together with fellow-travellers and team of SOCHARA through role play, celebrations etc. This is one of the best experiences I mingled with my fellow-travellers because we start to feel like brother and sister in one family and feel at home. The closeness among each and every one of us become strong and shared our experiences without any hesitation.

Gradually I started thinking and bothered about me:-

- What is the meaning of myself?
- What is the reality in life?
- How much my heart gets heard?
- Whom to blame and who are responsible for it?

To answer all the question at first I have no answers!!!!!!! Firstly, my mind become blank and my brain become numb. Whenever I started thinking there is no answer at all. Always

question myself why and why and why? Struggle myself to find some solution but at the end of the day somehow I manage to find the answer. To know the meaning of myself is believe oneself, true self, dream positively, involve with others, grab the opportunity and never give up. The reality in life is the true life of the people that I have seen in urban slum of Bhopal. There are many people who struggle in their life to get one day meal to eat that is the reality of life. Trying to live the life in a very simple way but unfortunately sad to see the reality of people who are still facing a lot of difficulties and challenges to get one meal in today's generation. It is too difficult to convince my heart, at the first place because it gets angry and heard when I see the people who are not having food to eat and the living condition. The life style is pathetic between the rich and poor. The rich become richer and the poor become poorer. I still have no clue on whom to blame and who are responsible? I keep this question to myself. How to start and where to find solution? It is the high time to talk on the issues of slums and come forward with the solution as early as possible!!

Chapter 3

The power of music make you dance

“Music is a supernatural force on the earth. It has the power to transform the heart and mind”. -Kathy McClary

With few ideas and information I start syncing my mind and thought into deeper understanding and gain knowledge about community health. My inner feeling haunt my mind to search solution through my little understanding on how to contribute to the community. So, finally I find the right track of music called SOCHARA. I am like free musician to explore the world and make use all the ideas and knowledge from my strings.

I met many young fellows who were ready to work for the betterment of community in future. I am glad meet someone who is confused like me towards community health. Fellows are coming from different states of the country with different background and experiences on how to explore the issues to reach health in reality. Meeting and sharing our own culture, beliefs, practice, religion.

CLASSROOM SESSION

Understanding community

During the theory classes the first I understand is the meaning of “**Health**”, Health is a social, economic and political issues above all a fundamental human right. When we talk about ill health or unhealthy it forms several problems like poverty, inequality, violent and injustice are the main cause behind and make people suffer and die for it. Hence, due to this the poor people become the most marginalized and vulnerable in the society as a whole. Therefore, this frame in many issues like malnutrition among the children as the one of the main issues that is very high in our country and what I try to reflect is poverty and social cause, ignorance and lack of education and health problem create in very thing for the poor people and marginalized. Throughout the class room session I learnt and understood with different perspective of Community Health:-

Understanding community Health?

A community is “a group of people who have something in common and will act together in their common interest” (WHO 2003). Communities may find unity through common backgrounds, geography, ethnicity, education, experiences, language, and with other social themes.

Community health is to drop-in, not drop out because whatever practices in the community it will mark or meaningful to the community. So, to think about community health, if we want to tackle the health issues in community the first place is need to tackle community in order to improve the betterment of the people in health.

Personally, to understand community health need to go in-depth and understand the “Chinese Poem”

*“Go to the people’s
Live with them
Love them
Learnt from them
Start with what they know
Build on what they have”.*

Community health is join hands together in-term of sickness and problems. Also, community health is a bond between the people in the community because mostly when it comes to the problem the community tries to help each other and respect in term of sickness. Community health creates lot of problems when it comes to environment. So, environment play major role in the community health and challenges for the people because people itself mostly they didn’t understand the meaning of health. Need to make the community to understand the issues of health.

So to verify any problem of being community health practitioner need to think about the issues before its too late. Example environment is one of the biggest challenges for our generation because day by day the atmosphere is changing and creates health problems. Community health needs to clear understanding about the community before working with people so that it will help to build and work for the betterment of the community. Therefore mental illness is also part and parcel of community health and community needs to focus on how to build the rapport with the community people and empower them. So, talking about community health, health influences community in many areas. Example *communitisation* is new word of NRHM, which mean process to improve through participation of the community.

To conclude, Community health need to empower ourselves and spread message to community in a systematic manner because dealing with community it is very challenges task until and unless we really are committed to work with people.

What is Health: According to WHO, “*Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*”.

My understanding of health is a resource of every life, it is a positive concept highlighting social and personal resources. Therefore, whenever we talk about health it's all about identity, culture, water, environment these are all related to health because without these it will ruin the health condition. These are part of human being when it comes to health system. At the same time, if we think about energy it also exists to health itself.

Talking about health doesn't mean only health but at the same time it effects the biological environment. Therefore, well-being is very important for health.

Health is absence of diseases. So, a healthy body needs healthy mind. As we all know “Health is Wealth”, to become healthy life we need to be healthy both physically and mentally so that we can perform our work well and develop.

To conclude, health is fundamental right and if everyone empowers then health automatically come up.

8 Elements of primary health care

- Education
- Food supply and nutrition
- Safe drinking water and sanitation
- MCH and family planning
- Immunization day
- Prevention and control endemic diseases
- Appropriate treatment of cause and dangerous disease
- Pro essential drug

The concept of Primary Health Care (PHC) is not new to India. The Bhore committee in 1946 gave the concept of a PHC as a basic health unit to provide as close to the people as possible, an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care.

The functions of Primary Health Centre are:

1. Medical care
2. MCH including family planning
3. Safe water supply and basic sanitation
4. Prevention and control of locally endemic diseases

5. Collection and reporting of vital statistics
6. Education about health
7. National health Programmes
8. Referral services
9. Training of health guide, health workers, local dais and health assistants
10. Basic laboratory services.

Structure of Primary Health Centre is:

1. 3 staff nurses
2. 1 LHV for 4-5 SHCs.
3. Ambulance/hired vehicle.
4. Fixed day MCH/Immunization Clinics.
5. Telephone.
6. Ayush Doctor.
7. Emergencies that can be handled by nurses- 24 X 7.
8. Drugs.
9. TB/Malaria, test.

The function of sub-centre is:

1. Maternal health care
2. Child health care
3. Family planning and contraception
4. Adolescent health care
5. Community need assessment
6. Assistant to school health services
7. Promotion of sanitation
8. Co-ordinate services of AWW, ASHA, village health and sanitation committee
9. Water quality monitoring.

Structure of Sub-Centre:

1. 2 ANM
2. 1 male MPW for 5-6 villages
3. Telephone link
4. MCH/Immunization days
5. Drugs
6. MCH clinic.

Community Health Approach: Community health approach is to enable and empower the community, community participation, community organization, integrate health with development, preventive, promotive and rehabilitative orientation, self-sufficiency, education for health and appropriate technology etc.

Social Determinants of Health

- Social
- Economic
- Political
- Cultural
- Ecological

Drug Therapy

Drugs are rational and irrational.

Rational drug	Essential drug
	Non-essential drug
Irrational drug	Combination
	Banned drug
	Hazardous/dangerous drug

In India there are over 60,000 pharmaceuticals available today but only 25% produce good quality drugs others produce substandard quality of medicine. Example of irrational drugs are cough syrup, pain killers, anti-anaemia, O.R.S (oral rehydration solution) preparation and anti-diarrhoeal. Irrational drug use: Inappropriate, wrong dose, wrong duration, self-medication, poly pharmacy. Cause of irrational drug use: Increase side effects, drug resistance, and decrease quality of treatment. Standard treatment: Most of the cough does not require drug treatment. Basically cough clean the windpipe throwing out irritating materials, which may reach it from outside or is produced locally. Therefore, cough is a friend not an enemy some of the cough is due to allergy due to irritants. Some common irritants are like smoking, germs.

People’s alliance for right to free medicines:-

Responsibilities of the alliance: Watch dog with regards to access to medicine situation in the state, monitoring activities and generate community feedback to highlight gaps in the policies

provision and system which hinder access to medicine and involve remedies and solution to cover those gaps.

Understanding the role and responsible of ASHA, ANM, AWW

Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM) and Anganwadi Worker (AWW)

Role and responsibilities of ASHA

1. Create awareness and provide information to the community regarding health, e.g. nutrition, basic sanitation and hygienic practices, healthy living and working condition.
2. Counsel women on birth preparedness, important of safe delivery, breast feeding, immunization.
3. Mobilize the community and facilitate them.
4. Work with village health and sanitation committee of the Panchayat.
5. Provide primary medical care for minor ailments, e.g. diarrhoea, first aids, DOTs.
6. Accompany pregnant women and children course required treatment/admission.
7. Inform the birth and death rate in her village.
8. Promote construction of toilet under sanitation campaign.

Role and Responsibilities of ANM

1. ANM will hold weekly or forth nightly meeting with ASHA and discuss activities under taken during the week all fortnight.
2. Acting as resources person along with AWW for the training of ASHA.
3. Informing the ASHA about date and time guiding her to the prospective beneficiaries to the outreach session.
4. Participating and guiding in organizing health days centre.
5. Taking help of ASHA in updating the eligible couple registered of the village concern.
6. Utilized ASHA in motivating the pregnant women for coming to sub centre for initial check up.
7. ASHA help ANM in bringing marriage couple to sub centre to adopt family planning.

Role and Responsibilities of AWWs:

1. To elicit community support and participation in running the programme.
2. To weigh each child every month, record the weight graphically on the growth card and maintain child cards for children below 6 years.

3. To carry out a quick survey of all the families especially mother and children in those families in their respective areas of work once in a year.
4. To organise non-formal pre-school activities in the Anganwadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in Anganwadi.
5. To organise supplementary nutrition feeding for children 0-6 years and expectant and nursing mothers.
6. To provide health and nutrition education and counselling on breastfeeding/infant and young feeding practices to mothers.
7. To make home visit for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child.
8. To maintain files and records as prescribed.
9. To guide ASHA engage under NRHM in the delivery of health care services and maintain such record under ICDS.
10. To identify the disability among children during her home visit and refer the case immediately to the nearest PHC or District Disability Rehabilitation Care.
11. To support in organizing Pulse Polio Immunization.
12. To inform the ANM in case of emergency case like diarrhoea, cholera.

Paradigm Shift:

	Bio-medical	Social- community model
1.	Individual	Community focus
2.	People as patient	Equal participants
3.	Providing to enabling	Empowering
4.	Drugs and technology	Education and social processes
5.	Professional control	Demystification and social control

4 A's

- Accessibility
- Affordability
- Availability
- Acceptability

Turn of the tap and mopping the floor

Turn off the tap and mopping the floor is the very important concept and I think each and every one should know this model. It create new ideas and to understand towards the doctor. Doctor seems to be floor mopping because for them they never practice/ taught of well-being and because of that they are floor mopping. Therefore as community health worker we should not be only turning off the tap or mopping the floor because if we practice like that we would not be aware about what happen in this world. The floor mopping is the one who is of the selfish kind. Therefore, we should practice to be turn of the tap especially working in the community in order to aware and spread the message to the public around the globe.

Axioms:

1. **Right and Responsibility:-** To enabling and empower the community and uplift them to demand their own right and responsibility and health as well. It reflects me during my field work because I find people till date did not understand their right and responsibility towards health.
2. **Autonomy over health and development activities:-** It is the community approach involvement by creating awareness and support to the community to share their ideas and knowledge. It also reflect me it will be the great opportunity for them to participate individually, family and community and aware the important of health as a whole.
3. **Building decentralized democracy at community and team level:-** It is through the community participation and interaction between the community and the third person in order to build and bring empower to the community in different activities. Through this it make me think and realized that community participation is very down in the community according to my field experiences.
4. **Building equity and empowering community beyond social conflict: -** It is the community health approach because it is the understanding and participation of the community itself will bring change especially vulnerable and marginalized people are getting change to develop and shared their thought and ideas in the present situation. Community need to empower through different action and face the problem to reach the hills of health.

5. Promoting and enhancing the sense of the community:- It reflect me through my experiences in the field that need to accept the community as it is because be with the community need full involvement with lot of activities, community building to improve the health for all. It also reflects me that it is sign of development if there is more numbers of women in any kind of participation in the community. To promote sense of community it is also depends on the affective community engagement and active participation.
6. Confronting the biomedical model with new attitudes skills and approaches:- It is the involvement of the community itself on how to understand and acknowledged with the present scenario of the community when it come to health care because it is the responsibility of the community to realise the important of health care at large. Hence, to change the community is needed first to change our self. Also reflect that participation, contribute leader is the wonderful contribution in all round of the community.
7. Confronting the existing super structure of medical/health care to be more and community oriented:- It bring me back to the community because it is high time to make the people realize about the important of health care. Also oriented the community and enabling and empower them to stand and be able to raise their voice in the public place.
8. A new vision of health and health care and not a professional package of actions: When it comes to community health approach the community have to think positively and change the mind and make the different through action and attitude. Also need to practice by approach the community through new knowledge and ideas.
9. An effort to build a system in which health for all can become a reality:- It reflect me to build the system for health for all into reality is need to look in all the different aspect of socio-economic political and cultural system. Further if we cannot tackle the issues of health for all will continue to fail in the next plan.

Playing games in Community

- Building
- Dynamics
- Participation

- Mobilization

Alma- Ata

The Declaration of Alma-Ata was adopted at the International Conference on Primary Health Care (PHC) held on 6th -12th September 1978. It is the need and urgent action by the Government, health worker and community as a whole in order to protect and promote the health for all to the people. Alma-Ata is the first international declaration comes out with the important guidelines of primary health care. The primary health care approach has accepted by the member countries of World Health Organization to be the fundamental goal of “Health for All”. Also, Alma-Ata accepted that Health is a Fundamental Right. It is the right and duty of individual and joint to participate in the planning of health care.

Reflecting back to Health it strikes my mind that people use to thinking about PHC and through this will help the people who really needed the most. But unfortunately, the service is very poor especially for the people who come in low background they faced plenty of problem. What I have experiences during my field in Bhopal I have seen by my own eyes; the doctor did not respond to the poor and marginalized sections. Therefore, the poor people prefer to go to the private clinic or hospital because they get better treatment. This mind set of the doctor should change their psychology towards the people who are in need more than the people who can afford to pay for their treatment in order to improve the health condition in our daily life as a whole.

It also needs to consider self-reliance and social awareness are the most important basic factors for the people because people have the right and duty to participate in the process for improvement of their health condition. I used to think if PHC stresses and focuses on the main problem of the community it will be better for the community to improve their health condition.

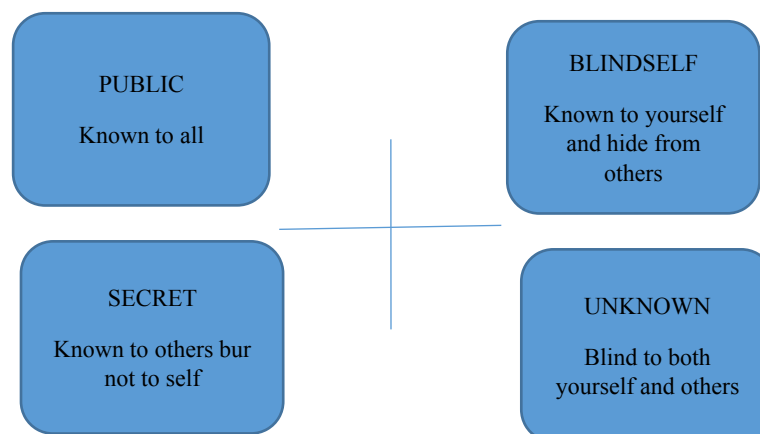
Therefore, the declaration highlights the inequality between developed and developing countries in different terms like politically, socially and economically but it is unfortunate a and it is unacceptable. So, as a result the Primary Health Care was introduced by the Alma-Ata declaration, selective PHC will present the low-cost solution to the specific and common causes of disease and death. The target selective PHC were clear, concise, measurable and easy to observe. This is because the selective PHC will be able to focus and concentrate in the most important areas. Example for this is the well-known GOBI (Growth monitoring, Oral

dehydration treatment, Breast feeding and Immunization) and later GOBI-FFF (adding Food supplement, Female literacy and family planning).

At the same time what I used to think and reflect PHC also depends on the attitudes and skills of the health worker how they treat people when it come to health, also think in order to improve the health condition the mobilization is the main important source of health.

Johari window

Johari window is the very new model that I never knew during my whole studies. Understanding the meaning of Johari window, it gave me ideas on how to work with my weakness and strength at present and future. When I think about this model I find myself in all four areas. This model is based on two ideas - trust by reveal to others, and learn about yourselves through the feedback. I used to discuss with my friends about myself because I want to get feedback of my weakness and this is really help to cope and understand about self. As human every individual have our own perspective to define and also behaviour and attitude. I use to be very happy to get feedback from others so that will help me to grow in good way. The presentation and group discussion during the class is very helpful to grow my understanding and confidence level. Getting feedback from facilitators is big change for me because I never know my capability and weakness.



Health Problems in India

Attending the class on health problems in India is one of the learning processes in order to apply while working with the community as well for the personal learning in future.

Health indicates into two types i.e. communicable and non-communicable diseases.

1. Communicable diseases:- In India the top communicable disease is malaria, tuberculosis, diarrhoea, acute respiratory infection, leprosy, filariasis etc.

Nutritional problems (not a communicable disease, but it affects basic immunity, making one vulnerable to other diseases): In nutritional problems it contains different categories:-

- Protein energy malnutrition which occur from the children who are malnourished. Malnutrition, anaemia, diarrhoea are the main causes for the children under 5 years to death.
- Nutritional Anaemia is the lack of deficiency of iron and mostly affects women and children. Especially for the women during delivery the blood cost up to 500ml, and because of this iron is very important for the women during the pregnancy in order to prevent anaemia. During delivery if the women with anaemia lost 200-300ml of blood it will cause to death.
- Low birth weight, 4. Vitamin A deficiency, 5. Iodine deficiency disorder and others.

Environmental Sanitation problems:

- Lack of safe water and waste disposal. Also it is lack of facilities of air borne diseases.

Medical health care:

- It is lack of proper treatment, and the advantage is free/ accessibility and disadvantage is in private hospital the quality of health care is not up to the standard of treatment.

Population problems:

- Population problems are due to employment, education, environment, housing, health care service and sanitation. Due to that population is the main cause led to all the social determinants e.g. slum is one of the areas facing all the problem mentioned above. Most of the people thought urban area is better than rural but unfortunately according to the study by 2020 the population of urban will increase up to 50%. That will be again the major population problems.

2. Non-communicable diseases: It also well known as lifestyle. This is because of eating style, irregular eating, stress and not enough sleep, drinking habit. This also life style cause to obesity, diabetes, cancer, hypertension, accidents, heart disease.

Nutrition basic principles:

- Nutrition is the science of food and its relation to health. E.g. it should not be too more or less of nutrition. It also concerns with the role of food in growth and development of the body.
- The relationship of nutrition are infection, immunity, fertility and maternal and child health. While non-communicable relationship is cancer, heart disease and diabetes.

Classification of foods:

The origin of classification of food is vegetarian and non-vegetarian. The amount required to be consumed are two types:-

- Macronutrient is consumed in large quantities e.g. protein, fat, carbohydrate.
- Micronutrient is consumed in small quantities e.g. mineral, vitamin.

Protein:

- The most important food in nutrition is body building (growth), repair and maintenance, formation of blood, hormones, enzymes and immune system function.
- The sources of protein is animal source i.e. milk, egg and plants source i.e. pulse, bean, cereal, nuts.

