CELEBRATING COMMUNITY HEALTH!!!

Community Health Learning Programme (CHLP) 2015 – '16

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Acknowledgement

I am sure that these words are not enough to acknowledge all that happened over one year of CHLP in SOCHARA, but still; let me give it a try.

Despite my absolute inexperience in the field of community health and with no working experience SOCHARA was so graceful in accepting me for the fellowship. I thank Dr. Thelma Narayan, Dr. Ravi Narayan, Mr. S. J. Chandar and Mr. A. S. Mohammad for considering me worthy of the programme, encouraging and guiding to learn and explore community health and above all to celebrate community.

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Last but not least, I thank all my fellow travellers for the wonderful time we have had together and without whom the CHLP journey would not have been possible.

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INTRODUCTION

Into the light; finding a path…

Well, "I am a postgraduate in social work now," I kept telling to myself. I tried my best to convince myself that "I am a professional." Deep within I was not convinced enough to getting into a profession, as I felt that I was not competent enough to commit myself to any profession. Meanwhile I wished to study further but I didn't know what exactly to study. But what is next? I was clueless. I kept asking myself what I should do now. I was getting all the more confused and distressed as all my batch mates one after another getting in to jobs and finding their grounds. Thanks to my parents that they gave me full freedom to follow my convictions but unfortunately they were not in a position to guide me either. All that they wanted and expected was that I get a good job somewhere, earn enough and get settled.

During these confusing and most agonising days, out of the blue, I remembered the conversation I had with Mr.Sabu; then a facilitator at SOCHARA. He had come to our college to conduct a work shop on research methodologies. I can vividly recall how passionate and enthusiastic he was while introducing the organisation he was then associated with. He also enquired us if anyone was interested to join the fellowship programme on community health. To be frank, I didn't know anything about community health then nor took time to understand what it was. However, I was still not convinced that I should apply for the fellowship. Meanwhile I contacted my HOD, Dr.Thanuja Thomas asked for guidance and it seemed that she was quite positive about joining the programme and connected me with Mr.Sabu. She also reminded me that one of my batch mates Ms.Nisha had done her block placement at SOCHARA. She shared her experiences of a short stay at the organisation and insisted me to join the fellowship.

Subsequently, after the initial dilemmas in deciding on to start a new journey to the unknown, I wrote to SOCHARA. The reply to my letter came after a while and I was asked to get ready for a Skype interview; first of its kind. During the interview I expressed my interest to join and it went on well, it seemed that they were interested in me. I hopefully waited for a confirmation. Almost after a week while going through the e-mails, to my excitement I found it. I was asked to be in Bangalore for a personal interview.

Thus, here I am, into the light, finding a path…Time for the show now…

Learning objectives

I joined SOCHARA with little knowledge about community health. So it was to explore community health, to try the career options in the field as I was a fresh postgraduate with no field experience and adequate competence. But as the fellowship progressed day by day, there were bundles of learning and new experience coming in. Hence, the objectives of the fellowship shifted to more about understanding health in different perspectives, as a result of it there were many other objectives evolved. Some of them are as following;

- To understand health in different perspectives and concepts in a holistic manner.
- To understand community health approaches and perspectives, and SOCHARA's involvement in community health.
- To develop skill that is necessary for a scholar activist.
- To experience rural life and feel the ground realities and learn from it.
- To practice paradigm shifts with a balloonist view.

There were also other objectives that are somehow related to the above mentioned. The journey still continues and so there is space for new objectives too.

Chapter – 1

The collectives

The new innings begins here…

I was all set for the match. The preparation for a long test match began as I landed up in SOCHARA on 7th February 2015. I fell in love with the stadium, i.e. the SOCHARA campus at the first sight itself. There were a few members of the team management and would be fellow players who were moving around the ground talking each other and greeting one another. To be honest I was quite tensed and was going through lots of mental containments as I was an amateurish young player badly wanted to get into team. I somehow regained my sense and by the time someone came to me and we introduced each other. I was offered a chair to comfort myself until I was called for the fitness check-up. It was time for the fitness test and I was quite tensed. I knew that my mind was going blank but somehow I regained the control of the mind. I was at the cabin and for the first time I sat before the team management. First of all I was welcomed cordially and they introduced themselves as Ravi, Mohammad, Chandar; Thelma joined us after a while. The check-up began, from the initial struggles as they cheered me to feel free and open up I felt at ease and the process went on for almost an hour. I couldn't fully comprehend what was going on but still towards the end of the conversations I was feeling good and energised. It came to an end and I was asked to move to the parlor and wait for the final decision, as I walked back, once again my mind went blank and I waited eagerly to hear the result.

I waited and waited, after a while here comes the good news. Thank god, I am in!!!

The warm up sessions…

With lots of excitement and enthusiasm I was on the ground, i.e. the classroom, for the first day. It took a few days to redeem myself from the initial discomforts of meeting and being with strangers; strangers then, not any more. I got rid of it as I started mingling with the other players (fellows) and introducing one another. It was all the more thrilling to know that my fellow travellers were from different corners of the country and with a verity of educational back grounds and experiences as well. They were from Meghalaya, Manipur, Madhya Pradesh, Orissa, Karnataka, Tamil Nadu and from my own state Kerala. They are doctors, dentists, psychologists, a lawyer, an MBA and many social workers who are of my kind; unity in

diversity! Thought it took a few days to get along with every one, yet it was an awesome experience.

A new world!

As the days passed I felt as If I was in a new world. Yes, I was in a new world called SOCHARA. It was all pleasant, benevolent facilitators, energetic and enthusiastic fellow travellers, last but not least the unassuming staffs in the campus. Everyone easily got along with each other and was at the service of one another. Most interestingly you will find a young lovely couple named Ravi and Thelma (though hairs have turned white, yet they are still young at heart and the works they do) who left their stethoscope at the medical college and decided to be co-travellers towards making "health for all" a reality.

The life stories begin…

The orientation programme brought all of us together. My learning began at this point onwards. The initial days went through mixed emotions. I felt like I was not supposed to be in such a place. But these sorts of negative and belittling thoughts were washed away as the days went on. I started feeling at ease as the fellows started expressing their interests in learning community health and as facilitators were always optimistic, inspiring and supportive in implanting the seeds of hope and action.