3. Malnutrition in children: Malnutrition in children has important effects. Important issues are detection, signs and symptoms, causes, management, prevention and types. It affects the child immunity. Its causes are due to low birth weight or poor maternal nutrition, and the infection may be because of diarrhoea, TB, malaria, worms and UTI. Malnutrition in children is two types:-

- Marasmus- It is lack of protein and calories.
- Kwashiorkor- It is lack of protein.

Mild and moderate malnutrition child should get proper food and feed the child frequently and also to check the weight regularly. The three important points to treat the malnutrition child is Diet, Vitamin, and Mineral (Iron, Potassium).

I learnt the three main functions of foods i.e. body building food means grow food, energy giving foods means go food and protecting foods means glow food. Through these three

terms I learnt on how to influence and motivates while working with people in the community in the easy manner. This is easy words to make people understand and aware about the important of health.

I also learnt iron is required for haemoglobin and development of body in order to maintain the immunity. Adding to that I learnt all types of dal provides the same protein and there is no different between low/high prices. I learnt any food items cooks in the iron utensil it contain iron.

While interaction with Dr Ravi I learnt breast feeding contain nutritious and protect infection. Colostrum is the yellow colour of first breast milk and this milk is very important for the baby it provide vitamin A & K and protection again infection in the body of the baby. Besides that I learnt the new born child should increase the weight by 30 gram per day and 200 gram a week for the healthy baby. Also if the baby passes urine many times a day which means the baby has enough milk from the mother.

The new learning that I learn is precious baby which mean the couple having baby after long gaps of marriage and plus the couple will not generate baby any more. This kind of baby child needs more attention and care.

I learnt hookworm is one of the causes of major anaemia in children because the hookworms digest lot of blood and create malnutrition for the children. Hookworms digest blood 0.2ml per day and $\frac{1}{2}$ litre a month. Also in open defecation hookworms are more prevalent and dangerous, and mostly this creates deficiency and malnutrition.

I learnt malnutrition is the one of the major problems faced by the people especially children. In severe malnutrition the first aid is to treat the infection that affects the child. To avoid the malnutrition is if we can educate the mother in order to treat and care for the children at home in a proper manner so that it will reduces the malnutrition in the society. Also the long term malnutrition it will create the worse and reduce the growth rate of the society. Due to this improvement will decrease in the society and poverty will increase day today life.

When I try to reflect about health care in India it strikes me the health condition of the people did not reach them up to the standard they are supposed to get the services of health care. First day visit slum in Bhopal I just can imagine how people living in that condition with no facilities at all. Children health is very bad and I am thinking how they will manage with such bad condition. It is very difficult for the people like slum to reach the objective health for all

because they are still lacking with all human need. Community as a whole have all social determination in each and every household.

Being said malnutrition is very highest number in Madhya Pradesh, so during field I come across in slum area of P.C. Nagar and Indra Nagar Bhopal there is many moderate malnutrition in that community but unfortunately the Government concentrates only for severe child malnutrition. The moderate children are lagging behind and this problems leads to severely malnutrition because mostly every household have moderate children. So come from the poor back ground no one is taking care for their health since the parent needs to go for work. Therefore that is the main cause of malnutrition in Madhya Pradesh and also whole country. Government are not response from the grass root it starts from top to bottom not from bottom to top. What is the next step for the Government to take in order to reduce the malnutrition in the country in future?

Communitization

Communitization is process to involving the community services through National Health Mission (NHM), in order to enable and empower them through leadership from the community or ASHA workers. The mission of the project is to provide and access to equitable, affordable and equality health care and accountable. Communitization is the community based monitoring and at present it called community action for health.

Therefore, reflect back to the community during my field in Bhopal, while interacting with ASHA workers I realized she is a role model for the people in the community because she has different roles and responsibilities. Looking at her action in the community through the services she deliver it is wonderful for them to aware and understands about the different social determinant. ASHA workers play the major role along with AWW and ANM in the community especially during VHNC. She support and response to the women in community who are in trouble during their delivery time. What I observe from ASHA workers in the community she is passionate and committed to her work. Being ASHA workers is not easy task but what ASHA did in the community it make me realise and amazes about her compassion towards the community on how to improve the health condition in the community. I appreciate about what ASHA workers done in the community because when I think and reflect about the work and pay she got it make me understand that it is truly volunteer work. It is great to have ASHA workers who did tremendous work towards the betterment of the community and make the community healthy. Unfortunately, what I have

experience in urban slum in Bhopal I use to think, sometime people did not realize their need because ASHA workers have to follow and inform or call them to come during immunization in the centre. Hence, what I understand here is the community need to cooperate and join hand together in any development in the community or else nothing succeeds like success.

Communitization also process of community monitoring and planning to practice health by empowering and engage by themselves for improving health services. Community need to put all the effort to work on the issues faced by the community. Reflect back to the field experiences, Related about MDGs Communitization of health and education is one of the biggest problems and life-threatening of health services to achieve till date. What I observe in the community during field, there is no PHC nor CHC in the community, and talking about the education people are still lacking behind without any proper basic education. Being community health practice it reflect me, community should be actively participate in any kind of development be it health, education, water and sanitation etc. Hence, be with urban slum people it make me to reason that they are being betray by the higher authority.

Thinking about communitization is also challenges task to improve public health services. People will faced lots of problem when it come to NHM program because the quality of the medicine and the way they treat people in the PHC and CHC is not up to the expectation of the public in any institutional. No doubt there is improvement but there will not sustained in the long term. Therefore, the concept of community participation is the foundation communitization.

To conclude, community need to tackle the problem of the public services. However, communitization is the example on how to create the service in order to improve the health condition in the community.

Management

During the session with Mr Prasanna on “Management” I learnt there are three main source of management i.e. Man, Money and Material. Being said by Mr Prasanna, “keep holy space for thinking and reflect to recharge for yourself”. It reflect me that the words creates lot of meaning on how to spent time for self and make use of it so that it will be better way in the future. Therefore, management it is very important and also play main role for day to day life of each and every human being.

Through the session on management by Dr. Ravi Narayan, what I understand and learn, need to plan and work on what we want to do because many of us always want to plan for the new

thing but unfortunately not willing to learnt and share with the others and what exactly we learnt for the pass. This kind of practice fail the plan, actually need the supportive supervisor. Also what I learnt and understand from Sir Ravi regarding management is to understand the place and community, to find out the problems and collect information, records, district plan, manage health programme, manage relationship with Govt., PRI, manage human resource, monitor and evaluate, develop good relationship, promote and advocate health, promote sustain partnership and promote community participation. What I use to think when I was in the field and look back to the people who have all the social determinant need to find out what exactly the problems face by the community and what is the next steps or solution to use for the betterment of the community in the future.

Globalization

Globalization is a both positive and negative element. What it consist and how it affect the work in the community level? It consist and effect the work through networking, free trade, world without boundaries, standardization, global village, homogeneous, technological, climate change, changing culture, corporation, compilation, essential drug, political, economic boundaries.

I understand in term of community profit is not benefit money but it is to spread the wing and welfare to the community/ society. Therefore, when we talk about health for all it include all about sanitation and water. So health and education should not be a market. In 1990's it came through bank mechanism of globalization. So in India the cream of Indian farmers die due failure of cash crop which they shifted from food crop. Globalization it also leads to child malnutrition and suicide. When it comes to child malnutrition it is all about cash crop and the mother don't have time to feed the child properly. So the globalization become the profit and benefit for the individual person. Climate change is another big issue of globalization. It is the high time to increase the people's voice and empower them.

The framework of globalization

1. Serving as "think model" by providing a basic for the development of future scenario on health.
2. Economic factors.

Secularism

Secularism means respect for all religions. It stands for belief that the state moral and education should be independent of religion. In fact, Indian constitution of 1975 includes the

term of secularism. But what we practice is different e.g. *dalits* is not free to worship as they like. Article 25 (1) said freedom and conscience and religious is secured to all citizens. There are many laws in writing but we never practice it. So faith should be received in the name of aid and uniform civil code should be equal law and equal treatment for everyone. Therefore each and every religion is highly respected. It should be a deep respect for individual and small group. So can India have uniform civil code? Thus, knowledge need to grow because someone get from the deep inside from others.

Universal Health Coverage (UHC)

Ensuring access to health care for all Indian citizens in any part of the country regardless of his or her income level, social status, gender, caste and religion. UHC by 2002 vision was to reach people in every citizen, including patient and outpatient care with free of cost. People have the right to choose the facilities e.g. Public sector facilities and private sector/ providers. That is the dream of universal health coverage.

Health is not complete coverage by the Government of India that is the big challenges. The National Integrated Mission said we must get to the Government services but we in India have all good laws but unfortunately only on paper also have a tendency never to follow what we thought. Basic challenges of UHC are equity, access, corruption, social determinants. Corruption is not only money but also breaking the role in what person supposed to do and social determinants it include caste and class.

Empower action group of state: BIMAROA

Bihar, Madhya Pradesh, Andhra Pradesh, Rajasthan and Orissa.

Understanding regional diversity and contradiction:

1. Diversity health system development
2. Diversity in health human resource development

Committees that addressed health care in Indian History

1. BHORE Committee in 1946
2. MUDALIAR Committee in 1961
3. Committee on multipurpose workers Kartar Singh report 1973
4. THE Srivatsav Committee in 1975

Sanitation

Sanitation is the hygienic means of promoting health through prevention of human hazard of wastes as well as the treatment and proper disposal of sewage or wastewater. Providing

sanitation to people requires a systems approach, rather than only focusing on the toilet or wastewater. The experience of the user and wastewater collection methods, transportation or conveyance of waste, treatment and reuse or disposal all need to be thoroughly considered. The main objective of a sanitation system is to protect and promote human health by providing a clean environment and breaking the cycle of diseases.

Urbanization

Urbanization is the key factor in health equity development. Land is the main problems in today generation. The urban expanding the process from rural to urban. By 2030 the population of India will be 50% urban population. So the process of urbanization is talk for all the affected and urbanization itself is social determinants. Urbanization includes housing, education, income, water and sanitation, health services, social status, employment/occupation, population, transport, life style and food production.

The world became urban. Half of the population live in the urban setting. Urban setting attributes as size, density and vertically affects health equity both positive and negative. Poverty leads to slum and ill-health. Slums are extreme form of poverty related to health. Good health is a determinant of individual and societal economic status. Governance is not just about the Government; actually governance is the key to improvement in unhealthy social and environment in urban setting. So privatization is very aggressive and India has big domestic market and big export.

Women's health

When a woman is healthy, she is happy. She feels active, creative and wise. Therefore every woman has the right to complete health care throughout her life. Women health is affected not just by the way her body is made, but by the social, cultural, economic, environmental and political condition. According to the book where women have no doctor, 2007 said, 80% of women found to be anaemia and 20% are stunted. So if women already malnourished and become pregnant she might face double problem during her delivery, e.g. heavy bleeding, baby will be under weight. Also one woman die from a problem related to pregnancy in every minute. The poor health of the women is due to poor nutrition, gender inequality, frequent pregnancy, over work, poverty, lack of education and lack of appropriate health care. The two major root cause of women health are poverty and low status lead to many issues of problem faced by the women. Mostly in Indian context women become poor before they are born because born to be women did not get enough to eat during pregnancy. Women in large are

neglect in the areas of health care and education. To be truly healthy as women need to change and make decision if necessary for good health.

Social Vaccine

Social vaccine is a new metaphor. It is study of social, cultural, economic, ecological and political determinants of health and constitutes the key stone for use of evidence for development of public health policy. Social vaccine it is just and ideas. In community doing something through action, counselling, sing, dance, festival, games, SHGs, youth group, vocational training, improving agriculture. This is what try to make in the community is social vaccine. Health is socio-cultural and political process. The primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social medicine and politics.

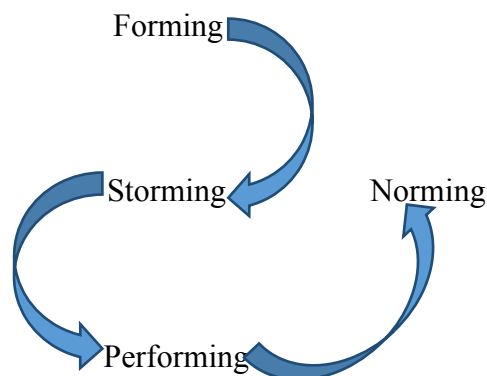
Therefore the social vaccine needs to focus into disease and ill health. As a result to tackling the diseases we need to look on poverty, gender bias, conflict, stigma and social inclusion.

TEAM

- T-Together
- E-Each one
- A-Achieve
- M-More

To me define or communicate the meaning of the team, is “Team is a group of people to think and encourage each other to achieve aim and objectives and motivate to move together”.

Stages in Team building



Disease

Disease is an abnormal condition of a part of organ or system of an organism resulting from various causes, such as infection, inflammation, environment factors or generic defect and characterized by an identifiable group of signs, symptoms or both.

There are two types of diseases:

- Communicable
- Non-communicable

Communicable v/s non-communicable diseases

Communicable diseases are spread from person to person or animal to person. The spread can happen through air and direct contact with blood. Cold is an example of a communicable disease. Non-communicable disease is medical condition which cannot be spread or passed from one person or animal to another. E.g. cancer, heart disease and diabetes are the example of non-communicable disease.

Socio-economic context:

- Differential exposure
- Differential vulnerable
- Differential outcome
- Differential consequential

Conflict

Conflict is disagreement or argument. Conflict can be negative but also differ from person to person perspective. E.g. development is different for each individual. Therefore to avoid conflict need to withdraw in the early stage or one side should be little down of the ego. Otherwise there will be big problem will a raise.

5 ways of conflict:

- Avoiding style
- Smoothing over
- Compromising style
- Dominating style
- Joint problem solving

Health as human right

Health as human right needs to be very ethical framework. Human right to health means everyone has the right to achieve in term of physical and mental health, include access to medical services, sanitation, food, housing and clean environment.

Therefore, related to the services of community health better than public health, in order to realize the requirement we need the voice of the people. In the context of health and health care there is inter-connected right lead to social, economic, political, civic and cultural rights.

The human right to health means the hospitals, medicines and doctors must be available, accessible and acceptable in term of basic equity of the people.

Mental health/Mental illness

Mental health problems range from the worries we all experiences as part of everyday life to serious long-term conditions. Mental health is a sense of wellbeing, confidence and self-esteem. It enables us to fully enjoy and appreciate other people, day to day life and our environment. When we are mentally healthy we can be form positive relationship, abilities to reach potential and deal with challenges life.

According to WHO (World Health Organization), mental health is *"a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"*. WHO stresses that mental health "is not just the absence of mental disorder".

Mental illness is a health problem that significantly affects person mind, behaves and interact with other people. A mental health problem also affects person thinks, feeling and behaves. Mental illnesses are different types: anxiety, schizophrenia, bipolar mood disorder, personality disorders, eating disorders, depression. Mental illness results from complex interaction between mind, body and environment.

Chapter 4

The song

“A great song should lift your heart, warm the soul and make you feel good.”

— **Colbie Caillat**

Role play and skit is another technique that warmth just like the music in each and every mind. Music speaks to the heard of the people in many ways. The mind and thought to listen in deep thinking and be yourself happy in any situation. Music speaks to individual, group and family.

Monsoon game related to community health

Monsoon game related to community health, first my mind become so numb; personally I don't know where to begin and where to end. It's really take time for me to express my feeling when it comes to reality.

According to the play, from the beginning itself I could see there is high, middle and low class and play the same when it come caste. When I describe the whole picture of the game it strike my mind the monsoon game turn out to be hand in hand because poor become poor and rich become rich.

Look back to the game how it relate to community health, it truly affect majority of the village people. Since, the landlord takes all the power and play very important role and responsibility for all the people in the village when it come to the land because he is economically free, I could say while playing the game and perform as adivasi family it is really hard and very difficult time to manage in everything when it come to the monsoon. The whole community are facing problem but unfortunately the lower caste face more difficulty because the poor family did not have sufficient land to plant the crop and they are the first person to face simplicity.

Whenever the monsoon was bad the whole community has to face different problem because they are lacking of food items and through this the health problem of the people become worse especially the people who are depend economically into agriculture.

According to my experience through monsoon game I feel the landlord take advantage for all the poor people and make use all his power through his gang and keep attack the poor people. Mostly people when it comes to the monsoon game they faced health problem because they don't have anything to eat and the children in the community become malnourish and live without food for many days.

The whole community are facing health problem and there is a time the poor didn't have anything to eat and different diseases attack them and no money to take medicine, and they do not have sufficient food to eat. People suffer and face the health problem till the end of their life and landlord has no heart feeling as human being.

When it come to community health through monsoon game there is many areas bias is very strong even the Govt. and bank never think about the poor and lowest class, because the poor cannot afford to deal or bet with anything.

Caste system in India and its effects on health and development

Caste system in India divided into four categories i.e. Brahmin, Kshatriyas, Vysas, and Sudras. These four categories play the main role in India. Looking to the picture of caste system in India how its effect the health and development, this is the main difficulty that India face problem since before independent and till today still practice. Caste system is not only relation between caste members, but also their own notions of personhood, identity and self-worth. There is no support system from the high class in Indian society when it comes to caste. In fact the caste system is a great sense of caste awareness.

When it come to health the caste system also create lot of difficulty because the people from the low caste they did not get equal opportunity or no privileged for lowest caste as they are from low caste they deprive from their rights e.g. high caste are not allow the low caste to enjoy the facilities provided by the Govt. especially in remote areas like Haryana, Bihar, Utter Pradesh.

Besides that when it comes to health the high caste did not face any problem because they are economically free of mind and tension but when it come to the low caste they have to think twice before going to any health facilities. The higher authorities of any health centre always looking down for the low caste and due to this also automatically the low caste will suffer and end up and dying with chronic diseases. Also no sufficient treatment for low caste compare to the high caste because the low caste have not financial amount to pay for the concerned doctor.

Therefore when we talk about development the people from the low caste are not improve till today, seem someone say India it will take time to more than 50 years to develop, and I think this is because of caste system. India has different priority and concentration towards people, this is always the high caste will come front and lower caste every time behind. Never give change for the low caste to develop or improve. When we talk about development the Govt.

try to improve the condition of the low caste but unfortunately the high caste are always try to pull down the low caste especially when it come to education the teachers discriminate the students from lower caste and teacher have low expectation towards the low caste children and girls and a demeaning and complete abuse attitude to poor children especially slum children. Also in rural areas almost people are low caste so the high caste is not interest to pay attention to the need of the low caste.

India has the three main practices till today as evil for everyone, i.e. economic, religious and caste system which mean most of the rich are belong to the high caste people. Economic difference is the way caste and religious discrimination. I doubt that how we India think that will improve or eradicate many social evil until and unless we think and understand the three main source that we are facing in this generation.

Role play and street play

Role play and street play is beautiful reflecting areas I could see into reality. It speaks a lot and also makes the people understand about the reality and situation facing by the victim. Hence being participated in different role it reflects me to **“Think, Rethink and Analyse”**. With these three words I understand the meaningful of life be it individual, group, community and society. Recalled back about all the play it reflect me, I am pretty lucky to have very comfortable life because when I think, rethink and analyse with the life we are born with diverse contextual. Many people who are not lucky enough to get one single strip of medicine they have to suffer a lot in their life. Rich become rich and poor become poorest. We are living in 21st century it is high time the underprivileged should raise their voice. We live in this society with equal rights and responsible when it come to the law. But unfortunately, all the dirt works have to be done by the poor in this society. Need to realize the important of voice only if we address the issues and be united that is the strength. Society without poor will reach nowhere because they are the one to clean every corner and make the society beautiful. But sad to say many people are not appreciating their work, instead they use to get blame. Poor people are always the victim of the society. I reflect the play while travelling many a time people especially educated they don't care to through anything in everywhere. It is massive problem need to be issue. When I try to analyse it may be right or wrong people in this society are self-interest and never consider about the poor people. The body language of many people in this society are let the poor suffer it is not our responsibility to think for it and live comfortable life. The appearance is like doing revenge to the poor, let them do it is their

job to do who care. It is miserable to observe the behaviour of literate people are like illiterate. I use to rethink it the illiterate are more responsible to society than literate. They care and think about others but at last they are the one who will suffer in their life. As future community health worker need to address the issues before too late if we want to have better society. We expect our society to be clean and beautiful but who will be responsible, literate or illiterate or both?

Chapter 5

Every New Music Beginning Comes

“A great song should lift your heart, warm the soul and make you feel good.”

— Colbie Caillat

Workshop and organization visits is another method and tool to explore my thoughts and understand the reality of the community health. It contribute to my little knowledge in large amount of understanding about the certainty image of the day – to-day – life. It is like putting dendrite in the paper to make it stick in one place.

WORKSHOPS / SEMINARS / MEETINGS

Communication

It is great opportunity to attend the workshop on communication conducted by Sir Krishna and Mr Magimai. The communication workshop it is wonderful and make me realized the reality. It bring lots of learning inputs, ideas and knowledge on how to use in the fields and future. By attending the communication workshop it reflect me back to fields because there is a time that I don't understand how to deal with people due to language problem especially with the slum in Bhopal. I am so happy getting the chance to attend the workshop it is marvellous learning. Always reflect, learning new think in life is like electrified who give innovative thought and communication to make myself understanding better. Mirror game is new knowledge on how to reflect back with our self and apprehend the real situation.

Hence, in communication sometime we need to be aggressive but not in ordinary. Whatever we put in our mind it become behaviour. So, self-perceived need to be together for the betterment of self and others. There are 3 types of people who mean close to you i.e. transparent, close and love you. So intra and inter personal is very crucial. Body and mind belong to the same system. When you get angry it mean killing yourself. It reflect that when we programme our mind it also think and able to help people and it would be good to think positive. Self-confident is one of the most important to work in the community as community health worker.

People participation for health

People participation is management, priority, design trust and building credibility yourself. In the community there are 4 viewpoints:

E, M, W, 3

What I learnt is we should not use the word working with community, instead we can use working for the people. Community define set of individual who shared common understanding. If our goal is to work with community which means we are fool to our experiences in order to understand the community. So we need to empty our mind in order to understand the community. Keep everything in mind and make yourself empty. In all goods there are different areas i.e. provision, production, consumption, co-production.

To keep in mind working with the community should not select the problems that we cannot solved. So there are three things in need i.e. feel need, projected need, analysed need. There also three types of approaches in community i.e. relief and welfare, community development, sustainable system development.

CATWOE: - Client- Actors- Transformation- Worldview- Owner- Environment constraint.

Therefore, input always there in output and output always specification. Whenever we talk about system always need to separate and clear and worldview is logic scientific. And the most important to work with the community is to accept their opinion and do not draw the line on it.

Community health environment survey skill (CHESS)

Workshop on CHESS is to create the platform for the person who are working for the betterment of the environment form different organisation around the globe. Attending the workshop on CHESS I learnt coal mining is the biggest threat of energy with 40% and also learnt biomass mostly people use for cooking. It reflect me, many people talk about the effect of environment but what it strike me is whenever we talk be it identity, culture, water, environment it all related to health because this all effects the life style of the people in future. Therefore, if I think about coalmining communities are the victim in that areas and that has the impact of diseases. It show the result towards people in community with diverse problem.

Art practice is excellent it reflect me, the coal mining areas effected the whole environment also effected the health condition of the people in many way. It spread kind of diseases when it come to air pollution, water pollution and climate change. When I try to reflect about effected areas it remind me about my own state (Meghalaya). Wherever the coal mining areas

it generate lot of problems for the community especially water, forest and this effect the health condition of the people. In some part of Jaintia hills district Meghalaya there are quite numbers of children are disabled. So this make me reflect in deep thought may be because of coal mining that create that problem during the pregnancy. Many women are working in coal mining areas in that areas, possibility it will cause the foetus very dearly.

The art presentation is generate the areas from the 1st phase – 5th phase. It is from the beginning of the work till the environment destroy. It reflect me what will happen after the destroyer of the environment and what will be the benefit for the future generation. I use to hear a lot about people appearance in my own state because they thought only coal mining give them livelihood. Fortunately or unfortunately people never think for the future of their children. Community itself involved in the coal mining because they didn't understand the effect of the coal mining. It is very challenging to work in the community because of that we need to make and convince them with different methods of awareness in very simple way to touch their heart. Therefore, to get proper information is only the community can share their culture, practice, religion, believe etc, so need to have good understanding with the community.

While listening to the presenter, learnt green evolution is the main factor effect the health. Hence, as health worker we should think beyond. Whenever we talk should not concern only health issues but should deeply because it speak in very deep meaning and it focus in many areas example biological atmosphere. It is 30-35% life expectancy of the people who are working in coalmining/crash stone are shrink. Therefore, we are living in the 21st century with huge problem especially climate change we are face day by day. It will be the great challenging task for the public health because is very sensitive to the climate change it include use of electricity, water, waste management and air pollution.

Hence, what concerned me, always talk about the law of right and responsibility, people strive and died due to air pollution be it half of indoor and outdoor population. But unfortunately, never have the discussion on it. Be it state level nor central for the effect of air pollution. Many expert talk about health and discuss but uneasily very few are talking about the air pollution. Actually air pollution is one among the major problem are facing by the people that we never thought. So if possible we should bring that issues into notice before too late. Let the people think and debate on it on how to take up that issues?

Right to Free Medicine

Attending the workshop on “Right to Free Medicine” I learnt it is one of great experience I have come across but fortunately the language is affects my understanding and not up to my expectation of learning, but hope I will work in future. There is experience Doctors and experts person from different organization coming to share their ideology toward the medicine and discuss to free medicine. Discussion among the participants is to understand and sharing the ideas on how to work with right to free medicine because when it come to medicine it is the Government responsibility to take the final decision.



I learnt Madhya Pradesh (MP) has 72.59 million populations. When it come to health Madhya Pradesh has 50 district hospital, 56 civil hospital, 333 CHC, 1159 PHC, 8659 SHC and 48795 Gram Arogya Kendra.



I learnt the role and responsibility towards the decentralize procurement system, the state drugs is responsible for state contract. The strategy of health system is drug policy 2009 ensure from District hospital to Gram Arogya Kendra, man power and capacity building. According to the presentation by Mr. Arpit I learnt there are 50 district drug stores. During 2014 mostly prescribed only generic drug.

During the presentation by Dr. Amit Sengupta, I learnt health care system it is unregulated private sector and public facilities did not provide free cost of medicines. Also learnt 70% of medicine care cost is borne by people through “Out of Pocket”. 70% spent buying medicines source of health care.

I learnt if the big company or branded coming to the public place and the people always think it is the best medicine and more curable because the brand speak a lot to the people but unfortunately the branded get lot of benefit from the public. Beside that I learnt India is the 3rd produced of drugs in the world to over 200 countries. The medicines price control by the company. The three categories term to know is lifesaving, essential and non-essential.

I learnt the trend in drug industries is manufactures especially large manufactures, who can pay heavily to “Buy Health Care”. Adding to that I learnt the production of high expensive is

high demand and with low cost is low demand and short of medicines to supply. The medicine ceiling prices is fixed for all drugs under price control.

I learnt when it come to Tuberculosis (TB) in India itself there are 170 out 200 TB patients unaware of DOTS programme. And 50-80% TB patient in India still seeks permission from private clinics. According to the report I learnt in Mumbai itself 100 Doctors provided 80 different prescriptions for the TB patients.

During the presentation by Dr. Narendra Gupta, I learnt the components of free medicine scheme that is hard ware which means to make drug available in Government hospital and software which means to change the prescription behavior of doctors. I also learnt **“the best medicine in life is free”**.

I learnt during the group work is one of the great experience and opportunity to discuss and sharing ideas with the expert doctors and expert NGOs worker. I learnt attending this kind of workshop is one of the good opportunities to have network with different expert people for different states and organizations. Group work is very helpful to come together and share among the group regarding the focus topic. It is easy for the group to understand by distribution with some points and ideas; I learnt the team work is very important to complete the task. Towards that right to free medicine in community the NGOs need to involve more for the betterment.

Presentation by Dr. Ravi D’Souza, I learnt rational drug therapy is logical and appropriate. This drug accepted all over the world. Further I learnt there are two types of drugs i.e. rational and irrational drugs. There are 60,000 pharmaceutical available in India. During the presentation I learnt the irrational drugs as cough syrup, pain killer, and anti-anaemia. Use of irrational drugs is inappropriate drugs e.g. antibiotic, wrong dose, wrong duration and self-medication. Also increase side effects and decrease quality of treatment. I learnt the doctors should prescribe minimum number of appropriate medicine and provide generic name of medicine.

To be honest I did not learnt up to my expectation because of the language problem, but fortunately I manage to understand somehow. Hope in future I will cope this problem for better understanding. Adding to that I learnt Rajasthan and Kerala model to medicine is the great example for other states to state right to free medicine because till date these is only two state had successful to right to free medicine.

I observe the workshop is well plan and many expert workers and doctors are coming from different organizations.I observed most of the speakers spoke with Hindi language since many participants prefers with Hindi language. And observe few words from the poster **“People have to pay ten to hundred times more than actually price from the same medicines when paid out of their pocket”**. **“Nexus between pharma companies and health care providers has to be broken”**.

Observe there are lots of discussion and questions to the presenter and understand Ayurvedic, homeopathic and generic/ branded medicines. The participants actively participate by raising questions and contribute ideas and knowledge according to their experiences. And mostly participants are men and discussion is well-developed and makes the day successful. The monitor of the program play important role and manage the workshop successfully.

Reflection

Attending the workshop on “Right to free medicine” it reflect me that it is the right time to start in grass root level to “right to free medicine” because India majority are still poor background and many doctors take advantage for the poor people who are not aware about what is generic nor branded medicine. Multi Company from a broad try to brain wash the poor people be it illiterate or literate by use the brand name. It reflect me; myself also think the expensive and brand company is more effective and curable but unfortunately the generic medicine also the same supremacy.

It reflect me the big company always make the people think that good medicine is only branded but unfortunately the companies try to fool the people and my questions, it is the high time for the organization who are interest into the topic of medicine better to start to spread the message to the public and create awareness and make people understand the different through media, magazines and newspaper etc. also reflect me the networking organization should come up and work with different community and involved more in the rural context because rural community are more back ward and need more support and guidance from the organizations.

Alumni Meeting

First of all I would like to thank you SOCHARA family for giving me the opportunity to take part during the Alumni meeting held on 7th- 8th December 2015. It is wonderful to see the

alumni of SOCHARA are sharing their work experiences, it's bring me lots of inputs and ideas.

The overall reflection about the two days programme it make me think very broad because it is the platform to meet and interact with different people with different background and also listen to the lovely stories and experiences in different health issues cross India. The thoughts spoke by the speakers it is like open eyes for me and try to

reflect what is going to happen in our country and over the globe. The words by Dr. Chandra make me think any community need to empowered mother in order to change the community especially when it come to children because she is the one who take care and responsible for the children. I am thinking, mother is the first person in the world to care and understand because she is the one who carry her child for 9 months and make her smile when her child healthy.

Fr. Claude said, "Served is the one to give strength to the people". Thinking about his thoughts it reflect me and recalled my field experiences because if we don't have passion and commitment towards the people who need help it will not bring any meaning at all and at the same time how to serve and empowered people. Being said, "There is no respect for others without humility in one's self".



What I learnt during the programme, it is not easy to work with the Govt. of India nor outside India? It is big question marks for that? Unfortunately when I think about that, I question myself and think when it come to health issues it is the big problems that people are facing with the Govt. especially when it come to



CHC, PHC even District hospital people around the country they are facing the problems because there is no proper facilities and treatment for people who are in need. So, when I think, question myself what will happen to the people who don't have anything to eat nor one day of meal? What will they do if they have health problems where will they go for health treatment? I keep thinking about the Millennium Development Goal, it is possible to reach the goal and bring the objectives successfully.

The speaker Dr. D K. Srinivasa said, "Poverty and Gender equity is tremendous issues". Being said by the speaker it recalled my field experience in Bhopal while interact with the director of Organisation Dr. Rahul said poverty is the main issues we are facing in India. What I try to reflect on Millennium Development Goal said, by 2015 hunger and poverty will eradicate. No doubt improvement is there but till date did not reach the goals. Fortunately what I come across Millennium Development Goal try to reframe new goals and objectives by 2030 will eradicate hunger and poverty. I keep asking myself may be or may not be will see according to the progress of the work to come. Again taking about "poverty and Gender equity" as the great problems it reflect me by the words of Harsh Mander said "until and unless second class change their mind set India will never change". Here, I agree with his thought but my question will the second class people be able to practice, it is up to them.

Today, Indian context the health issues of the people especially rural areas become worse day by day. The mortality rate in our country is very high till date. I start thinking, we are 21st century but unfortunately we are still like primitive age and this make me realized on how to address and understand the different health problem facing by many communities in our own state.

The discussion on ASHA workers during the programme, it bring me back to the field experiences in Bhopal. I use to think ASHA is the role model, fortunately and unfortunately

what I come across about ASHA in Bhopal they are role model for the community and at the same time they are doing so well and commit to their work. They are very passionate and encourage people to understand the important of health. I try to reflect on ASHA activities, it seem like ASHA have double job than the supervisor and on top of that the blame and discouragement from the community and have plenty of challenging in the field. The work and the pay is totally different, fortunately may be there is no good model to implement about ASHA workers.

Therefore, when it come to public health it is also public responsible and the state Government. When we look about and beyond health today life people are prefer to go to private sector because they get better treatment than the Government sector. At the same time the AYUSH doctors is very limited to cover the areas and provide services for the community people. Thinking about that why we have limited doctors in our country since there are plenty of doctors who are capable for that services? Keep me in dark and try to understand and raise the big question? Why and why?

Thinking about the rural areas what they have in their hand. As we all know India is agriculture country people depend in agriculture and if we are miss use the land of the people like rural areas they will be the victim, migrant and displace around the country ion future. What I learn during the programme is that rural people of India have lots to eat but unfortunately they don't have money in hand. Recall back about my field experience in Bhopal and Jaintia hill (Meghalaya) make me think sanitation and water is the major issues of social determinants that people are facing in everyday life. In order hand even domestic violent have huge impact of the health issues. Therefore, thinking about health issues of the people, through the sharing from the speakers I learnt that domestic violent, alcohol and mental health are coming together and what we can do, the solution should come from the community how to work and improve the issues because community movement must come together in order to fight for the betterment of the community, reflect above thought what I feel health should be social movement because we need to response to our own neighbour and bring changes in the society.

Through the panel discussion about mental health with primary health care, I learnt when it come to primary health the doctors failed their profession because it does not work when it come to mental health. It reflect me that mental health is another issues of health that everyone be it Govt. nor NGOs are neglected. It reflect me non-communicable disease like

mental health is the biggest challenges at present in our country. Thousands of people are suffering with mental health use to ignore it by 10-20%. This will cause to have very poor health in life. It also reflect me the counselling they struggle to work with the community because working with the community need to understand the culture and the practice of the people. Common mental disorder is another issues of health problem in the community, so to start with it need to work together with community in the grass root level. Coming back to health care it is unaccountable because today health care seem like industries, it is only the benefit and never think how to improve the health condition. It reflect me, everyone worried how to improve and make a change in the society.

It reflect me during the programme whatever we think about health it should come from our self because why health become poor day by day? It twist my mind may be because the lack of commitment is very poor from individual who are willing to work towards the people who are in need of hand. What I use to think and reflect about that is if the leadership and Government join hand together and understand the community without any corruption then there will be improvement in the society.

To conclude, coming together and sharing experiences and lovely stories is always encouragement and make me think and recall about the pass, present and future. Being community health fellow of SOCHARA it is delightful and be the outcome of the new generation of community health. Ethics should practice in our life that is the greatest practice to be the future community health, also learning to live together in harmony.

Medico Friend Circle (MFC)



First of all, I would like to thank you SOCHARA for giving me the opportunity to attend the Medico Friend Circle (MFC) meeting in Raipur. Travel together with fellow-travellers is another experiences with lots of fun, games and song.

We fellows divide into three groups to visit Mitadin in Raipur from different areas of slum. With guidance and support of Ms Rizu of (SHRC) and Mr Adithya we visit Mitadin in Veerbadhra Nagar No-49. It is good experiences to interact with Mitadin for the first time. I

never thought in my life to get a chance to interact with them and listen and learnt from their experience and work. Use to hear about their tremendous work and fortunately it is like dream come true to get the casual interact during the Raipur visit.

Mitanni means “Best Friend”. Getting to interact with Mitanni and Mahila Arogya Samiti (MAS) in Raipur is pleasant understanding because get to know and understand about their work toward health. The Mitanin start the day with the song. The meaning of the song is “We did everything for others but at the end of the day we did not have anything even to cover our body and didn’t even have foot path to sleep”. Reflect about Mitanin I admired the way they conduct themselves and concerning the work. To start the work with the music is good exercise because it like relaxing the mind and thought of the day. It bring effort to refresh the idea on how to cope up with it and never give up!! It remind me a lot about music, how music change my thinking because it create meaningful to life. Music talks a lot in very profound way. It form meaningful and give joy to many people and realise the song is like medicine to relax and reduce our tension and worried. Music speak in very significant atmosphere and mainly the meaning of the song give power and strength to some extent.

The Mitanin and MAS working hand in hand in order to improve the health condition of the people in the state. My first reflection towards Mitanin is they work better than ASHA workers. This Mitanin is the community health worker which is known in Chhattisgarh instead of ASHA. It also reflect me that the work they do is very heavy compare to their salary but still they put all the effort and commitment to work for the betterment of the marginalized in community. The commitment people it is ray of hope for improvement of health. Therefore, it will surely change the health condition in near future. I keep thinking the different between Mitanin and ASHA? If we try to look about the work of Mitanin is better than ASHA but keep question myself ASHA worker is literate compare to Mitanin. And then how Mitanin doing well then ASHA. There is any method or technique that Mitanin are followed or the State Government take huge responsibility for community towards health.

The Medico Friend Circle (MFC) is group of doctors come together and take up some issues of social determinants and work for the people who are vulnerable/marginalized.

It is the first experience I get to involve with expert people from different back ground and interest. The mfc meeting is on “Urban Health”, the discussion on this topic is like open up my eyes. It is also platform or open account to my journey as future community health worker. My mind and thought haunting on how the urban marginalized especially Urban

Slum and migrant are suffer in the context of health in this era. As we all know health is wealth then if there is no improvement on health how we expect to reach the target of MDG. Various papers are discuss on urban health on how the marginalise are access to health care when it come to health services in the urban areas. Reflect me it is the great opportunity to be the part of mfc meeting because it give proportion of information in many areas of health issues when it come to urban health system. The two day meeting discuss on urban health with different paper on urban health. It give me lot of ideas and knowledge on urban health system. When I try to reflect about the services of health system in urban it is mainly control by the private sector. It show, the lack of management of Government is become so poor. The health system become the market system in today world. Therefore, the poor people who are vulnerable become the victim of the society. Thinking of that the government of India and state government should take action on how to make health system will be available for the poor people and make the change. According to the MDG is supposed to reach some of the targets but unfortunately the indicator of health remain the same in many areas. According to the discussion the Govt. hospital collapse since 1980's. It makes me reflect that if our health system fails then why Govt. is not responsible for it. What is the reason behind and what higher authorities think about the future generation of the country. In that case, it means the Govt. are preferring the private sector and the top priority is individual benefit.