During the sharing of life story sessions, fellows opened up their hearts and shared their past experiences. Everyone had a lot to tell. The stories started from the family background to school and college days to the variety of sweet and bitter experiences they had gone through their lives while pursuing their dreams. All of them were unique in their own ways and had something to teach the others. The life stories of Ravi, Thelma, Chandar and Kumar were exceptional as they poured their hearts out while sharing their experiences in experimenting with the realities.

Ultimately, it was a good platform to start the new phase of learning. The minds and hearts were ready to undergo something new and exceptional.

Unlearning, learning and relearning…

Yes, it was all that I went through over one complete year of fellowship at SOCHARA. It took me a long while to start the first chapter of the journey, a reflective story of the one year of my journey through different frames and settings. I knew that the time had come to scribble down all that I have seen, heard, listened, argued, discussed, debated, visualised, practiced, above all experienced. It is once again undoubtedly established that the ever green anonymous saying

“experience is the best teacher” as I have reached a new phase of the journey. If it was not for the personal experiences at the field work, class room sessions, sharing of the experiences by the fellow travellers and the events happened elsewhere, I would not have gained anything promising even after spending a whole year. I admit that the learning through experiences continues till the last breath I take. Learning is life long and it takes different forms and realms. My life journey continues and I am sure that it has gone through a paradigm shift as I joined the fellow travellers traversing the paths that are less travelled.

As i write it down, I am unsure if I was prepared enough to revisit each of the raw and robust events, experiences and stories and do justice to the learning I have undergone. But still, let me try to bring it all together.

Let me start it from the title of the fellowship programme its self!

“Community health learning programme”

Considering the title as individual words giving a complete meaning was not new to me. I have heard the words community, health and learning a thousand times at least. Each time it was attached with different connotations. I have used each of these words in different contexts too.

Community

As I have mentioned, community was not a new term for me. From the sociology classes I attended during my under graduate and post graduate studies had given me text book knowledge on what community is all about. Though I lived in different communities all these years, yet I hadn’t tried to understand the real essence and meaning of community until I joined SOCHARA.

I had a slight different experience as I was in a religious congregation for a couple of years towards the late adolescent and the early adulthood period of my life. I remember now with great reverence that we were known as communities among the religious circles; “community of the poor servants of divine providence”. We were asked by the formatters constantly to live a community life as we were a gathering of people from different states; total strangers until we all were called together and started living under a common roof. This is when and where the word community started becoming relevant.

Later on, in SOCHARA very often I started hearing the term community. Each one of us time over and again listened to people and reflected oneself to comprehend the true meaning of the

word. All that I had learnt was once again reaffirmed when I was sent to the field for about 6 months. Now with full conviction I can say that community is nothing but it is when I, YOU and THEY come together to form "WE".

Health

My post-graduation had lead me to understand health in general as I was getting specialised in medical and psychiatric social work. I had to be through with the WHO definition of heath to get through the exams; the **WHO** definition of heath, which says ***"health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".*** Like any other lay man I knew health in terms of disease, medicine, doctors, nurses, hospital and so on, until I joined the fellowship.

The first paradigm shift in my learning process began as I was initiated to reflect on the definition. I was prompted to understand health in a holistic manner. The process of unlearning just began and the true meaning of health started to unfold itself through the discussions and reflections we had over a period of time. Subsequently, my definition of health now is "wellbeing", that is to say the life itself.

Mental health

Mental health has been an area of my interest form the post-graduation time onwards. My knowledge and understanding were refined and polished through the fellowship. It has helped me to understand the concepts and underlying issues form a different perspective altogether. "Being born as a lady who is poor and mentally ill is the scariest thing in India." States Dr.KeshavDesiraju, Ex-health secretary of India on a lecture during the alumina meeting was an eye-opener. This statement alone is enough to understand the importance of mental health. Being mentally healthy is closely associated with determinants of health. Hence, addressing the determinants and working on it is the need of the hour; this is the challenge I wish to undertake here after.

Learning

For me, Learning was just the acquisition of knowledge and skills through the conventional methods that is by-hearting something from the text books, studying whatever a teachers taught in the class rooms, or even learning something like how to operate a computer, a new mobile phone etc.

But now, I am convinced that learning is not the above said alone, rather there is lot more. Learning through experiences, reflecting and internalising what I see, hear, think, doubt, doing and responding. It is **"inside Learning"** through a process of blending brain and heart together. Hence, learning is unlearning what is already learnt, learning what is new and relearning what is necessary.

Towards Health for all

It was for the first time I heard the caption "health for all" in SOCHARA. At the beginning it sounded a fancy caption but as the days went on and the sessions progressed I could understand the depth and breadth of the concept. I learnt that it was not just a caption but a dream followed by many. Later on I have learnt that SOCHARA and health for all are inseparable and this is what flows through its veins and the people who are in the organisation. It was one of the most discussed topics in the class and each session opened up our understanding about the hard-core realities about health. Many other sessions were in one of the other ways were related to the topic and it added new dimensions to the concept discussed.

The global charter for Health has noted that: "Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the roof of ill health and the deaths of poor and a marginalized person … Health is primarily determined by the political, economic, social, and physical environment and should, along with equity and sustainable development, be a top priority in local, national, and international policy making."

It is enough to critically analyse the above quoted words to understand the disparities and gaps we face in making health for all a reality. We are in chaos. Our systems are still not ready or competent enough to deal with the realities as they are hallucinated by the negative forces like globalisation, privatisation, neoliberalism and many more. Hence, here is the relevance of civil societies like SOCHARA who raw against the currents to reach the goal. How do we do it is the question now and I have tried to put together how SOCHARA have tried it.

From known to the unknown…

I began my new phase of life in SOCHARA, an experiment with a new concept called "community health". It was a journey from the things I thought I knew to the things unknown. Even though I couldn't fully apprehend what was going on, yet certainly the experiences turned into more than I ever imagined; a paradigm shift in my own attitudes, thoughts and perceptions

towards different concepts, theories, and ground realities. Placing "health" at the centre of the paradigm shift I underwent, there were many more things that followed.