Hence, it reflect me that it is great meeting with the professional activist of the MFC that make me think in many way and try to relate the larger city it become larger monopoly. The beautiful part is the environment around make us comfortable and feel free to be the part of the mfc. What I observe and learnt from the mfc



meeting is all the professional activist raise their points and critic the paper to improve and work in some areas that not reaching. The thought and ideas of the intelligent activists like bringing connotation to my mind towards “Health for All”.

The main issues that I like the most is all the senior MFC speakers reflect about the different diseases that people are facing today. Therefore, in the context of the poor if the govt. health system are not function properly where all the poor will seek services. Whenever the presenters and discussion on slum my mind bring me back to urban slum Bhopal. It is very

painful and hurt whenever I remember about the people in slum. It mind become so numb because I really don't understand the health system in our country. Poor become poorer and rich become richer. The life style and living condition is worse among the worse I could say. They lacking behind in all the social determinants including the environment, waste management etc. They face lots of challenging when it come to health facilities because they didn't get the proper treatment in Govt. health services properly. According to my experiences in urban slum of Bhopal I guarantee the urban slum is one among the vulnerable group in all issues. Therefore, if we keep talking about the issues without action we will would not reach anywhere. It is good example for young generation of community health worker to listen to the expert activist in mfc meeting to understand and aware about the reality and problems of people.



Candle light vigil for the slum dwellers who continue to be victims of domestic violence

Several NGO's in Bangalore city organised a protest against domestic violence at Town hall

Bangalore, on 19th March 2016 from 6.00 pm to 9.00 pm. This protest mostly focused on eviction of the slum dwellers by chasing them from one area to another area. The protest was conducted also through song and dance by a cultural group which made the programme so lively.

Many slum dwellers, both men and women around Bangalore are coming together to protest and fight for their rights because they feel that it is time to raise their voice in society. They face a lot of discrimination around the city and many women face problems with the police. One lady shared her experience in dealing with the police in Bangalore city just because she wanted to stand up for her rights; as a result, she got beaten up by the police. Strong women still stand for their rights.

We are the ones who build the mansions and roads. And where are we heading now? Our fight will never end. The people who clean the city are the ones who live in the slums. The Government wants Bangalore to be clean but they don't want slums. The slum community always stays united. When it comes to politics, the politicians are very smart and cunning,

when election time, saris and sweets are the price of their votes. During eviction they pick people like waste. Most slum dwellers leave for work every morning not knowing whether they would still have a home for themselves on their return. There is no peace in mind because we did not know how long will be in



that slum areas. Therefore, lady from VIMOCHANA organization said, the law is the same be it in the city or in the slum. We should not be afraid to fight for our rights in front of the



police. To do so we need to be united and fight for our rights. The culture of the government is to push us out in the slum. Actually politician is the one who always become mafia and capture the land but the Government never fight for it. Due to that we need to unite in one strength and not to

be scared the law is always with us. Therefore if we want justice we need to always fight for justice.

Reflection

On reflecting on the protest it made me think and realise about how much the slum dwellers suffer and struggle to live. Different NGOs joining hands together is like a ray of hope for them. I try to reason about the reality of everyday life especially in the slum because they feel it is time their voices are heard by the higher authorities. As human beings they deserve a space to live in peace. Instead of using resources to construct big malls and buildings for the benefit of rich people. Beside that I wondered to myself, if rich people keep complaining about their daily needs then what will happen to that of the slum dweller? The answer is up to everyone who lives in a society.



Panel discussion on anti-discrimination

The Alternative Law Forum (ALF) organised four panel discussions on “**Anti-Discrimination**” on caste, disability, gender and class at Vishranti Nilayam from 10.00 am to 6.00 pm. The panel discussions aimed to serve as a platform for experts from various organisations including lawyers and activists to explore possibilities of a movement against discrimination in law.

Panel-1 Disability

Disabilities manifests across castes, classes and gender. Education for disability is a vital tool in our society, but its implementation does not function properly. The Act, 1995 for Persons with Disabilities (PWD) is to have equal opportunities, protection and rights to include full participation. But issues of discrimination are still very prevalent. According to the report only 30% PWD have certificates in all types of disability in India.. There are direct and indirect discrimination for PWD. With direct discrimination, for example, sometimes people who have mental health problems are treated worse than other people or are harassed and refused enrolment in educational courses. Indirect discrimination is often faced, for example, in theatres, malls and railway stations where these public places are inaccessible and are not built with infrastructure that is supportive to PWD. Therefore, disability lacks of interventions and accessibilities. India is the fifth country to sign the convention on disability. No one will deprive in the ability and account of disability because in term of disability their rights is not being recognised, also there is no good services implemented for the disabled. For example accommodation because there is no proper facilities provide for the disability be it Government or private.

PWD often have long term impairment in the interaction with the public. So when talking about identity for disability there are social components to consider. Although two people may be totally blind, one from the poor class and other from high class, they have the same disability but different social status. It is important to empower people with inclusiveness who fear having to face society.

How do we address issues when it come to disabilities? Regards to that disability is very much related to caste because many people still have strong cultural belief that disability is curse or evil spirit happen to the individual. When it come to multiple disabilities, home based education and care is very important. Life skills e.g. brush, wash and cleanliness etc. Essentially law itself should provide enough support in society in the process of disability.

The question is how do we measure discrimination towards disability? Answer is known by each and everyone in the society. Basically person with disability have their own uniqueness but the perspective of people show that disabled person are doing nothing in life. People should not measure only through look, also need to put effort to adjust with them and practice in some of the resource that will help them to stand by their own. In term of disability need to put theory into action and understand their capability and talents.

Panel-2Caste

What is legal remedies? What is equality? What is discrimination?

To understand the questions is up to each and every one of us.

Caste is psychological attitude, it is like operating in the structure. When it come to Dalit is one of the big issues they are facing till today. Therefore when Dalit question the attack will start and the high class always have the attitude towards low caste that is the fact especially in the rural areas. Many a time we talk about the **Forest Right Act**. Fortunately who care for the people who come from the low caste? 10-15 years back farmers died around 15 lakhs but who are responsible for that issues? Did Government care for the life of humble man like farmer? Not at all? It is sad both forest and people die at last due to irresponsible. Even though after implement forest right act, 2006 for ST and others tribes still the people from the low caste are suffer for their land and forest.

Further, when it come to caste system need to have the form of identity. E.g. majority of the Dalit enter police station in account as victim not as complain man. The police always fell Dalit don't have the right to criticize even though they complain. Further they spoke lot about prevention of Atrocities Act and rules 1995, it is mainly known the SC/ST act. Article 17 try to abolish untouchability practice. It is also the principle to remove the humiliation and harassment towards Dalit and guarantee their fundamental in term of socio-economic, political, and cultural right.

The expert from the field of caste give example of Rohit Mavila how he face problem in his own University because he is Dalit. The university cut off all his need when it come to education. So the word "CASTE" should brought up in very large ACT.

Panel-3 Gender

In today world India if we don't accept according to the higher authority that is "Anti-national". If you are secularism you are discrimination in a myth. It talk about the communal

riot in Gujarat how much Muslim people are suffer. They recognize them through name and colour as muslim religion that is discrimination. The speaker focus two minority in term of discrimination i.e. Christian women and Muslim women. As speaker these two are the main target are very much discriminate. Bring civil uniform code it is not Hindu riot. Also mention that communal prevention bill 95% women not access to law. All the people thoughts women born as women itself. Therefore this is the time to think in much expanded of being male and female. 498 (A) act is treat to life and death because act implement to make women safe not for punishment or harassment whether physical or mental.

Transgender is another area they are facing of discrimination. For the transgender people identify them through their colour and dress. In temple and church for transgender are not allow them to enter because the first question for them is you are male/ female. Most of the place they have discrimination and no peace. India is free country but unfortunately they are not free.

Panel-4 Class

What is legal frame work in term of class?

It is to have mutuality in labour work. Especially bidi workers or factories etc. Domestic worker and labour work it seem to be the low pay and there is lot of discrimination. Example if we look in case 19000 workers in Karnataka the discrimination is very high when it come to slum dweller. Basically authorities always promise something to improve but never put into action in whatever they promise. It is just end up simply. So the slum dweller never allow to occupy any land for themselves. Many movement is very relevant but the media did not cover at all about the movement of the slum dweller. Since they come from the poor background they always depend on the others class for their living.

The worker themselves are marginalized be it dalit, farmer when it come to water and the way they suffer only themselves how much they struggle. Long term problems and failure of law if it is largest movement need something possible to change. When we look at right/ constitution especially economic right. Right to life is fundamental right. Therefore for slum we cannot called it slum until and unless identity or declared it as slum can being said it is slum.

How to identify the living wages?

In this context there are contract and permanent workers. Contract labour did not have the right to claim as permanent workers. In some report there are 400 permanent workers and 4000 contract workers. So the contract workers have plenty of responsible and at the same time discrimination is very high in them.

Job card and BPL need to struggle. So what was been the role of law in addressing of any endemic in this country. How can we look when it come to class or treat people?

Indian context there high and low class. E.g. in house of high class person has two domestic workers. One for cooking and take care for prayer space and another is for mopping and cleaning the toilet. That is the class system in India.

Engage in everyday because we live for everyday and think for tomorrow. If I try to analyse about the whole discussion it is all important. People are facing almost only that issues are discuss above. Many organizations are working in that areas but what we need to do as individual felt need to accept the challenges so that can feel the happiness of victory.

Chapter 6

The Beauty of the Music

“Life is one grand sweet song, so start the music”-Ronald Reagan

TEN FINGERS FOR GOD

“Ten Fingers for God” by Dr Paul Brand it is the book that make me to reflect about the life of the people who are willing to work and uplift the people who are in need especially with the people who in need of hand. The book inspired me a lot and when I think about the author and the mother of the Author, it make me think so proud that someone have the feeling for people of Country. It reflect me and encourage my thought deep inside towards the unreached people. On top of billion struggle to works for the people like India. Dr Paul is the first to work for the people with leprosy in India. Through his passion and commitment for the people of India is the one of great achievement for him because he believe through his ten fingers will change one person and if one person change it is the great change for him. He influence many people who suffer leprosy and it reflect me that being citizen of India I learnt need to really need to have the passion and commitment towards the community who still lacking behind.

It is the successful story of the backward people who are suffering with Leprosy disease on how Dr. Paul struggle and work with them with different kind of thought and mind set of the people. Reading this book it inspired and make me realized that there are many people who really commit and passion towards the people who are in need of hand. Ten finger is motivating me to reflect whatever work we should feel it as passion and calling so that we can work for betterment.

LOOKING AWAY

“Looking Away” by Harsh Mander, helped me understand about the different issues and lifestyles of people who suffer in their daily life. According to Anthropologist Akhil Gupta, *“Poverty is a form of **“structural violence”** and that there is little substantive difference between genocide and simply allowing poor people to die”*. The book reflected how someone can easily promise and talk about improvement without practice. It is easy to talk and deliver the message but what we need to do is to take action at the same time if one really wants to change and uplift the people who are in trouble. It is shameful to read and know our

representative Shri. P. Chidambaram the finance minister during 2007 declared an assurance by 2040, that India would eradicate poverty. When I reflect about the dialogue, I question myself whether it is possible that India will eradicate its poverty by 2040, because when recollecting back about the urban slum situation and have my doubts. I wondered if our representatives have time to visit the poor and take action like they promise on paper. If our leaders make promises only on paper, is it of any use? Why is theory never put into practice. What also shocked me was that according to the Planning Commission submission to the supreme court in 2011, if a city dweller earns more than Rs.32 a day and a villager Rs.25 they are not considered to be poor. Reflecting on this leaves me speechless because what can one buy with that amount in this day and age Does the Planning Commission ever give additional thought before submitting such a statement?! How can people survive with that little amount for all their basic needs?? While reading the book I feel there are many areas that we still need to work hard in and raise our voice and enable the voices of the oppressed to be heard. Harsh Mander's sharing of his experiences with street children and homeless people, touched me and took me back to my previous experience with BOSCO organisation and their work with street children.. We used to call children as the Children of God'' but unfortunately many a time, these very children are victims, especially the girl child.

EVERYBODY LOVES A GOOD DROUGHT

“Everybody loves a good drought” by P. Sainath, is the book that sort of understands the reality being faced by the people around the country. It speaks a lot on how to reflect about the struggle of the people in the country; about people from different parts of the country, especially people in the rural areas and about how much they suffer in living their lives. They have to struggle for all their basic needs, without much concern from higher authorities. They migrate to and fro in search of earning a living but at the end of the day they are victimised by larger society. On reflection, I truly believe many people in our own country are unaware about the fact that millions of people in this country do not have food to eat. We have many government acts but nothing put into law. People in rural areas are unaware of their own rights and this gives people in power the opportunity to take advantage of them. We have laws that can help but these are not implemented. Farmers commit suicide but who cares about their life! The Government has a lot of money to give compensation but they claim it is not ‘good practice. The Government should take responsibility for the poor and have some mercy on them. They have to address the social determinants in their lives. We live in the 21st century and celebrate 68 years of Independence, yet the condition of living for India's masses

is miserable. How can we expect to reach the Millennium Development Goals (MDG) target if we still have millions in distress in this country? How can we expect to eradicate poverty? It is just our dream. Can we make it or start practice what we are supposed to do?

WHEELS OF DESTINY

“Wheels of Destiny” by N.S. Hema, is a book that took me back to Jyoti Sroat School under Bethany Society Shillong, Meghalaya. Jyoti Sroat School is an inclusive school running classes from nursery to 12th standard. Reading the book helped me understand the struggle of Hema during her life journey. It is a delightful and encouraging life story of Hema which has inspired People With Disability (PWD). She has had tough times during her journey from different experiences around the globe. I enjoyed reading the book. Fortunately or unfortunately when I try to reflect back on Hema’s life journey I found she is very lucky to be with a well-educated and supportive family. She got all the love, care and guidance she needed. I am amazed at her father for his caring and understanding nature towards Hema’s difficulties. If I think about the others who did not get such a chance and opportunity it hurts me but it also made me realise that if I ever got the chance to work with challenging people I would definitely do my best to make some changes to make their lives better. Being said by someone if you change one person it will be the biggest change in life. I totally find myself very lucky to have the opportunity to share and listen to the people around me. Again when I try to reflect about the book it taught me a new lesson on how to feel for those among vulnerable groups. It is an inspiring book and also makes me think of my inner feelings in future. It made me reason about my life, why am I here? Can I do something in life? Make some foot print in future? I wish God has a purpose for me in this world. I always believe that if we want to make a change we need to change ourselves first. This book made me analyse life again and again in depth because Madam Hema motivated me a lot through her book. Therefore, it makes me reflect that whatever work we do, we need to remember a few important points: First to love what we do and put all head, heart and hands into it, and to believe working is like a calling and requires passion to enjoy the work if we really want to make a difference in life. Engaged with the book for many days it also made me think in a very positive way on how to help others like what Hema is doing. A small contribution to society will make a change only if we help others to rise. Greatness does not come in position but it will change if helping to build the lives of the needy in future and take it as challenge. It will be like the duty and responsibility to make underprivileged to rise up and have their voices heard.

Chapter-7

Life and music

“Turn up the volume close your eyes and let the music take over your soul”
-Kushanwizdom tumbler

Inspiring message

Many individuals are coming to class to share their ideas and experiences during the session. I could not mention each and every one for their inspiring messages that in some way have made me think and change my mind. I used to think if foreigners overcome their language barriers in order to carry out different studies to explore knowledge and gain experience, then why should I have that fear, myself. That is one of the messages that has inspired me - to not have fear. Their stories and experiences either personal or professional motivated me a lot. Mrs Asha (PLHIV - Person living with HIV) shared her life story and experiences. I am inspired by her because we should not look down on anyone because we didn't know the real facts faced by the victim. She shared her life story openly to us. How she suffered and faced lots of challenges throughout her life journey. Asha studied till 10th standard, during that time her parents arranged for her marriage. She got married to the man who was a stranger. As an innocent child she didn't bother about her husband. After few months her husband hospitalised and from that she got to know that he is HIV+. At that moment Asha was very scared about herself. Later a blood test confirmed that she also HIV+. The family members of her husband blame her and chased her away from their family. Asha went back to her father's house, unfortunately she did not tell her parents in the first place. Later, she is working with organisation who work in the area of HIV+. After many years working in the organization she got proposal to get married with one of her colleagues who is HIV+ himself.

Asha is the first PLHIV I met. She is very strong women and positive thinker. I am so amazed with her story because she shared her life story without fear nor hesitation. She encouraged us to stand and be patient with whatever issues we face. I realised that patience will help us achieve our targets in life. Listening to her story it recall me by someone said, “Always be yourself, express yourself, have faith in yourself, do not go out and look successfully personality and duplicate it”. Therefore by her thought it give me great effort to stand and take life as big challenges. I realize in life, if there is no struggle there is no success. It reflect me, need to accept the challenges and be successful one find day. She express greatly as HIV patient that will be the example for the others in the society. Everyone

have the right to live, right to freedom and right to speech. So by this law she stand herself as one of the best example to influence not to fear or hiding their suffering. It is time to share and make others aware and understand the reality because all the HIV patient are facing different situation being HIV+.

One speaker who spoke about his life journey how he failed massively during his school day. But then, his insight feeling never allow him to put him down. Being school dropout people look down and discourage him to do any job. Many a time as human being he have feeling of depression but never allow to overtake his dream. He use to have the feeling to help people who are in need. He is very hard working and have different life skill in teaching. Slowly he start his own organization.

Listening to different experiences of the person I admired and amaze on it. Through their hard time due to their patient and honesty change many people around them. Having said perfection is not attainable, but if we chase perfection we can catch excellence. I make me realized not only the literate can do all good job but if we have a dream it will make a way through willpower and commitment. Sometime I do feel failure is not always failure it is also opportunity to start and begin the new day and life. It bring effort to love and passionate to do what you want do. As individual this kind of sharing it bring lot of meaningful to life.

SECTION -II

The Instrument of the music

Chapter-8

Searching the note of music

“One good thing about *MUSIC* when it hits you, you feel no pain”

-Bob Marley

FIELD EXPERIENCES

During my one year fellowship programme I got the opportunity to do my field experiences in **SOCHARA-Centre for Public Health and Equity**, Bhopal, Madhya Pradesh and **Bethany Society (BS)**, Jaintia Hills branch of BS Shillong, Meghalaya. These two states give me diverse picture of people, culture, beliefs and religion etc. It is wonderful and different experiences among the two states of India.

Urban Slum Bhopal, Madhya Pradesh

Bhopal is Municipal Corporation and area is 285 Sq. Kms. Initially constitution of Bhopal Municipality was a 20 member committee. The city divided into 85 wards. Each ward elects a comparator. Therefore Bhopal alone has 23, 68,145 and area (in sq.km) 2,772. Total inhabited village is 511. A total habitat is 651. Forest village is 1 and town and major towns are 2. At present there are 18 dispensaries and 26 slums in Bhopal.

Opportunity to experience with urban slum in Bhopal it is one of the great achievement for me to know and learnt about the reality of my own country, since I never have experiences with urban slum. What I used to think before slum is only poor people, but unfortunately being with SOCHARA it change my mind into positive way of thought. Always think working with urban areas it will be better than rural areas, unfortunately what I came across through my experiences in urban slum is people are very busy with their tight schedule and no time to spend nor interact. Now I realize rural setting is easy to encounter than urban setting. Reflect back my experience urban slum in Bhopal, what I found people are having all social determinant in the community, also struggle in all the basic need of their life. While interact with the people I learnt that all the people in slum are migrant from different states to search job and live their daily life. Hence, I try to reflect people in slum they are one among the vulnerable and marginalized so poverty is the main backbone that leads to unhealthy lifestyle.

Further, to urban slum Bhopal they are lacking in everything e.g. water, sanitation, waste management, education, health facilities and poverty. After knowing about all the issues of the people in urban slum it reflect me and think how community will be able to cope up with their daily life style especially when it come to their health. Today is 68 years of our independence but still many apart of our country are still lacking behind in everything in their basic needs. Will this marginalized people can raise their voices at present and future? Will our higher authority response to their voice and make little different in their life?

Reflect back about my field experiences in the field with urban slum it make me think about them because only five minutes' walk from the main city of Bhopal it is triple diverse about the people life style. It speak a lot whenever I think about the urban slum. The people having different perspective and also their mind set are different from their background.

Culture of Urban Slum of Bhopal: Urban Slum has a mixed culture, Tribal, Muslim and Buddhism. Urban slum having different pockets and people hardly mingle with other religion. People are migrant from different part of the country by finding job and displacement. They enjoy to mingle among their own tribe and use their own language. People live as daily labour. Carpenter and contraction for their basic need.

People: Urban slum has a mix of tribes and majority of the population are tribal known as Adivasis. People are living in very bad conditions and from one small hut they live around 5-8 members. Without water facilities, sanitation, health facilities and some time without meal. Waste management is another problems they are facing and through this it forms different diseases. Muslim families did not allow their children to go to school because there is no school in the community. It effect a lot for the community with no school in the community and also no health services.

Rural area of Jaintia Hill Meghalaya

Opportunity for me to visit my own state during my fieldwork in rural area of Jaintia Hills, Meghalaya. Meghalaya is emerged as a full-fledged State within the Union of India on 21stJanuary 1972. 'Meghalaya' meaning 'abode of clouds' reflects the salubrity of its climate. The State has an area of 22429 sq. km. In the 2011 Census, there are 7 Districts, 39 C & RD Blocks, 6839 villages. The population went up to 29, 64,007, males 14, 92,668 and females 14, 71,339. The population of Meghalaya is predominantly tribal, the main tribes are the Khasis, the Jaintias and the Garos besides other plain tribes such as Koch, Rabhas and Bodos etc.

Jaintia is one of the district of Meghalaya. The name "Jaintia" has been in use only when the area came under the British rule in 1835. The name was used to differentiate it from the plains areas of the old Jaintia Kingdom, the capital of which was Jaintiapur, the whole area of which is now in Bangladesh. There are five Community and Rural Development Blocks in the district. There is only one town in the district, by the name Jowai, which is also the district headquarters. The number of villages in the district is 537.

Being place in my own areas in Meghalaya it, reflect me on how to think about the life style of the people in that area. The beauty of people talks a lot about their culture, believe, religion and practice in each and every one. People living with beautiful and simple life style.

If I talk about my field experiences in Sohshrieh village of Jaintia hills people are living in very simple life. Hence, whenever the poverty is there will be the similar problem face by the people over the globe. What I experiences with different field it come to my mind people are living in the same condition if the poverty is there. Therefore, through this it reflect me from different experience of urban to rural. The social determinant is equal problem with all the people if there is unemployment. Then, until and unless poverty is reduce and improve their economic status the issues of health will not reduce it.

Being with my own people it make me think about their life style and the condition they live without water, school, and health facilities etc. Looking with the education in the village it

Culture of Rural Area in Jaintia Hills Meghalaya: Jaintia Hills of Meghalaya has a mixed culture, Non-christian, and Christian. The tribal of Jaintia have their unique languages, lifestyle dance and music. All the people use local language living in the village. The ST people is unique and colourful with different food habit and practices of culture.

People: Jaintia Hills has the same tribe. It is Schedule tribe (ST) dominated and all the people are ST. People are still believe the old practice since majority are Non-Christian their faith is so traditional. The food habit also is still very traditional. People eat simple meal and rice is their main food. Village have lot of problem be it water, sanitation, education and health services. There is facilities in the village and if the parent want to send their children to school need to go to the others village and when it come to health facilities people are really struggle because there is no facilities at all.

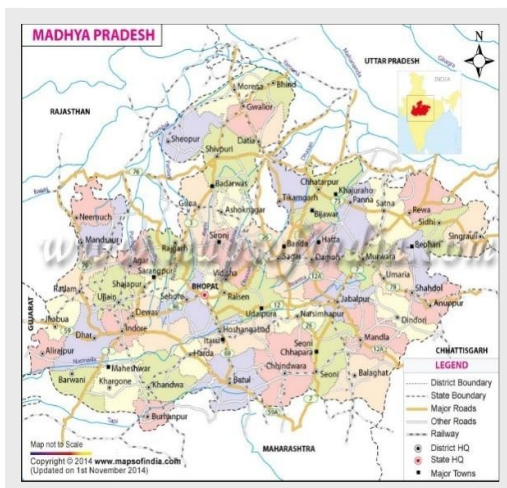
Reflection: Experience with the two areas urban slum and rural areas it reflect my thought between this two areas about the different among the two environmental areas. If I try to call

back about the two areas of my experience, the problem they are facing it almost the same because there is proper facilities be it health service nor education. What we need to improve in our society is through education and health facilities. Both the areas lacking behind in many facilities provide by the Government. Hence, it reflect me and I am worried where the generation of our people especially children. We all know children is the next generation but unfortunately when I look back I did not see any improvement and where is the future of the children and women health. This is 21st century and according to the constitution of India the children who are under 14 years should get the free education. Do the free education reach the unreached people who need for the betterment of their lifestyle!!!!

Unfortunately, when I try to analyse about the problem face by the community throughout my experience, I found that children and women are the real victim in our society. Why I mention this two issues because women and child are the main who need more help and also depends everything from the third person. Their life is full of pressure and tension in many areas. Also reflect that until and unless education and public health improve there will be no improvement in our society!!!! That is the question always question myself and reflect for our society because I see the different between the educated and uneducated parents. The mind and understanding is diverse among the two person.

MADHYA PRADESH

Madhya Pradesh started 1st Nov 1958 and situated in central India. The state is bordered by different states - to its northeast lies Uttar Pradesh, to its southeast lies Chhattisgarh, to its south lies Maharashtra, to its west lies Gujarat and to its northwest lies Rajasthan.





It covers an area of 3, 08,245 sq. km. Population of 72.54 million. There are 51 districts, 313 blocks and 55393 villages. The State has population density of 195 per sq. km.

BHOHAL

At present total area under Bhopal Municipal Corporation is 285 Sq. Kms. Initial constitution of Bhopal Municipality was a 20-member committee. The city is divided into 85 wards. Each ward elects a comparator. Bhopal alone 23, 68,145 and area (in sq.km) 2,772. Total inhabited village is 511. A total habitation is 651. Forest village is 1 and town and major towns are 2.

SOCHARA-Centre for Public Health and Equity

SOCHARA Bhopal launch in October 2008. It cluster based I Bangalore, Bhopal and Chennai promote a people-centered paradigm for health and development. At present there are 3 staffs and 2 care takers.

P.C.Nagar Slum

During my field in P.C.Nagar slum of Bhopal the community has three pockets i.e buddism, tribal and muslim. The population the community are migrant from different part of the country like Maharashtra, Khanva and Bilaspur. The population is 3176 and 637 households. There is one Government L.P.school and no others facilities available. The amin occupation of the people both male and female are domestic worker, construction, carpenter and some tailor.

Story of Mrs X: Poverty during pregnancy lead to health problem

Malnutrition.....then what else??

Introduction

Poverty is basically an issue of the individual. It limits people to live well with their force and deprives them of opportunities to fully develop the expected be iteconomy or welfare. Poverty is one big issue face by many poor people. A single household all together suffers from poverty, which in turn, shifted easily from one generation to generation (parent to children).In this way poverty is a big task of upcoming to face economically. Therefore poverty during pregnancy as mother are likely face double burden of stress in life including unemployment, environment, unhygienic, food and care for children etc.

Background

The purpose of writing this story is being with Mrs X for couple of months it strike my mind to write small story of her journey as mother who suffer a lot of poverty in her life time. When I try to reflection and thinking about Mrs X condition as pregnant women and her children it make me realized poverty is the main cause for many people in our society.

Mrs X is 30 years old, mother of 4 children and at present she is 8 months pregnant and will be delivered her fifth child but unfortunately her last delivery is not survive due to health problem.Mrs X is origin from Sagar district of Madhya Pradesh, and belong to schedule tribe. Due to poverty and unemployment her parent migrant to Indra Nagar slum Bhopal. Mrs X grown up in slum with no idea about education. Roaming everyday she grow up her life without any fear of being a girl. Later she got married to neighbour and live as nuclear family. They settle in one small room in Indra Nagar till date. Before marriage Mrs X work as daily labour but after having children she stop going to work and be a home maker. Her husband (Mr Y) is daily labour (boar well) and earned Rs 4000 a month. Mr Y work in exterior of Bhopal, and usually come home once/twice in two weeks. Mr Y is the only one who own the bread and butter for the family. Both husband and wife are non-literate and fortunately till date due to lack of knowledge their children are not registered yet in school. The income earn by the head of the family is very limited and that is not sufficient for the children to enrolled in the school. Due to poverty the children most probably depend their lunch in anganwadi centre. Therefore, poverty cause her life very dearly with full of tension because having malnourish child including herself is one of major problems.

Life style:

Mrs. X live in very poor family background and the living condition is very unhygienic. Why is this happen? It is happen due to poverty. Poverty create many issues and health problems that lead to malnourish. The family live in one small room and manage to do all thing e.g. cook, eating, and sleeping etc. Mrs X is anaemic and more over one son is malnourish. That is big challenges as mother in that event.

Therefore, being with Mrs. X for couple of months I understand the way she express herself how difficult they live their life. I cannot express how the family living in that condition because having malnourish child and anaemic is another tension to feel as mother. There is a time when I interact with Mrs X there is nothing to cook nor single paisa to buy until her husband is coming home. I never thought in my life that I will meet the people who are suffer with their daily food. This is the first experiences for me to understand the life in reality and we all who have the privilege we should not complain our living or eating habit because there are many people who are not getting to eat one day meal.

Pregnancy and birth is the first events that shape health outcomes within the individual life. In my mind use to think the impact of pregnancy to poverty it create problems to both mother and child health needs. The word poverty will understand only those who have experiences and exposures to it both direct and indirect.

Frequently, visiting Mrs. X home I am so downhearted with the living condition of the child in the family and it is worse than I expect. They carry their days just to roam around without doing anything. Therefore the children whenever they come home end up with fighting each other and there is no respect for their mother nor outsider. This kind of character and attitude we should not blame only the parent because they live in that environment that never taught them to be the good citizen nor good human being. I keep asking myself when will be grow up as a country.

Poverty and pregnancy

Poverty is one of the big social issues in the society. Just think about Mrs X how poverty will affect her health since she is pregnant. The food habit to environment is unpredictable for the health condition of Mrs X. When it come to food habit the family eat only roti and dal, including with the food items they got from Aganwadi centre. Mrs X had a habit of eating ghutka and keep telling keep her to stop eating ghutka since she is pregnant because it will effect her and foetus. Unfortunately, it become habit for her to eat and it is very difficult to stop immediately but keep counselling her that it is not good for health and it will effect the

foetus. The main reason of eating ghutka is to fill the stomach because there is no proper food to eat. This family lack all the social determinants and they carry big burden of poor of the poorest in their life.

Poverty, pregnancy and health outcome of Mrs X health and child

Health condition in the family is very poor. Mrs X health is very bad and this all about poverty. Due to poverty it form different diseases. Mrs X is anaemic but did not confirm. Mrs X said, Mera khoon kam hai (My blood is low) and also mention she is only 37 kg. This make me wonder how come she will be only 37kg since she is 8 months pregnant. At present Mrs X has severely malnourish child. His age is 1year 11 months and his weight is 5.9 kg only. Before the child hospitalized in NRC but sad present-day also he still malnourish. Mrs X take all the responsibility to take care for the child because her husband is out of station for work. I realized that being poor and illiterate it cause many issues when it come to health. It make me understand through reading many women died during delivery because they are anaemic and poor, suddenly it reveal my thought that Mrs X will be in trouble. Looking at the condition of the families in Slum I realise we celebrate 68 Independence Day in our country but what slum in Bhopal are facing is still like landing in ancient time in very poor condition. It concerned me where will be the future of Mrs X children. What is our responsibility towards the people who are in essential stage? I wish if the organizations working in different issues in slum areas come together and join hand towards them there will be possibility to improve the living standard in slum otherwise we will get stuck in the middle of the rock and reach nowhere.

Knowing Mrs X for months I am familiar with her health and child situation through interaction, discussion and observation. Over to Mrs X health as a pregnant women, some time I fell it is heart burden for me because I cannot do or help to improve her health situation. Poverty and health has inter-connected be it pregnant or not it truly effected the health of any human life. Poverty is the main culprit for all the issues in the life of people because change it to different direction. The principal of poverty is very vast because the roots of poverty cause to migrant, health etc. Person like Mrs X husband need to travel a lot due to unemployment and this will cover many intention to happen for his life. It will not effect only himself but for the whole family as well. Of course, the family will suffer all the needs in their life because they have to move around and find out the place to work and settle down. Due migrant there is no happiness or enjoyment of living in one place to another place.

The pressure for the person like Mr Y who have to migrant for his work place to place is having tough time and tension will be the another delinquent for him. Migrant is major issues face by the slum dweller. For that reason, there is no proper identity for them e.g. Government provide different scheme for BPL but unfortunately people like slum they didn't have appropriate proof to show and this cause them dearly not to get what they are supposed to get as BPL family. So migrant create to insignificant thing to the people like Mrs X to face in daily life. Therefore, migrant lid to health issues because there is no proper housing nor facilities from the part of Government. When it come to health issues Mrs X have lot of problems started from the family because at home the condition of the house is very unhygienic. The environment is another problem when it come to health issues because the surrounding itself is worse. As human being living in that condition it will surely to have many health issues. Due to environment too Mrs X can't avoid the unhygienic or maintain cleanliness. She have all social determinants around her not even single services available. Mother and children did not get proper food, clean drinking water, nor toilet available. Everything behind that is the main function of poverty. Being human lacking everything especially food the health condition of the children form to malnutrition and mother become anaemic. Consequently the whole family face different kind of sickness e.g. children are malnourish or having diarrhoea.

Therefore the outcome of health when it come to Mrs X and children is very poor. Nevertheless the main source of that is income disparities make to compare the health condition of the child. Hence when it come to Mrs X health is limited because the income status is not sufficient for her and children. Comparing with highest and lowest income mostly the lowest income like Mrs X had all health problem because cannot afford to pay for health services. Fortunately or unfortunately Mrs X will be at risk because pregnancy stage is one big issues for women health living with low income. The behaviour and practice is another problem for Mrs X because lack of education, health risk etc., such as eating ghutka occur many years of practice will reflecting to health problems. Therefore the combination of poverty and practice is the real aspect facing by Mrs X throughout her life and might be transfer from one generation to generation. According to my observation Mrs X and children health is the social outcomes that affected her and children very severely.

Experiences during Mrs X delivery

One day myself and my co-fellow went to field early morning and when we reach Mrs X home we find her lying down in the floor and complain about her leg paining. At that moment I realise it is due date for the lady to delivered. During that situation no one in her home except her small children. At moment I contact Madam Nidhi and convince her to come to the field since we have language problem. Fortunately, Madam Nidhi could not come because of her tide schedule. I contact Dr. Ravi our field mentor to give his suggestion and he refer me to take the patient to J.P. Hospital. At that minute we are so nervous and confuse what to do with Mrs X. I went and talk to neighbour and seek help and one old lady are willing to help us and stay with patient in hospital. My co-fellow contact 108 van and we got message it is still far to reach us. We take the responsibility and took Mrs X by auto to hospital. While travelling by auto it is very amusing and great experience too because in the middle of the road we saw 108 van and both of us we are shouting to the ambulance to stop. At that minute the ambulance stop and proceeds to J.P. Hospital. Since we are tide with our schedule we let the patient and neighbour to go to hospital. In evening we visit Mrs X in hospital and come to know she deliver normal baby girl. Mrs X is so joyful to see us and express her gratitude for being with her and she also mention if we are not there she will delivered at home with no one. That time the condition of Mrs X is good without any severe bleeding but unfortunately so sad to see her because she did not have single paisa with her. So, we decide to give some amount of money. Giving her money is not big deal instead we are happy to see her doing good but sad to see her weight and haemoglobin is very low but still she delivered 2.5 kg baby girl. But what it make me think about her is how she will be when she go home. The condition of the house and environment it will effects the baby badly I guarantee. Conceive every year is another problem for the mother to gain weight. There is no time to maintain and her body detained day by day.

After three days Mrs X discharge from hospital and back home. Visit the Mrs X baby, all the neighbour are very happy with us for taking the responsibility to take her in the hospital because it is co-incidence on that day there is Aganwadi worker nor ASHA worker.

Intervention

The intervention process is through counselling with the help of field guide Madam Nidhi that Mrs X need to take Iron folic acid every day, colostrum is very important for the child to give and feeding the child till 6 months. At first Mrs X not willing to deliver in hospital but keep counselling her for betterment since already anaemic. If there is anything happen during

delivery at home it will be in danger. Hence, if she delivery in hospital it will protect and prevent both the child and mother. During her last delivery at home later having lots of problem and baby did not survive. This time it is wonderful at least we can convince Mrs X to delivery in hospital that is our successful during field.

Service of Aganwadi worker and ASHA worker

When it come to Aganwadi and ASHA worker services in slum of Indra Nagar it show she is doing quite well and trying her best to work for the benefit of the people around her area. She take responsibility to give the medicine and supplementary food provide by the Govt. for the pregnant women and children and currently there is no ASHA worker. So the Aganwadi worker working alone in her area doing all the job. What I observe from Mrs X AWW given her three types of medicine to eat. But the interesting part is that Mrs X is not taken the medicine regularly, so whom to blame Mrs X or AWW. My understanding level if the pregnant women is not getting proper explanation and counselling from AWW or ASHA worker it would not work because the lady is illiterate. During immunization day in Anganwadi Centre the ANM use to counselling the pregnant and lactating women in different matters for the benefit of the family. Family planning in slum is still big problems because both husband and wife did not understand the important of family planning. The Anganwadi worker provide pill and condom in the centre in order to protect the pregnancy. Fortunately it is not work at all because pregnancy is not reduce. Therefore, it is the big challenges for the health worker if the community did not response adequately.