I hope to bring them all together under a series of headings.

Building blocks…

For anything to last long, it should be built extremely well. The blocks that are used to build also must be strong enough to with stand any adverse catastrophes. "Health" as the corner stone we need powerful blocks to build communities that prevails against all adverse events. Once it is done the communities can be compared with the house that is built on the rock so that when the rain fell, and the floods came, and the winds blew and beat on that house, but it did not fall, because it had been founded on the rock. And, not like the house built on the sand. And the rain fell, and the floods came, and the winds blew and beat against that house, and it fell, and great was the fall of it.

To build such communities in the modern world we live in, we need knowledge and expertise gained through learning and field experiences that is as powerful as a two edged sword that pears in to anything that comes as hindrances. The journey through CHLP has equipped me and each fellow traveller with such knowledge and experiences. Some of those are as following.

From floor mopper to tap turner off!

What a change! This is what I am supposed to be. "Are you a floor mopper or a tap turner off?" I had no clue and was a little disturbed when Ravi asked this question to us. Every one of us sat back and thought for a while to understand the hidden essence of the question. He went on to explain what each of these words meant to the budding community health fellows. It was the same he went through when he was asked the same question decades back and now I have seen and experienced the effect it had on him; a total conversion! I now know that I am in the process of the same conversion. The relevance of CHLP becomes evident, when the people around us are trained or even wish to be floor moppers, I am trained to be a tap tuner off.

What does it mean to be a tap turner off?

It simply means that when I am trained and taught to deal with illnesses, disabilities and any other health conditions in an orthodox manner using all the modern facilities and interventions available, I am counted one among the floor moppers. Whereas, when I start to understand and

address the root causes and the cause of the conditions mentioned above and put my heart and mind together to deal with it, with the available and most suitable resources, I become a tap turner off!

As I reflect on being a tap turner off, the first thought that comes to my mind is that whether I can be a tap turner off in my own humble ways. If so, what all will be the obstacles that I should encounter on my way. I am pretty sure that the world we live in will not easily let any of us to be a catalyst of change as the forces that stand against us much stronger and deep rooted than we ever imagine. So being trained as a scholar activist, the challenges before me are many. Yet, I am prepared to take up the challenge and go forward.

Paradigm shift

It was one of the terms I kept hearing throughout the fellowship. Though it was not so soothing to hear in the beginning because it called for a change, yet as the learning progressed the term became more clear and self-explanatory. The vigour with which Ravi talks on Paradigm shift is enough to trigger any of us to adapt to this change. In the context of community health and health for all, paradigm shifts meant a transition from bio-medical model of health to social model of health. Similarly, it called for change in looking at and understanding realities from different perspectives other than from the conventional frames. There are seven of them proposed by SOCHARA and they are as following:-

- A shift in focus from individual to community
- A shift in dimensions from physical and pathological to broader psychosocial, cultural, economic, political and ecological dimensions.
- A shift in technology from drugs and vaccines to education and social processes.
- A shift in the type of service from social marketing and providing models to enabling, empowering and autonomy-building processes and initiatives.
- A shift in the attitude of people from patients and/or passive beneficiaries to people and communities as active participants.
- A shift in research focus from molecular biology, pharmaco-therapeutics and clinical epidemiology to socio-epidemiology, social determinants, health systems and social policy research.
- A shift in structure from institutional based (hospital and health centric) work to community based and led approaches.

At the end of the fellowship the terms have become clearer. The field experiences at THI have helped in understanding how these shifts can yield better results. The best example of this is the "Health Workers" who are local girls trained over a period of two years, are the back bone of all the activities happening in the hospital. The school health programme is another example, wherein the students insist their parents to build toilets there by a remarkable reduction of diseases caused by open defecation. Hence, trained as community health fellow, it is my prime responsibility to participate and propagate the paradigm shift to make health for all a reality.

Axioms of community health

This is one of the foundations of community health proposed by SOCHARA. It is not just a philosophy or ideology alone, rather these are statements or ideas believed to be true by the people. The axioms become prevalent and efficacious as we travel towards the dream health for all. In my understanding as we follow these axioms the journey towards achieving health for all become easier. It shows ways to actualise the dream and it is a combination of various elements. It starts with community health as a process of enabling and empowering people to exercise collectively their responsibility, to their own health and to demand health as their right. To do so every individuals and community should have autonomy over their health and it is possible only when everyone has the opportunities, the knowledge and supportive structures that make health possible in an equity basis. It also calls for integration of health and development activities. Building decentralised democracy at a community level is another element included. It is all possible only when a system is established where in the bio-medical model of health system shifts its priorities to a social model with the community participation at all levels and when the understanding of health and health care changes from a professional package of illness to addressing the determinants of health.

Social vaccine

The term vaccine was not unfamiliar but what exactly vaccine is and how does it work was something new. The sessions gave a clear picture about the immunization programmes and the role of various players in the process and UNICEF has a key role in it. Yes, it is a preventive medicine and it has improved the health status of our nation certainly. But is it enough to achieve health for all?

Here is the relevance of social vaccine. This is an alternative way to prevent the occurrence of diseases. It stresses the importance of working on the determinants of health and the range it covers cannot or will never be covered by a bio medical model of disease prevention. It advocates working on the social and economic structural conditions that render people and communities vulnerable to disease. How does it work is simple, it is through social actions. It becomes possible when communities are empowered and enabled to take care of their own health needs. It is better understood through a simple example. As we consider HIV/AIDS as a serious issue, most of our efforts will be promoting condom as preventive measure; whereas, through social vaccine perspective we try to replace "responsible sex" as a vaccine to tackle the issue, thus bringing the incidents under control. The amount of money and other resources needed to establish social vaccine is much less and the long term outcome will be much greater.

Determinants of health and SEPCE analysis

As the sessions progressed my understanding of health had become fairly clear. But still, there was space for my thoughts to get refined. It happened through a series of processes like listening to other's understanding, observing and experimenting at the field, and above all listening to the facilitators. It was furthermore clarified by understanding the determinants health applying the SEPCE (social, economic, politics, cultural, ecological) analysis to the learning and experiences I went through. Now I prefer to use the word wellbeing to health.

One might ask why do you want to give/attach a social, economic, political, cultural and ecological connotation to health? My humble answer to the question is that health is not health apart from the above mentioned. There is an element of health in everything and when anything happens to the above mentioned it affects the health of an individual somehow.The social determinant of health is an important concept of community health that helped me to reflect on the underlying factors to look, learn and to understand and not to jump into a conclusion. My field experiences have strengthened the idea of applying SEPCE analysis of health to get a deeper understanding of health challenges going beyond the orthodox bio-medical and techno-managerial framework. Hence, being trained as a community health fellow it is expected of me to bring an element of health in everything I think and do. It also urges me to act upon it, where ever I am and in whatever I do.

Globalisation

The term globalisation sounded very appealing until I joined the fellowship. I could imagine a world without boundaries, where I can video call my cousins and friends in the foreign countries, where i have the luxury of travelling around the world in aeroplanes and in Toyota, Mercedes and other luxury cars, where I can get anything at my finger tip using latest models of mobiles and tablets, where I can have the comfort of wearing clothes and accessories of NIKE, PUMA, ADIDAS and other international products, where in can eat and drink products from the US, the UK and form anywhere further. Our life style has changed and became more westernised. I never could connect globalisation with health. This was all I had in mind as I admired globalisation.

But, as the fellowship progressed my understanding were demystifying. There was a bundle of learning coming in and it helped to understand globalisation form a community health perspective; a paradigm shift. Now I understand the politics and under currents of it and how it had impacted health at large. The negative side/effects of it are many. Some of them are that it tries to reduce the control of government at various levels, instead it promotes the role of private sector and a cut-throat completion has become the order of the day at all levels of life. It hinders the welfare activities and tried to establish health, education, etc. as expenditure/liability rather an investment. At this point health becomes a reality only for those who can pay. Its effects are seen in the agricultural sector; its outcome is alarming increase in farmer's suicide and mass shift in the cultivation of food crops to cash crops. It also adds fuel to the perils of climate change, poverty, non-communicable diseases and so on. Organisations like World Band (WB) and International Monetary Fund (IMF) who are supposed to be the agents of aid have turned into agents of trade. Consequently, globalisation is nothing new but capitalism incarnated in a new form; it is the economics of greed! Rich becomes richer at the cost of the poor. Hence, we can rightly say that we are dealing with a new epidemic called globalisation.

At this point, to tackle these issues what we needed is a globalisation, a "vasudeivakudumbam" from below. So that an equitable, sustainable, peoples lead globalisation a celebration of life in its diversity will become possible one day.

Understanding Alma Ata Declaration

Alma Ata (1978) is a revolutionary declaration which was held in Alma Ata, USSR, for the first time in history where 125 countries came in the place Alma Ata, came together and dream that it would be possible by 2000 A.D. basic 'health for all' would be achieved which meant water supply, sanitation, vaccination, mother and child care and primary health care.

In the conference the prime focus was on comprehensive primary health care and to promote health for all by 2000 A.D. In the conference, health was the main subject and according to it health is a complete physical, mental and social wellbeing and not merely the absence of diseases and it is a fundamental right to all the individuals regardless their race, gender, caste, class.

In the declaration, further discussion was talked that people have the right and duty to participate individually and collectively in the planning and implementation of health care and the government also have the responsibility to ensure access health care to its people. There should be an intersectoral collaboration with other departments within the government system and there should be reduction in armaments and to concentrate more on peace. It also talked about equity and health and not only for the people who can pay; and health also is a fundamental right

Primary health care is an essential health care base on practical, scientifically sound, socially acceptable method and technologically made universally accessible to individuals and family in the community. It should be the first contact with the community and it should address the main problems in the community, to provide, to prevent, curative and rehabilitative services.

Communitisation

The term evolution is a part and parcel of human history. We have been witnessing it in different walk of our lives. Healthcare has also evolved over a period of time. It had taken different forms and it is still in the process of evolving. Communitisation is a process that evolved over a period of time to bring or to gain autonomy over health at an individual level and in a community level as well.

India has come up with a number of significant programs in health and one of the most promising among them is NHRM (2005). It is modified into NHM now. As far as I understand, the Alma Ata declaration -"health for all" is the base for the notion called communitisation. Though primary health care was adopted as a strategy to achieve this goal, yet the importance

of community participation was recognized as an inevitable part of working towards health for all. It is a combination of various elements like maximum community and individual self-reliance and participation in the planning, organization, cooperation and control of primary health care, making fullest use of local, national and other available resources. When all these elements are actualized in its fullest, the journey towards health for all becomes more apparent and less uncertain.

In my opinion "Communitisation" is nothing but enabling and empowering people to take charge of one's own health. Eventually, it will lead to the establishment of healthy communities around the globe. As and when this is established we find transformed individuals and communities ready for more actions. Now, to reach this stage, it requires sincere and wholehearted commitments and efforts from both the individuals and the authorities. If the general public feels indifferent and thinks that the state should do everything for them, then it becomes all the more difficult just because it requires both individual and collective participation and action.

Further to understand what communitisation means, it is necessary to know various role players in the process. It includes the VHSCs, ASHAs, the involvement of local self-government and community based organizations (NGOs). Placing the community at the center, each of them has their own specific roles to play. Ideally, they are expected to enable and empower the individuals and community as a whole to participate, involve and engage in planning, action and evaluation of activities (projects). Another interesting characteristic of communitisation is that the peoples involved in the processes are mostly selected from within the respective communities (expect for a few at upper levels of authority) and this will have direct and positive impacts on the success of the programme.

Finally, communitisation has yielded good results and has brought changes in the health care approaches and even more in the lives of common people regarding their health. Yet my experience in the field and the experiences shared by the other fellows form different parts of the country give me an impression that the notion of communitisation has not reached its optimum level. I don't really understand whom to blame for; is it the state and the authorities that are under the clutches of corruption and inadequate governance or disparity/gap between the rich and the poor and their indifferences, lack of awareness or ignorance or the so-called influences like the capitalistic globalization trends?