Reflection

My reflection towards Mrs X is one of the great experience I had during field. Working in slum is not the easy task kind of job because there are all different of problems, when I try to reflect about the slum I use to think from where that people are coming from. Migrant it is the heavy load for them to carry their daily life. Where they will go and have the identity as local person in the society. I use to think person like Mrs X when she will improve their standard of living. It will take time for her generation to come up with that condition in the slum. Seeing her condition it reflect me where is there future? Is there any change for them to improve her family situation? I doubt because all the problems they carried in their shoulder. I strongly believe the living condition of Mrs X and slum as whole it will take many a year to come up to improve the standard of living. People are lacking behind in all facilities and how

we think India is shining. The higher authority should have responsible to visit slum, and think what action or solution take place then may be will be having India shining. It should not only in papers or city to have India shining because slum is part of society as well. There should be practical not only in paper when we talk about India shining.

MEGHALAYA



Meghalaya emerged as a full-fledged State within the Union of India on 21st January 1972. ‘Meghalaya’ meaning ‘abode of clouds’ reflects the salubrity of its climate. The State has an area of 22429 sq. km

In the 2011 Census, there are 7 Districts, 39 C & RD Blocks, 6839 villages, both inhabited and uninhabited. The population went up to 29, 64,007, males 14, 92,668 and females 14, 71,339. The population of Meghalaya is predominantly tribal, the main tribes are the Khasis, the Jaintias and the Garos besides other plain tribes such as Koch, Rabhas and Bodos etc.

JAINTIA HILLS

The name "Jaintia" has been in use only when the area came under the British rule in 1835. The name was used to differentiate it from the plains areas of the old Jaintia Kingdom, the capital of which was Jaintiapur, the whole area of which is now in Bangladesh.

There are five Community and Rural Development Blocks in the district. Only one town in the district, by the name Jowai, which is also the district headquarters. The number of villages in the district is 537.



Bethany Society

Bethany Society (BS) is a not-for-profit, secular, registered, charitable Society established in Mendal, East Garo Hills, Meghalaya in 1981, under the inspiring leadership and vision of Sister Rosario Lopez, “dream of an earth fully alive, wherein everyone enjoys fullness of being”.

Bethany Society work towards “forming partnerships with people, communities and resources so as to create opportunities which empower, enhance dignity and lead to security of health, food, livelihoods, and shelter in a sustainable manner”. Also work for People in vulnerable situations such as persons with disabilities, children, youth and women living in extreme poverty, particularly in remote rural areas. Bethany Society work across the Northeast India, but the major focus of interventions is in Meghalaya.

BETHANY SOCIETY- MAWBYNNA PHRAMER, JAINTIA HILLS.

Bethany Society Jaintia lunch in February 2010. At present there are 4 staffs and focus 30 villages. Few year back they start with inclusive early intervention unit. There are few children around the nearby villages.

Sohshrieh Village

During field Sohshrieh Village is my concentrate areas. It has 2500 approx. population and 205 households. The village has both Pacca and Kachha house. The whole village has only one lower primary school and one upper primary school. There is no health facilities at all. The main occupation of the people are daily labour, cultivator and driver. People are facing lot of problem with sanitation and water. 90% of the population is non-christian and people are still having strong traditional believe system.

Chapter-9

Flow of song make you move and dance “Good music doesn’t have an expiration date”-Unknown

Field Visits

Snehadhan

Snehadhan is the centre for the infection person with HIV/AIDS. This centre the beautiful environment and infrastructure provide to the patients is very systematic plan. The service provide to the patients is appreciated because it is very rare organization who can provide this kind of services for the HIV/AIDS patients. Especially country like India think to be HIV/AIDS patients is the taboo for the culture and religion. What I learnt from this visit is incredible because it brought the human dignity to each of the patients. If I compare with the previous year’s HIV/AIDS patients is the one who face lots of discrimination in the society and till today in some of the rural areas still have that believe system. The patients feel very comfortable to be in the centre because they get love and care who are not discriminated them as affected and infected disease. In the centre they treat them as patients who have disease in their body like others diseases. There also centre for the children who are infected with HIV/AIDS. The children from the centre are all infected children and they face lots of discrimination too in the society. Many people who are illiterate have no heart feeling for the children who are infected and due to this discrimination as centre who looking in that areas put the children into school and care centre. The children are doing different activities in school and hostel as well. Even there are some students who are good in sport are represent the state in sport. The centre also provide training for the doctors, nurses, social workers and health workers in management of HIV/AIDS. Snehadhan get full support from state government of Karnataka and NGOs for the tremendous work they are doing to the people with HIV/AIDS.

Sundana Centre is the special centre for the differently children under 14 years. Been in the centre it touching me so much when I see different kind of children who are totally change their look. At the moment it is very hard for me to accept this kind of condition face by the human being. It is the first experience I got to see why some people have such inhuman heart to make their own blood suffer. It is very painful heart for me to see that situation faced by the children who did not know anything for their life. When I realise about the condition of

the children in the centre, it is not the children problems but it is the parent who are responsible for all the good and bad condition of their children. But God is wonderful and love the children, he send the beautiful heart that is sisters (nuns) in this world to look, love and care for such special children. I can express my feeling through writing towards the children in the centre but I believe God will blessed sisters to have healthy life, support and guidance because I use to think may not be able to have such beautiful heart like sisters to care for such children who are fully need help. I admired the way sisters maintain the centre how clean and beautiful it is, with all their love and care message for each children that will bring happiness to the life to them.

National TB Institute and Bhoomi Habba

Visiting National TB Institute (NTI) and DOTS Centre it reflect me that Government and Society need to take care for TB issues because sometime I felt that Doctors did not treat the patients in the very proper manner especially the people in the lower caste and rural areas. Therefore, I felt if the DOTS centre are available in the village it will help the patients especially with those who are not effort to go to private clinic or hospital in the far centre. It also reflect me that, many a time it is lack of information regarding with TB because awareness did not reach to the people who are in need.

It reflect me, need to understand and follow the guidelines of the TB disease in order to improve the condition of TB disease. At the same time it also strike me that the drugs also lead to kind off suicide due to misuse or side effects of the drugs.

Getting the opportunity to visit NTI, I learnt the body that could not effected by TB is hair and nail. Beside that I learnt pre-counselling is important for the TB patients. Also the TB patients did not het the treatment or relapse for 6 months it will spread 10-15 person a year. I learnt that India is highest no of TB patient and there are 43,000 TB patients every day in India. It is new learning for me that the TB tablets strip are countable till the end of the patient's course. Without treatment 2/3 die of TB patients, and those who are infection gradually are more prone to diseases and because of that TB is highly need treatment. Further; I learnt that 1/3 population infected by TB and 1.5 to 2 million people died due to TB at the age of 15-54 years. Also TB is top three cause of death in women at the age 15-44 years.

TB is more prevalence to women than men. This point I keep question myself why women are more affected than men? I did not get the clear picture of my question.....

So, if we want to reduce in the burden of the disease for TB need to change and break the transmission.

Visiting Bhoomi Habba is one of the great and wonderful experiences. Bhoomi Habba means Earth festival. The environment is so lively and surrounded with mango tress and some tress. This make the environment to be so green and clean. The most touching and inspired me is the doll's exhibition because the doll's speak and represent phases of human conditions in different meaning in life be it domestic, social, religious and beautiful life. And through these doll show and guide me towards a deeper meaning and awareness of the excluded in my own country. Also I enjoy eating different food items.

Since it is earth festival; it reflect me that environment is the most beautiful for all of us to live in this globe because environment give us everything to enjoy our life. And without environment it will be very difficult and at present we struggle a lot in order to fulfil our need because we misuse and destroy our environment in very bad system. So, it reflect me we should not blame or give all the responsibility only to the Government because I felt that it is we all are responsible for our environment. Until and unless we all are responsible it will be very hard to come out with many issues that we are facing today. Environment is very precious for all of us need to protect and save our environment.

Foundation of revitalization local healing tradition (FRLHT)

Foundation of revitalization local healing traditional (FRLHT) established 2003. The concept is to bring hidden in reality and can take up into policy makers. There are 3 main school:-

1. School of health science
2. School of life science
3. School of conversation of natural resource.

Trans-Disciplinary University (TDU) is defined in the Act as: Indian traditional health sciences, Biomedicine, Life sciences, Social sciences, Environmental studies, Design & Architecture, Performing and Fine arts, Engineering and Management.

A- Ayurveda

Y- Yuga and Naturopathy

U- Unani

S- Siddha

H- Homeopathy

Sva-rig-p is Tibetan medicine

Folk Traditional Healers: 1. General practitioners 2. Traditional bone sitting 3. Traditional birth attendants 4. Poison healers 5. Ethno-veterinary practitioners 6. Traditional ophthalmologists.

During the visit in FRLHT I come to know this institute working on how to make the traditional herbs practice alive. It is wonderful visit because I never thought that there will be such big institute who are working for the local herbs. Looking at the surrounding I felt it bring life to the traditional herbs and bring back the practice of the old medicine in this generation. The way of collecting seeds from different states is like bringing together all the sources of plants and make new ecological. In FRLHT the surrounding of the environment is very different because the trees and plants offer us wonderful fresh air and pleasant weather. I realized being in FRLHT for two day I really felt the uniqueness of the climate. Planting trees and flowers it make massive changes around. It recall me back to class during session with Sir Adithya and CHESS workshop on environment. Environment is very is precious over the globe. It strike me back field in slum Bhopal, the weather there is extremely hot and the whole slum could find any trees and people try to search trees and relax themselves. Environment without trees it will be dehydrated exactly what we human being need air and water for our body. Therefore bring back the practice of herbs it will be great changes because each and every plant is medicine and also there is no side effect. Herbs is good medicine if we know how to make use of it.

Action in Disability and Development (ADD) India

Action in Disability and Development (ADD) India is the organization working with Person with Disability. The founder of ADD is Mr. B. Venkatesh, a visually Impaired (VI). ADD work for 25 years in the area disabled people directly to empowering and access to their right. Mr. Ranganath said the new definition of disability is “Person with disable is not disable but it is the system and people who need to understand the person with disable in our society”. E.g. if the teacher did not know how to teach braille doesn’t mean the child is disability instead it is the teacher who is disability. Besides that the good person to deal in the community are AWW, teachers, ASHA, ANM and home base intervention.

I learnt to work in the community it is very important to promote direct intervention because it help the PWD and community as well. To form SHGs is another tools to improve the livelihood of the community mainly in rural areas because they are one among the group who

can address the issues in the community. Also learnt education is most important areas to concentrate for the PWD because PWD have their own talent if they get the opportunity to show it. There is a time the work did by PWD it is very difficult for the normal to do the same job. So PWD is special and have different uniqueness in themselves. We should respect and understand their need if we want to make a change. Also learnt community base rehabilitation is another areas to improve the livelihood of person with disability. I learnt there are different types of disability i.e. Blindness, Low Vision, Low locomotor, Mental retardation, Mental illness, Speech and hearing impaired, Autism, Cerebral palsy, Multi-disability, Plegaria and Cross disability (More than one of the disabilities)

I learnt to work in the areas of disability need to have good network with village headman, president and some main person of the village. Most probably disability is the new areas especially in the rural and to work in the village the higher authority is very helpful because till date there are very few organization who are concentrate to work with disability. While interact with the senior programme manager I learnt there are different laws for person with disability i.e. 1987 Mental Health Act-This law is only for the mental health. Legally protective with respect to health, family life, property and social inclusion. 1992 Rehabilitation Council of India Act- The purpose of this act is to produce human resources especially education and vocational training for person with disability. This law mostly focus on teachers, doctors and lawyers. 1995 Person with Disabilities- This law has 3 mechanisms. 1. Equal opportunities. 2. Protection of rights and 3. Full participation. The main purpose of this law is to bring people to the main stream and inclusion. And according to this act the states should have their own role and regulation for the PWD. 1999 National Trust Act- Focuses 4 types of disabilities. 1. Autism 2. Cerebral palsy 3. Mental retardation 4. Multi-disability.

Beside that I learnt monitoring is one of the most important, be it with staffs, individual, group and community because monitoring play important in such good manner especially with the team. Monitor is another back bone of the work because guidance, motivate and supportive can change the mind and behaviour of the person. Also to work for the PWD family play another role and for family need to sensitize them to understand the problem of the PWD and also make them to understand how to improve and empower the person with disability.

Listening to the conversation with the programme coordinator it reflect me, when we talk about person with disability constantly neglect about their needs particularly toilet. It is high time to debate about toilet in any meeting especially for the person with severe disability. Hence all this need to address in the public place or community base rehabilitation centre. I appreciate the work done by the ADD because for the person with disability will feel, they also a part of the society too. Work humbly in any work it will surely show the foot print behind.

The Association of person with Disability (APD)

ADP is 57 years organization and main aim is to reach out and rehabilitate person with disability from the under privilege segment. APD has 4 vertical i.e. early intervention, spinal cord, livelihood and education. The organization as a whole focus on Cerebral Palsy, autism, speech and hearing, locomotors and global delay development.



During the visit in APD I learnt person with disability are very unique because many of them are working with different department in ADP. They have their own role and responsibility for their work. Looking at PWD in APD I admired the way they work because I observe they are very hard working and I appreciate so much the organization for giving chance for them to live their livelihood.

My observation and learning during my visit to APD is different because from the day one it is under women's day all the male staffs organised women's day for the female staffs. They offer roses to all the female staffs and provide with lunch. Being women I am so proud to see how male staffs respectful for women. It is symbol of respect and dignity for women in the society.

Taking around the APD what I learnt is all the departments are very busy with their own schedules. It is systematic and well organised organization with full of enthusiasm to the person with disability. It is good environment for the person with disability to be able to stand by their own feet and also earn their own bread and butter. It is good platform for the person with disability to support their family and for themselves too. What I observe in the early intervention unit and home visit many person with disability come from muslim community. But then the support and guidance given by the family to their children is appreciated. The

parent are very compassionate to take their children to APD for better treatment.

Visited davangere I observe cerebral palsy and mental illness is another problems face



by many people. Parent and family members are very cooperative and supportive for the patient. They encourage and appreciate the patients even though he/she doing small work to be done. Therefore, everyone need appreciation especially patients truly value

the support and appreciate. Besides that I observe in the temple many family of psychiatric patients still have strong traditional believe in mental illness. But I consider awareness is still lacking behind. But it reflect me it is high time to reach people and make them understand that mental illness is diseases and need to accept mental illness as disease otherwise there will be no improvement. No doubt with religion but it should be side by side along with the prayer and health care service. In many part of the country mental illness is still believe as spirit, ghost or something wrong in the family.

The inspiring and encouragement learning in horticulture department is remarkable. As organization they conduct the programme in very good manner and well plan. It is the incredible when I saw the picture of 15 years back how beautiful to see APD from hiils and stones into garden and lawn. Many PWD live their livelihood by doing the training in APD, it is beautiful and emotional to see some of the PWD that I never saw work and put so much effort to complete their task. I am thinking for myself what I am going to do for me in future. I got inspired so very with two of the trainer in horticulture department with their determination. The campus is lively with beautiful environment with different plants and flowers who make the person with disability to feel alive when they are with the garden.

Learning is delightful because I get to learn new skills especially in early intervention unit. It is great opportunity for me to learn and observe new technique to deal with the person with disability. Fortunately it give me the clear picture and environment to understand that even disable can do many thing if they get support and guidance from professional and expert. It

takes time to be like the normal person but what I learnt the patient and commitment speak loud to the person who can really accept it as challenges to reach a target.

Being with APD it reflect me from morning during my travel till the end of a day. All the people busy with their own work and no one bother about others. People in the same bus speak with different languages. It reflect me this is the beauty of India and also people are very helpful and kind to help even though for stranger. Hence, when I think about the disability and mental illness I always have the thought that it is very inter connected to health. Therefore it reflect me we should reach the people who are unreached or not aware about the important of person with disability. Everyone has their own believe system but at the level of mental illness and disability need proper health care.

I use to reason person with disability is the one among the vulnerable group at present in the society. People use to think person with disability cannot do anything but the fact is that they need someone to listen and have patient according to their capability. Whatsoever, the person with disability are unique and special, they have their own gift and values.



Similarly, if I reflect about many areas around found that there is no proper friendly environment for the person with disability (PWD) and person with mental illness (PMI). I always ask question to myself can this generation change the mindset of people in term of looking down for the PWD and PMI. Many a time I use to reflect awareness is the priority followed by acceptance. If we don't accept what we learn and aware about the reality then how we expect to see the change in the society? Therefore, it is high time to wake up and do some changes as new generation of the society?

SECTION-III

The Euphony from String

Chapter-10

The sound of music bit the mind and hit body tremble

“We all can dance when we find music that we love”-Giles Andreae

The first learning coming to my mind about health is a need to think both positive and negative because people always think negatively but unfortunately need to appreciate and

reason it positively. It is not always negative because people think about health only when they are sick. What I learnt is each person has different perspective from individual to individual.

Thinking about “Health for All”. I am always asking the question especially when I walked in slums because I recall back all the issues in the slum my mind become numb. Therefore, what is the main reason behind the context of slum community? People like slum living with all the social determinants it make me to reason on how to identify the problem or find solution. It reflects me, need to question ourselves what is the main problem behind and find solution both positive and negative.

There was a time when I use to reflect “Who am I”? Through this quotation I practiced to think and related myself like animals character because it is an important role to understand self on how I play the role in my life be it at home or outside.

Thinking again about “Health” it reflects me in today’s world the “Health Care” become the top priority for the people to do with different business with heavy amount and benefit. Health care at present, the main outcome is playing game with the precious life of human being. It is due to globalization which leads to all the issues and problem faced by the poor people. This creates the records that poor become poorer and rich become richer.

When I reflect back during the class room session, I realized whatever we did in community we should drop-in in the community not just drop out. This reflect me if we educate one person, it is a big change for the community. Malala Yousafzai said, “One book, one pen, one child and one teacher can change the world”, that is what I felt that the benefit come from the facilitators.

Learning

To begin with the classroom learning my hand and mind kept flowing to write but I cannot express everything in writing. To put in writing whatever I learnt throughout 1year CHLP is very vast because I never expect to have such great learning that will truly help me to stand by myself. What I learnt is the environment created by SOCHARA, it amazes start from the beginning. This is the best example as future community health worker I need to have in any point or place I work with. Further I learnt many new concepts during the classroom with diverse ideas and knowledge in different perspective.

In the process of learning I realized the fact that the classroom session was the back bone of my learning and enduring objective to be achieved.

Sharing and discussion within the facilitators and fellow travellers was the biggest learning that I could make use in my future because everyone has uniqueness of thought and knowledge. It is the immeasurable learning especially when it comes to the topics taught during classes it is just like put and pasting in my mind. Understanding oneself give me brief ideas about myself to understand my strength and weakness both inside and outside learning.

The beauty of learning in the classroom bounces me to understand the clear picture of community health. Compare my understanding level from the beginning till the end it contribute up to the extent that I never thought to have such excellent learning.

Understanding the four tier of health system is like open eye for me to understand the services. It is very a important topic that I learnt during the classroom session because it contribute to my knowledge, when it comes to health system. In term of health system I had no ideas at all. In this period I am very happy to know the key concept of our own health services. As an individual before joining SOCHARA every time I preferred Private Health Care but at present I understand the important of the Government Health care.

Health has constantly events of illness and on how to find the solution in term of preventive, curative, rehabilitative. Health system has different act in term of health services but still we failed to learn the lesson from the other countries. India has higher no of IMR, malnutrition etc. but still our Government treis to reduce the health budget despite lowest health care. Even though India knows as privatization country. Health is inter-connected with social, economic, political, cultural and ecological. Despite the definition of WHO “It is a state of complete, physical, mental, and social wellbeing, and not merely the absence of disease or infirmity”.