Gender and health

Though health is a common condition of human being, yet it is unevenly experienced and lived. There are both known and unknown players who make the situation even worse. It has been prevalent form the time immemorial. Though the humanity has progressed so much in terms of technology, lifestyle, knowledge accumulation and much more, yet many of these evils are still persistent in different forms and levels. Hence, its load on the lives of humanity is immeasurable. Being raised and lived in patriarchal society, my understanding and perceptions were biased. Even after going through postgraduate level of education, word gender always was attached with connotations male who is dominant to female and the question of a third gender never been a part of a casual thought even.

It was a new beginning as the sessions preceded many of my misconceptions and biased thoughts started diminishing and the realities were unfolding itself. Now, my understanding is that gender is relational and refers not simply to women or men but to the relationship betweenthem. To understand the gender bias and gender based disparities in health it is enough to visit any of our public health systems or it is even enough to talk to a so-called educated man. Most of them wouldn't be able to agree to the gender equality principles, even if one agrees; somewhere deep within will have certain disagreements on the same. Otherwise, a person should be well oriented and towards the issue so as to have a genuine outlook on the same. At the end of the fellowship the understanding on the issue has changed and this would help me in dealing with the gender realities in a more comprehensive manner.

Health for all now!

It is unfortunate that we have not reached health all, it still remains a dream. The Alma Atta conference in association with WHO and UNICEF in 1978 was a milestone laid towards health for all. It had set a dream of attaining health for all by 2000 AD and towards making it a reality they had chosen primary health care as a tool. But what happened to it was that the negative forces fuelled by globalisation were so strong that it couldn't reach to the people eventually. It is true that genuine efforts were taken by a few and the moment couldn't continue with full vigour.

The relevance of community health approach becomes clear in this context. This is a way forward by enabling and empowering people to demand health as a right and to gain autonomy

over one's own health. As we work towards the goal, it is good to keep in mind that the negative forces like poverty, illiteracy, poor standard of living, inequality and injustice at various levels and ill-health fuelled by globalisation are stronger than they appear. So as we move toward the dream the efforts should start by making paradigm shifts at the grass root levels to the humanity at large. Applying various community health approaches that are discussed in the above pages we can confidently march forward and then "health for all" becomes a reality and the communities around the globe start celebrating life each moment and our world will become the best place to live in!

Add-ons

CHLP was not just class room sessions and field work alone! It was but a combination of various activities that added flavour to the program. There were exposure visits, participating in celebrations, attending seminars, celebrating festivals, workshops, listing to visitors, birthday celebrations and many more. Each of them in one or the other way enriched my learning, more over it added colour to my personal experiences. This is the sort of learning one can expect from SOCHARA; it is unique.

Exposure visits

Each of the exposure visits was unique. It was a combination of learning, fun, togetherness, exploration and experimenting with the realities. Every organisations and individuals we met had something tell us; they were all exceptional.

PHC at Dommasandra

Visit to Dommasandra PHC was memorable as it was for the first time I visited a PHC. It was a time to listen to the medical officer and to the other staffs in the hospital and hear from them their experience in working with people. It helped a lot to understand the government programmes at a PHC level and also to cross check the organisational structure, programme implementations and services provided with the book knowledge and learning I had through the class room sessions. The interactions with the hospital team helped in clearing doubts regarding functioning of a PHC and further interactions gave clarity regarding ASHA workers who are the integral part of community health.

National Tuberculosis Institute (NTI)

Visit to National Tuberculosis Institute (NTI) was one of the eye openers. A bundle of information was shared with us. Almost all about tuberculosis (TB) was shared by the resource persons. Tuberculosis has always been recognized as an important Public Health problem. The data displayed during the session was alarming. The magnitude and mortality rate of TB is heavy on the poor and it is self-explanatory as we say it is a poor man's disease. They went on to explain in detail what TB is, types of TB, symptoms, causes and consequences of the disease, government interventions on TB, NTI's contributions and so on. Many of these actually were knew to me and helped to understand it in a comprehensive manner. It also was a time to reflect further on the plight of people who suffer from TB especially who have become a victim of the disease in the vicious circle of poverty.

DOTS centre

NTI visit was followed by a visit to a DOTS (Directly Observed Treatment Short Course) centre in the city. It was a great experience meeting and interacting with people who work in the grass root level to tackle a disease that is considered to be so deadly. It was also a time to hear from them about their experiences in working at a government institution and how their service has become a helping hand to those people who are otherwise dead. I remember that they had mixed emotions as they shared about the DOTS programme; it's functioning, difficulties they come across and so on. Some of the discussions we had with the team were on types and symptoms of TB, how is DOTS administered, and the success and failure of RNTCP (Revised National Tuberculosis Programme). The interaction was so informative that every one of us had something to ask and then get things clarified.

Snehadaan

Snehadaan is a must visit place in Bangalore. This is where one can meet a community so committed to the cause of persons living with HIV and AIDS. The work they do is admirable and exemplary. Anyone who visited Snehadaan will find an answer to the question of how do an organisation provide a comprehensive and holistic health care to the sick. Snehadaan is working to be a positive force in addressing the comprehensive needs of the HIV infected persons, ensuring their dignity and overall quality of life, by motivating, caring, supporting and rehabilitating them, with a priority for the palliative care of those who are in the end stage of the disease. The visit also helped me to refresh my awareness and understanding about the disease.

Their work with the children infected with HIV is amazing. I still can recall a few of the faces of children I meet on my visit. Their future might be uncertain and their past a cruel reality. But children at Snehadaan live their present with zest. It was also an opportunity to reflect on the plight of those diseased who are unreached and no one to care for. I think that one the many ways in which we can tackle this deadly disease is through proper sex education at different levels of education.

Swanthana

Visit to Swanthand was painful. It is a home run by the Daughters of St. Camillus (Nuns) for girls who are mentally challenged and have multiple disabilities. The inmates are girls who are found abandoned in the city's railway and bus yards, filthy drainage pipes, and garbage bins, public market waste dumps, left to fend for themselves by their loved ones, brought by the

local police. The visit made me think of the plight of abandoned mentally and physically challenged children. Why are they abandoned, who should be blamed for are certain questions when through my mind. I returned from Swanthana admiring the work they do providing the less privileged a holistic care.

APD (Association of People with Disability)

I was lucky to meet N S Hema, the founder of the organization a couple of days before we actually visited APD. What a personality! She is an adorable change maker. Though being a victim of polio at a very young age, yet she overcame her disability with sheer determination and hard work to be a light for thousands of disabled. You don't now find the vigour with which she lived her youthful years but she is still convinced about her dream of APD. I can still recall the conversation we had, it was so inspiring that she convinced me the joy in serving the poor and the unreached especially the disabled.

Once you are in APD you will feel that disability is no more a big issue if every disabled had an opportunity be in a place like this. They work towards to create an inclusive society, where people with disabilities are accepted into the mainstream economy and social life. A culture and eco system where they can earn, live and sustain with dignity and respect. It was a rare opportunity to be with the empowered and enabled individuals and listen to their success stories and get inspirations. The need for the early intervention in disability was one of my key learning from the visit.

Alumni meet

It gives me immense joy and confidence as I look back on two days of SOCHARA family gathering at St. Johns. It was not just a gathering but a celebration of community health in SOCHARA family. The gathering was blessed with the presence of eminent pioneers from the field of community health; Dr.Chandhra, Fr. Claude, Fr. John, etc. The meeting was all the more enriched with the presence of personalities like Sri. KeshavDesiraju, Dr. K. Srinivasan, and so on. There were also many others who joined us from various walks of life who are in to community health or wish to be a part in the movement towards achieving "Health for all".

As I reflect on the two days gathering, the first thing that comes to my mind is the faces of "young people" like Dr.Chandhra, Fr.Claude whose presence itself mirrored their deep rooted commitment to serve the people in need. The interactions with them made me realise how much committed and optimistic one should be to follow once passions in life. It also helped to

realize how humble and simple one would become as his/her horizons of experiences and knowledge broadens. The other personalities I met with and interacted also gave me a feeling that I should learn a lot from the experience of people who have travelled the paths that are less travelled. The sessions and discussions that happened during the meeting helped me to have a better understanding on various topics like "integrating mental health with primary health care", "importance of mentoring", "health equity in India", and so on. The experience sharing sessions by the mentors and the alumni fellows opened up my curiosity to explore the different areas where a community health practitioner can engage or renter services. It was also an opportunity to meet with likeminded people and share ideas and experiences.

Both Ravi and Thelma were at their best in establishing SOCHARA as we see it now. Their works are being paid off as there are many fellow travellers who dedicate their lives towards establishing the goal "health for all". I should also admit the efforts and hard works of all the staff and the current fellows that eventually transformed a gathering into a community celebration.

Bhoomi Habba

Bhoomi Habba was a weekend spent in a serene setting of Visthar, an NGO committed to empowering women, children and other marginalised sections of the society. The purpose of the Habba was to celebrate 'Just peace'. The objective of the festival was to increase peoples' awareness on issues pertaining to justice and peace. The atmosphere was electric as people from different walks of life and from different corners of the country came together to share experiences, discuss, and make a difference. BhoomiHabba was listening to folk music, enjoying local theatre, visiting a doll and poster exhibition, tasting traditional cuisines including local North Karnataka specialities, watching documentaries like 'Radiation Stories: Koodankulam' on the on-going struggle in Koodankulam, all this and more. The poster exhibition gave glimpses of victims by the Bhopal Gas Tragedy and each picture conveyed a story more powerful than the numbers and statistics that describe the world's worst industrial disaster. The exhibition of dolls made from scrap and cloth represented facets of domestic, social and religious life of an 'excluded' India. It was a memorable day and rare opportunity of fun and learning.

Anubhav series and Journal club

During the first collective a number of anubhav series presentations were held. Each of them introduced unique successful organizations working at grass root levels. It was a time to learn

from the experience of pioneers. It also introduced various models of community based development programmes along with various other activities. Journal club was a time to critically analyse and reflect on different journal articles, books, write ups and more. This process has helped to develop critical analysis skills and also to learn about various streams of thoughts.

FRLHT

The visit to Foundation for Revitalisation of Local Health Traditions (FRLHT) was another unique experience. The campus was so green, full of medicinal plants from around the country and well maintained; I felt like I was in the lap of nature. The vision of FRLHT is to revitalise Indian Medical Heritage and thereby enhance the quality of medical relief and healthcare in rural and urban India and globally by creating institutions for knowledge generation, dissemination and community outreach. It has a university named Trans Disciplinary University (TDU) and Institute of Ayurveda and Integrated Medicine (I-AIM) as the healthcare services arm of TDU. Though I had heard about AYUSH, it was through this visit I understood about in detail. The works they do in the campus on documentation of local health traditions and the research conducted are remarkable. The need and importance of Introducing local health practices (home remedies) as the 4th tyre in the Indian Health System was a food for thought.

Community celebrations

SOCHARA is not a place of learning alone, but a place of fun and celebrations too. We never missed to celebrate any cultural, religious celebrations, birthdays and special events. Celebrations started with HOLI, the celebration of love; first time in my entire life. I remember Ravi's statement, "we are here to celebrate community." Each of these celebrations was a time to reflect and learn something new. The most important learning of all these celebrations was that every one of us knew what is "we-feeling" all about. There were also lessons of sharing, caring, feeling, mutual understanding, and more. At the end of the fellowship I sum up all my experiences as a calumniation of community celebration.

Reflections and Learning

CHLP was an awesome experience. It was a holy space to learn, reflect, practice, experience and to celebrate a whole lot of things. Some of my reflections are as following;

- Community health approaches are context relevant, optimistic and pragmatic practices as we move "health for all."
- There are many hindrances and negative forces that block our path towards the goal. Some of them has to be fought and defeated, alternative ways to be taken to get away with other obstacles.
- The need of the hour is empowered and enabled individuals and communities along with just and equitable policies and governance, by the governments, active health movements supported by civil societies to tackle the challenges existing and emerging.
- "Scholar Activist" is the new role I have chosen at the end of the fellowship and I should establish myself through my deeds and life, placing community at the centre of focus. To fulfil this role I should go to the people live with them, love them, learn from them, start with what they know, build on what they have. To do so I should further develop my intrapersonal and interpersonal skills.
- A shift from microscopic view to balloonist view and from floor mopper to tap turner off is the paradigm shift happening in me.
- I have learned that there is an element of Health in everything and without health everything is nothing.
- Understanding health in a holistic manner and working on the determinants of health would yield better results.
- I believe that change is a slow and gradual process hence, we should work patiently and committed so that our dream will come true one day.