Paradigm shift gives me the amusing image of the reality on how to practice if we want to be the change. I would like to quote George Bernard Shaw “Progress is impossible without change, and those who cannot change their mind cannot change anything”.

Axiom brings back to my attention into community. We live in the country of agriculture, so the community is the main source to reach the health for all through their cooperative and participation not by using them simply without any benefit.

Public health plays a very important role in terms of sanitation and safe drinking water. This two view deals with day to day life of the person. Public health is always to treat and prevent not to be cure.

During the session with Madam Thelma about the Health Policy what I learnt, it should be norms and value on it. The goals of the health policy should include equity, accessibility, affordability, regulation, law, human resources, financial, vaccine, drugs and infrastructure. When human resource transforms into system it will be very crucial. Therefore, if we want to have the better resource needs to adjust with time, because Time is a very important resource in our hand. When the session kept going it was like an open mind for me to understand more about the health policy. Health policy is the reason to strengthen the health system and accountability. Definition by WHO, “A National Health Policy is an expression of goals for improving the health situation, the priorities among those goals and the main directions for attaining them.”

A Health System comprises of all organizations, institution and resource devoted to producing action whose primary intent is to improve health is called health system. It reflect me when it comes to health issues in today’s generation, health is the biggest business for the people to make money. I used to think why health system failed? May be the Govt. concentrated only with the few areas of health and does not change the health status of the people to improve well. I also learnt that India is one of the most privatized countries in the world. Talking about health why in India the post-natal and adolescence is still neglected. There is no proper plan or solution on how to uplift the lifestyle of the people in the society.

Learning in the class is like everyday news channel who give information to the audience to aware about the present situation. *Glocalization* is the very new concept for me to aware and understand between globalization and *glocalization*. Globalization is worldwide movement towards economic, trade and finance. It is also a way that local or national doing things become global. It is all about the economic, technology, politics and culture. E.g. market is one example benefit the globalization. People are preferred to go and shop in the mall instead of buying anything in local market. Because of the mind-set, the people always think about their status that will affect them. Actually the public didn’t understand that globalization will put them into threat. People have different perspective about globalization, because some thinks it helps everyone while others think it hurt people. *Glocalization* is the product to benefit the local market and distribute it to the universal level. *Glocalization* is the mixture

understanding that brings together the words globalization and localization. E.g. to improve the local market which will increase profit for the local people. Besides that I learnt that there are four types of persons we never dare to ask question i.e. Pandit/priest, teacher, doctor and lawyer.

Documentary movie is another outlook because it conveys lot of message to understand and reflect back about the reality. Watching the documentary on “Caste System” I learnt and observed everywhere public play major role to response be it positive or negative. Since we in North East do not practice caste system I find the life of women is terrible. We are living in the 21st century, unfortunately the caste system especially in rural is still very strong. The practice of high caste and low caste is still very prevalent. If we talk about caste system, God does not believe in caste system but why we people practice and believe in it? Remedies are not prescriptive science and remedies are not only to understand but it is also a practice by people.

The point of view of “Mallur Story” is another level that inspired me about the hardworking of the community and free mind to think. Whatever we want to do without the cooperation and participation will reach nowhere. Each and every individual play a vital role in the community and they are the best example for the other communities to get involve themselves into the team work. It is wonderful to see the community without any discrimination and they sacrifice and forget about the caste system for the benefit of development. In the story I learnt there are many women who participated in it show that if there are many women there will be development. I also learnt that youth are the agent of change in the country. To work in the community, knowledge cannot change the people but it is the attitude and skill that can change. Although we can change but the good example is to change oneself and be the role model for others.

During the session also learnt empowerment is very important because need to empower the community through different skills and methods in ways of understanding their own need. To have a dream one needs to have resources including economic, health, education, basic need, security, social satisfaction and well-being. When we talk about health for all it will be a success only if empowerment is done on day to day basis and to achieve we need to have strong group and that will be the best tools to change the world and work as a team and build good rapport and cooperation among the group.

Besides that the great learning I had was SOCHARA is one of the greatest gifts of God for me because I love singing but never meet people like SOCHARA who encouraged and motivated that singing is also another tool to work in the community. I am so inspired by their words and appreciation and I strongly believe I will make use of music as one of the tools to work in the community in future. Celebration with music brings people together and enjoy as one community.

Field learning

The field experience is another learning for me as a future community health worker because I always wanted to see the reality of India, and getting the opportunity to be with the one of the marginalized and vulnerable people like urban slum dwellers. I could see the true India and the life style of people is diverse among the people. Urban slum is the people who lack all the social determinants in their daily life, this makes me recognise about the circumstances and illness they are facing. For the first time I visited urban slum in Bhopal it makes me angry and sad at the same time because whenever I think about them it affects me and I don't get sleep particularly when I rainy season. People are welcoming but they are busy with their tight schedule of working with very low amount from hand to mouth. Whenever I went to field always thought, how people living are living in that condition but when I try to frame the situation I find the answer that it is all about poverty. People suffer in each and every single day especially women. Having experiences with the urban slum it is memorable and the sad and angry experiences will never wipe my eyes and the life style of urban slum. I will carry the message and reality of the people and spread the message about the reality of the urban slum of Bhopal on how we can work out in better way and improve the living condition of the marginalized in all around us wherever I work.

I learnt working with slum will be the great challenging task because the different people have different attitude and this is due to the lack of honesty, loyalty and lack of operating in changed work. I learnt to be future community health worker money is not major ingredient for me because major ingredient is the true and profound for the poor people those who needs and deprive for the dignity of life, voice less, marginalized in the society.

Another experiences with the rural people in Jaintia Hills in Meghalaya I came to know and aware about my own areas, since I never had experience before. When I visited Sohshrieh Village of Jaintia Hills it shocked me when I see the condition of my own community

because I always thought people are better but unfortunately people are still lagging behind in many ways. There is no proper drinking water, sanitation, health centre and education etc. So strange for me to know about my own state and see the condition because children are still living and carry the very simple life style. Therefore, it reflects me that poverty is the major issues faced by people. According to the Millennium Development Goal aim and objective by 2015 the target is to eradicate poverty, but unfortunately did not reach the target. Therefore, the new aim is by 2030 will eradicate the poverty. So my reflection towards the poverty is that I doubt will be able to eradicate the poverty? Why I mention because according to my experience in the field I thought it will take many years to come out with the fact of poverty. Until and unless we accept the fact will never eradicate the poverty. In India a third of the population is below poverty line then how we expect poverty to be eradicated. It is not a easy task instead it is big challenge work if we want to see the different.

Therefore, I think about the experiences in the field it make me worry about the lifestyle of the children in the community both Bhopal and Meghalaya. We all think children are future of tomorrow but unfortunately I could see it is very difficult for the children to come out due to poverty and also there is no school in the village and slum. Then how we expect the children will be the future of tomorrow.

To be with the community we need to be active listener and be patient. Community have lot of thing to share about the past, present and future. Once we build the rapport with them the relationship is strong. So, working with the group in the community, the coordinating and monitoring need to be a discipline. Because for the community when they trust they can really work as a team for the betterment of the community. At the same time, it is challenging job but if the passion and commitment is there the person will enjoy his/her work. At that time the work will be smooth and satisfied. Of course some people used to say language is barrier but I think, up to extent can manage with it because once person involves with the work he/she do it in real to sacrifice for the work. The task is another difficulty because if the community are not cooperate and involve together. The compassion it speaks to the one who put his/her task in front of all the work to do. Therefore to be with the community need to be analytical thinker. And this will help the community to grow in many areas. Leader plays a vital role in the community and if leader is smart and willing to work in the group for the betterment of the community then there will be a change very soon.

Beside that I learnt some administration work during my field that will help me to maintain the work in the future. But the most important to be with individual, group and community team work is very important because without team work the work or plan will not be successful. Even though the task is difficult if the active participants from the community are strong the work will be comprehensive.

Chapter-11

Music of life and hard note turn the song beautifully

“If you think positively, sound becomes music, movement becomes dance, smiles becomes laughter, mind becomes meditation and life become a celebration”.

-Unknown

Challenges

The hard note is the high note of the music. I need to work very hard and keep practice the song and learnt the hard note and touch the right track of song and make it complete.

1. Finding common time to meet was one such challenges
2. Trusting and respectful
3. Language
4. Support to develop relationship with community
5. Lack of awareness
6. SEPCE
7. SWOT

Outcomes

1. Working with community is the main challenges, but I should learnt to accept the challenges and move forwards
2. Develop listen skill
3. Turning off the tap and mopping the floor
4. Be active
5. Keep learning
6. Role model
7. Knowledge is power

Reflection

1. Know the meaning of myself: When I think about know the meaning of myself. At first I really don't understand what the meaning of myself is. It makes me think and confuse, and at the end of the day I realized it is not easy to get answer in one or two days. At last I realize meaning of myself is believe oneself, dream positively, true self, involved with others, grasp the opportunity and never give up!
2. When I imagine about the whole picture of two months in urban slum, it reveal me that it is all about poverty. We need to take action firmly and money is not major

ingredient but the major ingredient is the true and profound for the poor people those who needs and deprive for the dignity of life, voice less, marginalized in the society. And working in the urban slum area need to dedicate and be passionate and uplift the people who are in need of help.

3. It reflects me, if you hurt, worry and indeed be with the poor people who really need help because they are the one to help the ones. Being with the rural people it is privilege of spending a great time with villagers most accepted person.
4. Urban slum remain hidden under the umbrella of silence.
5. Only few accept and listen to the voice of the slum and certainly no lawmakers did for their improvement.
6. When “I” is replaced by “WE” even illness becomes wellness.

SECTION -IV

WRITING NEW NOTES

**TITLE: A STUDY ON NUTRITIONAL STATUS OF PREGNANT WOMEN AND
ROLE OF ANGANWADI WORKERS OF PHRA MER IN JAINTIA HILLS,
MEGHALAYA.**

Chapter-1

Introduction

The study on “A study on Nutritional status of pregnant women and role of Anganwadi Workers” has been the subject of my research during the period of fellowship programme. Researcher (I) have found the nutritional status of pregnant women is one of the biggest problem because women remain unaware of their own health problem such as hygienic, diet and family planning, and because of the low knowledge it involved and repeated pregnancies.

Women is regarded as the nerve centre of the family and society maternal nutrition and health is consider as the most important regulator of human foetal growth (Ventura 2008).

From ancient time it has been recognized that pregnant women form one of the most vulnerable parts of the population from nutritional point of view. Maternal nutrition and health is considered as the most important regulator of human foetal growth. A healthy mother can produce a healthy child. Pregnancy is the era of dynamic transformation for a mother needing a lot of care. Through this period the fetus is nourished directly by the mother through placenta. A woman's normal nutritional requirement increases during pregnancy in order to meet the needs of the growing foetus and of maternal tissues associated with pregnancy (Lisa, 2009).

In pregnancy anaemia has a major effect on the health of the foetus and the mother. According to Agarwal (1991) maternal anaemia resulted in 12 to 28% of foetal loss, 30% of prenatal and 7 to 10% of neonatal death. Anaemia in pregnancy is also linked with increased of maternal morbidity and mortality. A women's normal nutritional requirement increase during pregnancy in order to meet the needs of the growing fetus and maternal tissues associated with pregnancy.

The Integrated Child Development Service Scheme (ICDS) is the world's largest community based outreach programme which offers a package of health, nutrition and education services to the children below six years and pregnant and nursing mothers. The Integrated Child Development Services scheme (ICDS) was started in Karnataka on 2nd October 1975. The welfare of pregnant women, nursing mothers, adolescent girls and children below 6 years has acquired a prime place in the programme. The programme is a package of six services namely, supplementary nutrition, immunization, health check-up, referral services, and nutrition and health education for mothers / pregnant mothers, nursing mothers and to adolescent girls. Anganwadi workers is a woman of same locality, chosen by the people, having educational qualification of middle school or Matric or higher. She is assisted by a helper who is also a local woman and is paid honorarium. The Anganwadi worker is the most important functionary of the ICDS scheme. The Anganwadi worker is a community based front line worker of the ICDS programme. She plays a very important role in promoting child growth and development. She is also an agent of social change, mobilizing community support for better care of young children (Kant et al. 1984). The Anganwadi Worker monitors the growth of children, organizes supplementary feeding, helps in organizing immunization

sessions, distributes vitamin A, iron and folic acid supplements, treats minor ailments and refers cases to medical facilities (ICDS report, 1995).

1.1 Background

From the point of view, pregnant women are recognized as one among the vulnerable group when it comes to health. They need better care and more food than the normal person because she needs to have proper diet and care for the foetus to grow. 20 pregnant women were selected for the study in Sohshrieh Village. Among the 20 pregnant women many are uneducated and they don't care about the health or diet. A life course perspective observes peoples' behavior – what choices do they make about food and eating and what are the most important factors, affecting those choices (Rozin P., 1990).

The researcher conducts a research topic on “on “A study on Nutritional status of pregnant women and role of Anganwadi Workers” in Sohshrieh Village (Jaintia Hills, Meghalaya). The researcher felt that nutritional status of the pregnant women especially in the rural areas is another major problems face by the women during their pregnancy. Generally during pregnancy the women in rural areas did not have much time to think about their diet because they have to think about the others children and family. Researcher felt it was particular interest to know and explore food that women are consume during their pregnancy. Also felt it is opportunity to study the present topic because it is significant to bring awareness on how the socio-economic affect one individual to another.

Chapter-2

Review of Literature

Initially when women become pregnant they often think they need to consume more food in order to make them healthy and assure to grow the foetus. “An adequate diet during pregnancy maintains the nutritional status of the mother at a level that conserves her own body tissues and contributes to the normal development and birth of a healthy, full-term baby” (Nti C. et al. 2002). As many researches show, during the pregnancy women often become aware of nutrition, seek health advice and change their diets (Anderson A.S., 2001).

During the pregnancy maintaining the weight is very important at that time because women need healthy food and may they can seek advices from the health worker or doctors. “They have a collective impact and may interact with individual characteristics to influence healthy eating by pregnant women” (Fowles E., 2008).

Nutritional need during pregnant

Nutrition during pregnancy is a significant public health concern (Wen et al., 2010) because pregnancy is a critical period during which good maternal nutrition is a key factor influencing the health of both mother and child. During the prenatal period, the developing foetus obtains all of its nutrients through the placenta, so dietary intake has to meet the needs of the mother as well as the products of conception, and enable the mother to lay down stores of nutrients required for the development of the foetus (Williamson, 2006). According to WHO (2014), nutrition is the intake of food considered in relation to the body’s dietary needs. Good nutrition, well balanced diet combined with regular physical activity is a cornerstone of good health, whereas poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity (WHO, 2014). Therefore, women of child-bearing ages should maintain good nutritional status through a lifestyle that improves maternal health and reduces the risk of birth defects and chronic health problems in their children. The key components of a health-promoting lifestyle during pregnancy include appropriate weight gain, appropriate physical activity, consumption of a variety of foods in accordance with the dietary guidelines for pregnancy, appropriate and timely vitamin and mineral supplementation, avoidance of alcohol, tobacco, and other harmful substances, and safe food handling (Kaiser & Allen, 2008).

Income Level

Housing, sanitation, diet end life-style are all affected by a person's income level (Worthington-Robartset al., 1985). As a person moves down the socio-economic ladder, she will have more difficulty purchasing items that ore essential for survival, such as proper foods. Lechtig et al. (1975) found that protein end calorie malnutrition are frequently associated with a low income level. This malnutrition leads to e smaller placenta which limits the transfer of nutrients to the foetus. A result of this limited transfer is poor fetal growth. Organ studies show that there is a decrease in the amount of adipose tissue and a decrease in the size of fat cells in infants from poor families. Also, organs, in these infants are smaller than those of better nourished infants. These organs include the liver, adrenal glands, thymus,

spleen, heart, kidney, and skeleton (Noeye, Diener & Dillinger, 1965). Information from these organ studies suggests that a poor income position and its consequent malnutrition can ultimately affect the development and health of the foetus. A study conducted on 17,196 British births compared the foetal death rate in each of five social classes and found that the death rate for babies from 20 weeks of gestation to one week of life increases as the family moves down the socioeconomic ladder [The Lancet,1976]. Thus, not only is the foetus at a greater risk for retarded development, but it is also at a greater risk for death.

Nutritional status during pregnancy

Nutritional status during pregnancy is an important variable to measure because the foetus is directly affected by the mother's nutritional state. When pregnant, the woman needs to change her food intake in order to compensate for the increase in her metabolic rate. An increased basal metabolic rate requires an increase in calories in order to maintain optimal physical function (Rambo, 1843). Actually, during the pregnant state, a woman's calorie consumption should exceed her expenditure. This imbalance of the food intake will affect the growth and development of the foetus and also at the same time the women should own her physical functioning.

Nutritional status is very difficult to measure. Several methods are used, but no one way is known to be better than the others. Nutritional status may be accessed through anthropometric measurements, such as upper arm circumference, height and weight. Laboratory studies, including haemoglobin measurement, may be indicators of nutritional status.

Chapter-3

Research Methodology

The basic purpose of this study is to explore the source of economic status and food consumption of the pregnant women and role of anganwadi worker in Sohshrieh village from the perspective and the thought of the participants. This study design is a qualitative method. Common theme will be identified and analysed in an attempt to clarify the source of

nutritional status of pregnant women and how the anganwadi play role to the pregnant women in the community and perhaps to suggest further areas of study.

This chapter focuses on the research design, method of the study, population and nature of data, sampling and size of the sample, tools of the data collection, data analyses, and limitation.

The researcher conduct this study because nutritional status of pregnant women is one of the vast and vulnerable group are lacking behind. Women during pregnancy suffer a lot be it work, food, tension and health. The researcher fell nutritional status is one of the major problem areas need to improve with women health during pregnancy.

Objectives

1. To study socio-economic status of selected sample of pregnant women at Phra Mer?
2. To know the food consumption patter of selected sample of pregnant women?
3. To find out the role of Anganwadi workers in the nutritional of pregnant women.

Purpose of the study

The purpose of the study is to investigate the source of nutritional status and food consumption of the pregnant women. The researcher felt that it is one of the major issues faced by the pregnant women in their life due many social problem be it individual, group and community. The researcher felt it is interesting topic to study because it will give proper information how the pregnant women have the eating habit during their pregnancy.

Study design

Qualitative research: Qualitative approach focuses on objectives to enquiry and application of analysis for attainment of objectivity and generalizations. The qualitative research use face to face interview, questionnaire and in-depth interview as method of collected data.

Study Area- Sohshrieh Village, East Jaintia Hills, Meghalaya.

Population: The population of the study is the pregnant women and anganwadi workers. This study is confidential for the purpose of the participants to participate actively.

Sampling: In this study the researcher will be using Random sampling technique. According to Parten, "Random sampling is the form applied when the method of selection assures each individual or element in universe an equal chance of being chosen."

Sample size: Size of the sample conducted 20 pregnant women and 3 Anganwadi workers, age between 18-45 years are the representative of the entire population.

Nature of data: The researcher herself collected the data from the selected participants through questionnaires and in-depth interview. Official formalities will be maintained. Primary and secondary data will be utilized.

Tools Applied- A face to face interview schedule according to the convenient time of respondents was used as a tool for data collection with various framed on the nutritional of pregnant women and role of Anganwadi workers.

Data analysis

After data collection the analysed and interpreted using appropriate statistical techniques to establish the nutritional status of the pregnant women. The collected data would be tabulated and analyse by using excel. It is essential for the scientific study and the data is attempts to fully and accurately summarize and represent the data that has been collected.