One year of CHLP journey has come to an end. There were many things happened; paradigm shift in my own convictions and attitude towards health is the best that happened. I am sure that this report is not enough to describe the things I have learned, unlearned, relearned and experienced over a year. Though the fellowship has completed, yet the journey towards our common goal continues. I can confidently say that I am prepared to journey through the paths less travelled as a scholar activist. The real journey starts now and I hope that I will be able to make small steps with in my capacity towards the goal!

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Chapter – 2

Field Experience

My journey with THI

It was an experience of a lifetime to be at THI (Tribal Health Initiative). It was a time to experience the ground realities and to be a part in the daily life of Sittilingi. I learnt a lot about Maleivasi community life, their culture, traditions, festivals, economics and politics of the villages, health issues among both men and women including children and elderly, reflected on the existing government health systems of the land, listened to the voices of youth regarding issues they face their lives and above all THI's interventions and its outcomes. It was also a time to apply and practice almost all the learning I had during the collectives in the field. I learnt a lot from them too. After the initial dilemmas and struggles to adjust to the new place, I picked up the rhythm.

THI other than providing health care has various other initiatives. Community health approaches are used extensively in their works and Health Auxiliaries (HA) are the best example of it. They view health as a state of mental, social and economic well-being and not the mere absence of disease. Their health interventions go beyond merely providing curative and preventive medical services. The farming and craft initiatives are directly connected to maintaining health and well-being in the communities they serve. This is supported by the Educational Initiative, Thulir and the Technology Initiative.

Tribal Health Initiative (THI)

Amid quacks and blindfolded ignorant endeavours of the common people, which hardly cured any diseases or ailments, Dr.Regi George and Dr.Lalitha in 1993, seeing the need of a proper health care centre in Sittilingi, formed the Tribal Health Initiative (THI). Sittilingi is a remote village in Dharmapuri district, 90 km away from Salem town in Tamil Nadu, which used to be a horrible place where tribal people used to do black magic and apply fake injections to cure people. This is when the young doctor couple took the initiative. They went ahead to provide medical services to the people of Sittilingi, leaving their promising careers in the cities. Dr.Regi George is an anaesthesiologist and Dr.Lalitha is a gynaecologist. They are now fondly called

"Ji and Tha" by the people. They were inspired by Mahatma Gandhi and the vision of "Health for All". Along with them now THI has Dr. Ravi and his wife Prema, the Head nurse who extend their selfless service to the people of Sittilingi. All of them are so humble and exemplary in their own ways. The commit with which they work is admirable and they are great visionaries too. I consider it as a golden opportunity to be part of their initiative for a couple of months.

THI, as of 2016, has grown to be now a 24-bed hospital with a labor room, neonatal unit, operation theatre, diagnostic laboratory and imaging facilities, a community health outreach program, an organic farming initiative, school health programme and a craft initiative which aims to revive traditional Lambadi embroidery.

THI's approach to medical care went one step ahead in educating the people and 'helping the tribals help themselves'. They wanted to create a general understanding about health and health issues and make the natives acquainted with basic first aid. Today, over 36 neighbouring villages are benefiting from the Tribal Health Initiative that sprung at Sittilingi. And, the NGO doesn't pertain only to the domain of medical facilities. They organize educational program, cultural activities and community development initiatives.

VISION

The vision is that ***"the people of Sittilingi valley and Kalrayan Hills lead a better quality of life".***

They hope to attain the highest possible level of physical, mental and social health. To enhance their socio-economic status while retaining their pride, self-respect and self-reliance and ensuring their active participation in programmes meant for their welfare and to create an atmosphere highly conducive for the growth and development of local cultures and customs.

MISSION

The mission for the people of Sittilingi and the Kalrayan Hills is

- To be an educator to protect and promote health and improve basic knowledge levels.
- To provide affordable and acceptable basic health care services to the area.
- To be a facilitator to help people undertake collective action for their welfare

- To provide a support system to help people come back to sustainable methods of farming
- To facilitate peoples knowledge about their rights and responsibilities and help them exercise
- To help them acquire additional skills and assist them in achieving self-reliance through small scale entrepreneurship
- To provide support for the social upliftment while retaining and building on their local cultural strengths

VALUES

The basic values for their work is Faith in the people and their wisdom Sincerity, honesty and total commitment in work, Secular and non-political to respect the dignity of every individual.

Community Health Programme

One of THI's signature programmes is the health outreach programme. It provides simple curative, preventive, educative and rehabilitative services to around 33 villages in the Sittilingi valley and the Kalrayan Hills. This programme caters to a tribal population of over 16000 tribals.

Health Workers

They are the back bone of the tribal hospital. During the early periods of the organization, they started training local girls as health workers who are now able to diagnose and treat common problems, assist in surgeries, conduct deliveries, and go into villages to provide ante-natal and child care. The dedication with which they work amazed me. It was interesting to know that they knew almost everyone in the valley and also are aware of all that is happening around them.

The alsoconduct monthly mobile clinics for all pregnant women and under 5 children. This has been the most essential factor in significantly bringing down infant and maternal mortality and morbidity in the area. They are part of each and every activities happening in THI.

Health Auxiliaries

They are the true heroes of the land and an integral part of THI's health activities. The health auxiliaries are older women chosen by the community from each village. Some illiterate, some barely educated, these women are trained for a year in basic medical care, hygiene and first aid

among others. She offers advice on good nutrition, hygiene, birthing practices and simple ailments, maintain records on important health events in the village and act as facilitators for all community development work. She also has basic tablets for dispensing at the village level.

Every month, Health Auxiliaries gather at the THI campus for a day, to meet with each other. At these meetings, they discuss the health of their villages, reporting births and deaths of village members, and other relevant information. These meetings also allow for their continuing education opportunities.