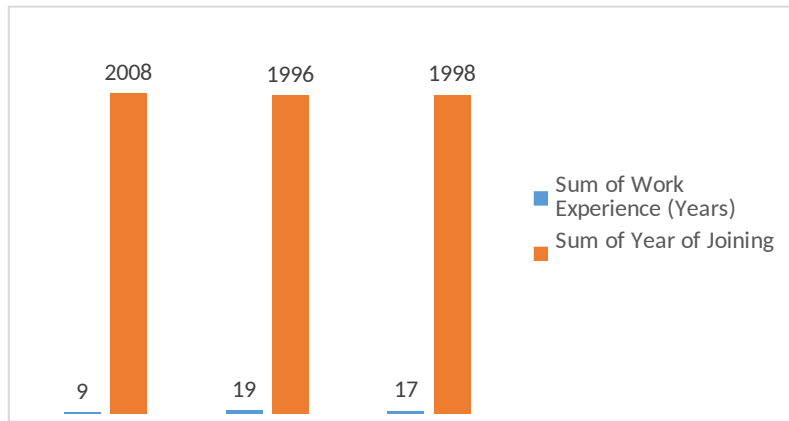
Chapter-4

Analysis and summarising

The purpose of this study was to determine how the nutritional status and role of anganwadi worker when it come to pregnant women in the community. This chapter will begin with statistic interpretation and follow by the summarisation of in-depth interview. The population of this study consisted only pregnant women and anganwadi worker. The total numbers of

participants is 20 pregnant women and 3 anganwadi worker. The maximum majority of the pregnant women got married at the age of 20 years.

Figure 4.1.1: Age, Qualification, Year of Joining and Work Experience of Anganwadi Workers



From the figure above show the participants have different age group, qualification, year of joining and work experiences. The finding from different scores under others categories.

Figure 4.2.2: Education of pregnant women



From the figure above it show the education of the pregnant women is very low and majority of their qualification are primary and secondary is very low.

Count of Income	Column Labels				Grand Total
Row Labels	10th standard	Primary	Secondary	Uneducated	
Agriculture		1	1	4	6
Agriculture, Govt. servant		1			1
Daily Labour		5	1	3	9
Self-employed	1	1		1	3
Shop keeper			1		1
Grand Total	1	8	3	8	20

Table 4.1.1: Occupation and education

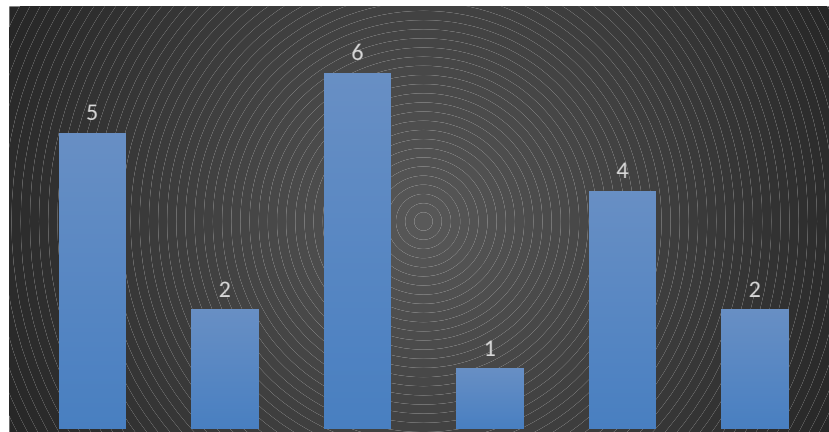
From the figure above the higher numbers of occupation are daily labour and lowest is shopkeeper. 8 numbers are primary standard and uneducated participates in the study and 3 are secondary and 1 is standard 10th.

Count of Occupation	Column Labels				
Row Labels	> 6000	>6000	2000-4000	4100-6000	Grand Total
10th standard		1			1
Primary	1	3	3	1	8
Secondary		1	1	1	3
Uneducated	1	3		4	8
Grand Total	2	8	4	6	20

Table 4.2.2: Income and occupation

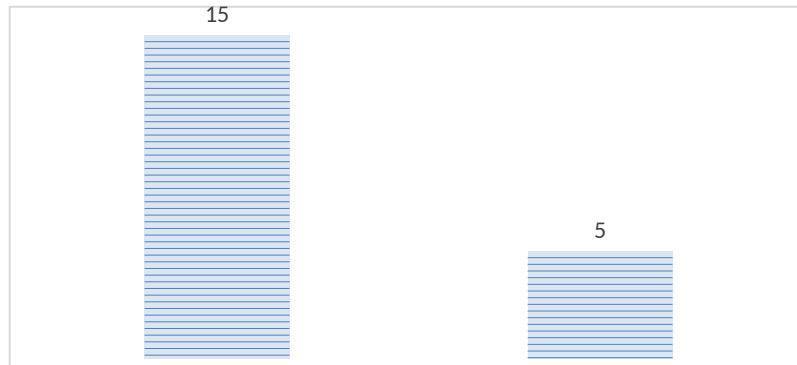
From the figure above the income is almost equal to all according to the occupation. 8 pregnant women income is above 6000 and 6 participants earn 4100-6000, 4 participants earn 2000-4000.

Figure 4.3.3: Marital status and age of marriage



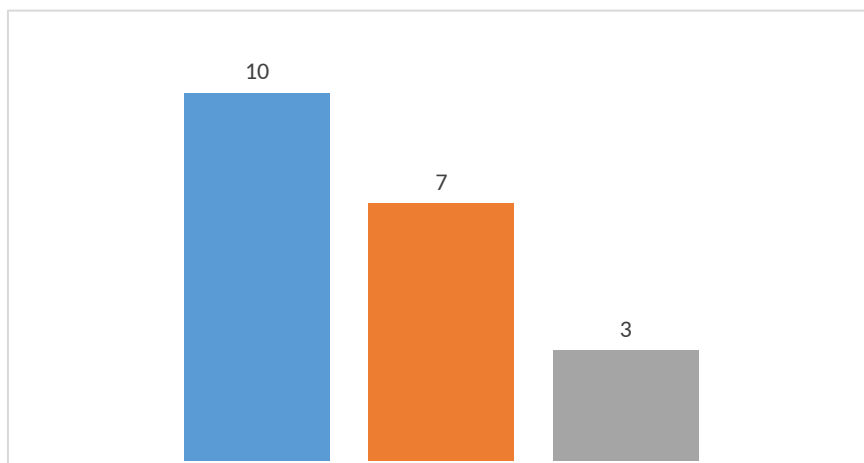
From the figure above it shown majority of respondent's marriage at the age of 20 years and lowest is 18 years.

Figure 4.4.4: Family profile of the respondents



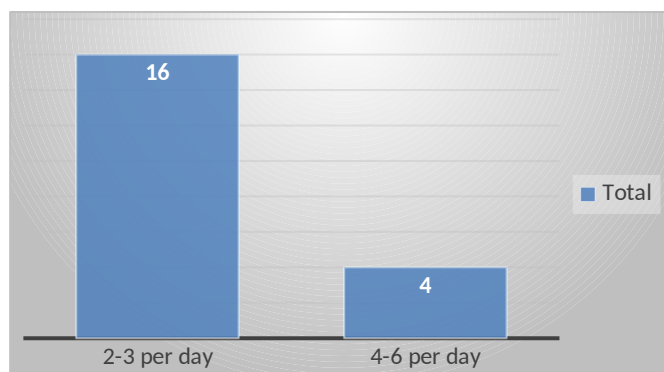
From the figure above it shown the family profile of the respondents and majority are join family than the nuclear family. 15 respondents are joint family and 5 respondents are nuclear family.

4.5.5: Meat and Poultry



From the figure above it show majority of participants who eat non-veg are 10 respondents and eat 2-3 times in a month and 7 respondents eat once a month and 3 respondents eat once a week.

Figure 4.6.6: Cereal



From the figure above it show among the 20 respondents eat rice than the others cereal. 16 respondents eat rice 2-3 times per day while 4 respondents eat 4-6 times per day.

Summarized of Nutritional status

Nutrition status: (food habit, availability)

According to the respondents their nutritional status is not much important to them because there is very limited food available in the village. Therefore their food habit is been practice generation in very simple way. There is no practice or modification during their pregnancy time because it very difficult for them to get the food or their diet in the village. The pregnant women are eating whatever they use to get in the village and also availability at home. They cannot compared themselves with urban people or television. They have habit of eat in very simple manner.

Socio-psychological Aspect: (Society, education, food practice)

When it come to the socio-economic aspect of the pregnant women the main issues that they mention it is the society practices when it come to food habit example battle nut and battle leaf is the main practice in the community. The pregnant women don't have any ideas about the important of their health, because they are illiterate and education is meaningless for them. It shows that due to the lack of knowledge the pregnant women are not bothering about their health and did not understand the meaning of their health.

Diet: (Traditional practice, time, responsibility)

Diet is very important for every one because diet is the main factors give strength and effort to build the immune system of the human body. Therefore, the response of the respondents show very less and they lack of knowledge about their diet and it is not the priority for them to care about the diet. Their expression shows that they did not understand about the foetus health. Suppose if the mother is not healthy the child also will not be healthy. But still they don't know much about their diet. When it come to the diet of mother and child if the mother is not eat properly there will be at risk both the mother and child.

Community mechanism (ASHA, AWW, DIAS, Family, accessibility, affordability)

The community mechanism during the pregnancy is one of the ASHA workers who give them some support during their pregnancy and Anganwadi worker as well who try to support through ICDS scheme. The pregnant women in the village also prefer traditional birth attendants for their delivery and till now the home delivery is still practicing because it is

accessible (TDA) any time they need and at the same time affordable to pay. And most of the time TDA is free service.

Time table: (food intake, quantity, quality, culture practice)

When it come to food intake of the pregnant women usually they eat more than before pregnancy. They fell like eating more and the quantity also it increase. But the quality of the food is different with the urban women. In rural areas pregnant women are usually eating the same food habit as they eat during their normal life. They did not have the habit of eating special during their pregnancy. Therefore when it come to culture as tribal their custom is normal to eat battle nut and leave. Actually the tobacco is not good during the pregnant time but what people in rural as tribal they don't care because it is the culture they are practice from generation to generation and also there is no restriction to eat. Their food habit is totally different from the urban areas.

Life style (Food habit, affordable, food interest)

When it come to the life style of the pregnant women is very simple because in the village they eat in such a way that they will fill their stomach not to have proper diet. One of the pregnant women said, there is local snack called "Pukhleim" in the areas that is her special food and most of the pregnant women fell eating fruit is compulsory during pregnancy. Pregnancy is crucial stage but what women in the rural areas interest in food is not changed at all. One of the pregnant women said, there is a time if she did not get to eat what she want automatically upset and disappointed with everyone. Most probably the pregnant women mention they don't have favourite food.

Psychological aspect (like and dislike)

It is the psychology of the people in every community during the pregnancy because some of the unwanted items are using example kerosene. It is very bad and it will effect for the foetus but still using it. And almost the pregnant women mention they eat lots of the sour fruits it is normal for every pregnant women. Also mention there are many like and dislike food during their pregnancy. As they (pregnant women) mention there is some food never eat much before but unfortunately it become daily food e.g. local snack and some local vegetable.

Food intake (variety of foods, timing, quantity, family size)

The food intake it depends the varieties of food available in the areas. The food items mainly pregnant depend on rice, vegetable and meat. One of the pregnant women mention “Eating papaya and any bitter items is strictly prohibited during pregnancy that is the practice from many generation” because cultural believe will cause abortion. Corn is very common in the areas and most of the women said they eat extra rice than before and believe it will give strength and energy. It seems it is the foetus want to eat. And rice is compulsory for the people be it pregnant or not pregnant. There is no timing for eating any time it is easily hungry. But after delivery the parent never allows to eat meat that is the culture and belief in the village. One pregnant woman said, “During pregnancy is not supposed to eat ladies finger, pumpkin, raw papaya and all bitter items because it will affect the foetus and it is belief and practice as well in the village”. For the pregnant women in the rural areas the family size also very important because if the family come from the poor background they can effort to eat if she want to eat too. That will affect the foetus and the mother as well she cannot eat properly during her pregnancy or it may lead to the anaemia and underweight of the child when she delivered.

Economic and biological status (consuming capacity and affordability)

Economic is the main financial problem for the poor family background to adjust with their eating style especially with the big family it is difficult to manage. One of the participants said, “Due to poverty I never think to eat properly what I want because have to look for my children too”. It is according to the capacity of the women to eat and affordable to buy food items. Meat, fruits and milk is very expensive cannot effort to buy and end up with dhal and potatoes every day. Education for children also is important so instead of buying eatable items need to pay for school fees of the children. This is another problem the pregnant women cannot afford to buy whatever she wants to eat as pregnant mother. It also said they are not use to egg and milk so they never take or drink milk it is only sometimes.

Food processing (living condition, availability of food grain)

For the pregnant women in the rural areas it is tuff time when it comes to eating food because the life condition also play major role in everyone. It is affordable or not and it is available in the areas or need to buy in the market. The life in rural is very humble, people eating very simple way and there is no special be it pregnant or not pregnant. Mostly they cook same thing as always. The pregnant women are so blank when it comes to food available for the

pregnant women. Since there are many local green leafy vegetables the women are eating lots of boiled instead of fried food.

Privilege (Respectful, no recognition)

The respondents had no answers because they never know or think in their life to have special food items for themselves during the pregnancy. Since it is a matrilineal culture, women have the privilege to eat whatever they want, but the only thing is that people in rural areas do not practice anything special during pregnancy. Pregnant women, when it comes to religious practices, they believe in a system to do special prayers for them before and after delivery for both mother and child. The lifestyle is not stable if they come from a poor family background because when it comes to health facilities, they are not available in the village. Each and every household is different, so the kind of appreciation of being pregnant also is different, especially for pregnant women from a poor family background who did not get any appreciation of being pregnant.

Chapter-5

Finding and Recommendation

The main finding

1. The researcher found anganwadi worker has different experiences in the field according to the years they are joining. And the education does not matter much because only one anganwadi have completed matriculation and the rest primary.
2. When it comes to education among all the respondents who participates they have very low education and primary standard are the higher numbers follow with lowest numbers of 10th standard.
3. When it comes to occupation of the respondent's daily labour is the higher number follow by agriculture and shopkeeper is lowest numbers. 8 respondents are primary standard and 8 are uneducated respondents in the study and 3 are secondary and 1 is standard 10th.
4. The income is almost equal to all according to the occupation. 8 respondents income is above Rs 6000 and 6 respondents earn Rs 4100-Rs 6000, 4 respondents earn Rs 2000-Rs 4000.
5. Compare marital status and age of marriage the higher numbers of respondents married at the 20 years and lowest is 18 years
6. When it come to family profile of the respondents, majority are joint family than the nuclear family. 15 respondents are joint family and 5 respondents are nuclear family.
7. Majority of the participants who eat non-veg are 10 respondents who eat 2-3 times in a month and 7 respondents eat once a month and 3 respondents eat once a week.
8. The researcher found among the 20 respondents eat rice than the others cereal. 16 respondents eat rice 2-3 times per day while 4 respondents eat 4-6 times per day.

Recommendation

1. To consider of socio-economic status need to look with others criteria of the problems like education level and marital status of the living condition.
2. To conduct large sample in order to know the relationship and shown the good study.
3. To assess the questionnaires to improve and fulfilled the study.

Limitation of the study

During the data collection the researcher experienced lots of difficult because most of the respondents are busy with their current schedule due to harvesting time.

Time constrain is one of the difficulties, since the respondents were not available at the same time. So need to go many a time to request them to spend few minutes.

It was great experiences that help researcher to understand the limitation of the nutritional of the pregnant women. Regarding to the respondents they do not response much to their health because they lack of aware and knowledge towards their own health.

Conclusion

In the present study the nutritional status of pregnant women has been investigated. The study basically conducted in order to gain a broader understanding of the source of nutritional status affected by pregnant women.

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Guidelines for Community Processes-2013 National Rural Health Mission

Chinese poem by Lao Tsu

RHYTHMING FOR SOCHARA FAMILY 2015-2016

Dr Ravi well known as story teller and cutie chap, but don't worry Dr Thelma we know you as sweet, adorable and knows you both as cutest couple.

Mahammad and Chander, we know what you all discuss about us in your room but we are happy because we know that it's for our good and your efforts have proven it.

Kumar is motivating and encouragement facilitator during recap sessions sand Rahul as helpful, intelligent and silent killer.

Janelle known for her charming smile but don't be jealous Anusha we love your smile as well. You are friend and facilitator at the same time, may you get all the happiness and successful.

Prahlad you are a stallion of sanitation and Adithya in love with nature. We are proud of you both. Prassanna an all-rounder, a global man!

Swami you hold the key to knowledge, count on how many books are borrowed and how many are returned a day but don't worry you have a colleague like Maria who keeps checking how many absentees are there a day.

Victor you are the righteous banker, but don't be panic too much about the Stipend and hostel fees because Mathew always besides you to help with that tension.

Tulsi, Hari and Joseph, how unassuming are you! You kept us awake during the tiring sessions. The smelling of Milk-Lemon-Sugarless tea flavour is the secret of your signature style and the taste give us full energy back in the class.

Amma and Akka.... If it was not for your efforts we would not have had the luxury of a clean and tidy surrounding. Your lovely smile in the morning brings joy to our heart.

Keep going Fair Asha as we all know you as good imitating and good leader, lovable and hardworking like Uma.

Continue to share your thoughts and ideas to the groups keen Rajeev, Carry on to be a poet Samar and get the world's attention.

Keep smiling Aruna and Balentina your smile will win the heart of people.

Adorable and charming like Dala, Fatima you have soft corner to be true community health worker, wish you all very best in future.

Anji you are person with full of vision and mission and Chandu you willing to share with what you have to others we appreciate it. Azam you are the

Bhaijan for all of us! Remember us sometimes. Suresh you are smart and intelligent, blow-out your knowledge to the community.

Anumaria Jacob we call you affectionately Anu, Swetha.Y we call you sincere Swet.

Shenaz you are wise and sweet friend, and Sweta.G you are friendly and ready to learn new knowledge.

Jaison known as gentle and helpful guy. Hiding talent but we know you have the good quality of leadership, and Khirod you are very kind and soft spoken person, always willing to give your hand to others who need.

Kulesh you are very silent person but your contagious smile speak to all the group, and Kamlesh continue to spread your hindi speaking to the people who did not understand much like me.

All said and done
And now that parting time has come
But do not think that we are once and for all gone
Whenever we reach Bangalore
We should remember to stop and peep by
When we feel like give up with our tide schedule
Remember that out of hard labour comes the honey.

HOME

It's been one year down the line
Let us all turn back to time
When "You" and "I" was never mine
And how our love begin to twine
It started feeling I am home.

Every morning, straight out my bed
Waking up listening and singing my favourite songs
Getting ready to take each step

Taking every chance, cause I'm all set
Because I felt I am home.

Then the good times comes, left no regrets
Some calm and some noisy dreams are on my bed
Thousand nights, thousand dreams, thousand shining eyes
On every beautiful dream I laid my eyes, we walked in people's shoe
Lived their joy and rue because they said I am home

We've had ups and downs, sometime dust sometime crown
Struggles in pain, do you think it's vain?
In burning desert it will bring rain
Well this is life my friends, it's true,
Sometimes we lose sometimes we gain
There will be sun there will be rain
Do not get down we will be home

Me....mo....ries that we'll carry, home.

BALENTINA T. LAMARE