Senior citizen clinics

With the intention of reaching the unreached and witnessing the plight of old aged people THI initiated this programme. They are able to reach over 500 senior citizen of the valley. All they have to do is to pay a nominal annual fee of 100 rupees and can avail any facilities of the hospital for the whole year. Aged people otherwise left uncared and unnoticed can now relay on the hospital team when they visit the village one a month.

It was one of my memorable experiences in Sittilingi as I had the opportunity to visit the aged along with the hospital team almost every week to different villages. It was also an opportunity for the elderly of the respective villages to come together, meet each other and talk each other.

School health programme

This is a recent initiative by the organisation. I never missed a chance to accompany the team to visit the schools. The school, where they have introduced the school health programme were 90 kilometre away from the base hospital. It was also an opportunity to explore and to know the interior tribal villages of Kallrayan hill ranges. There were no buses to reach the villages. Villagers had to come down 20 kilometres to board in the bus. This alone is enough to understand the life in those villages. Through this programme they have tried to introduce basic health education, sowing the seeds of personal hygiene and sanitation into children's minds. These children being first generation learner meant a lot to their loving parents. In a sense, they have now become ambassadors in what could become a major change in these remote tribal villages.

The following are the testimonies form the children I interacted with during the field visits:-

- A girl studying in class nine after learning about Tuberculosis from the programme managed to convince her father, who was suffering from chronic cough to go and get it checked at the hospital.
- Two students have convinced their parents to build toilets in their houses, after learning about health problems from open defecation.

The farming initiative

People from the local Malavasi communities have lived by rain fed subsistence farming and the produce of their forests for a very long time. Traditionally they grew about fifteen different varieties of crops suited to the environment and had ample food the whole year around. This tradition has been displaced by the pressures of a modern consumer economy to grow cash crops. These crops are water intensive and people are forced to use chemical fertilisers and pesticides in an attempt to maximise returns. Eventually the tribal farmer finds himself in a situation where he is easily exploited.

Nutrition and livelihood are two factors that contribute significantly to an individual's health. Thus, when the people of the surrounding villages started bringing their farming troubles to THI's attention, an opportunity for growth became apparent and THI expanded its programs to include a farming initiative. Ji and Tha knew that "unless we start dealing with the determinants of health, we would not be able to bring the tribal community to achieve a better health status." Working with the credibility they had already gained in the community, THI began teaching the farmers various organic techniques, aimed at saving the cost of chemical pesticides, increasing the farmers' yields, and improving the health of the consumers. Since its inception in 2005, the Tribal Farming Initiative has grown to include the following components/ programs:

- Formation of SOFA (Sittilingi Organic Farmers Association), an association of farmers currently practicing organic methods, and is in the process of receiving organic certification from the government. Currently there about 200 farmers who are registered of which half have got 'organic certification' from the Govt. of Tamil Nadu. Now they are a registered company.
- Creation of the SVAD (Sittilingi Valley Agricultural Development) brand, under which 25 organic products are sold in various cities in south India

- Formation of Women's Self-Help Groups (SHGs), which perform value-addition processing, increasing the profit margin for specific products
- Creation of Seed Banks, ensuring the survival of various minor millets and other traditional seeds, which were at risk of extinction due to the increased demand for rice and decreased demand for other similar sources

Craft Initiative

The Craft Initiative enables local Lambadi women to become economically self-reliant while preserving their traditional embroidery. Their products are sold under the brand name Porgai, which means 'pride' in their dialect. The local Lambadi tribals migrated from the north of India several hundred years ago. They have their own distinctive dialect, costume and traditions. Their tradition of embroidery was very nearly lost. Only a few of the older women remembered how to make the distinctive designs. This tradition has now been revived by the Tribal Craft Initiative, with the older women teaching the younger women. They collectively work under the organisation and about 60 artisans work now under the umbrella 'Porgai Artisans Association'.

This initiative is based on the principles of

- Preserving the magic of their age old Lambadi embroidery
- Respect for the artisan and fair wages for their time and skill
- Empowering rural women by adding to their income
- Reviving a dying traditional craft
- Encouraging future generations to take pride in their culture

A visit to Neyyamalai

It was a soothing experience to visit the new project area named Neyyamalai. We had a great off road jeep ride to the top of the hills. They had no roads till 6 months back except for the rocky, uneven path paved into the mountainside, which motorbikes could traverse with difficulty. Electricity too arrived just 6 months back, before which the Government had put up solar panels in each house, which provided one night light per hut. For many years the tribals from this remote hill range brought down their sick in hammocks made of bamboo and old sheets and then either caught the infrequent buses or pay through their nose and hire a jeep to

come to Tribal Hospital. THI wanted to reach out to them, as no health personnel were ready to go there.

Once you are on the top of the hills, it is lovely. We spoke to a group of people who had gathered near the local temple and asked them about the conditions there, their health, food and agriculture. Water is often scarce and by common agreement all hand pumps are chained and locked except for a few hours in the morning. Neyymalai's stepped hill sides. Cooking hut is part of every house. There is no access to medical facilities and it is either the medical shops in Thumbal for minor illness or Tribal Hospital for major illness. By default, most agriculture is organic, but there is huge exploitation by the middle men as the tribals are not able to bring the produce down to the plains, whereas the middle men employ tractors or jeeps. The food is still mainly traditional as they still grow and eat a lot of millets, so they are all relatively healthy. They keep cattle, poultry, and goats and go for the occasional undercover hunt to supplement their nutrition.

Neyyamali is a new frontier for THI, where they try to extend their services to the people who are unreached, and underprivileged. It is a perfect example of traversing the paths less travelled and it has proven true of THI.

Understanding community

PHYSICAL ASPECTS:

Situated between the Kalrayan hills and Sitteri hills, Sittlingi is a scenic village in the valley. Sittlingi is surrounded by hills all around and is close to Dharmapuri, Salem and Villupuram district. Sittlingipanchayat comprises of 21 villages and are bordered by streams all around. Has close to 50,000 population and most of them have at least 2-3 acres of land. Most people live in their fields than as a community in the village. Each village has its own temple and deity they worship. The entire village usually meet up in the temple for the thiruvizha (temple festival). For the 21 villages there are 2 PHC about 14 kilometers apart. There are about 5 primary schools and two secondary schools. No colleges or vocational study centre are available.

HEALTH STATUS:

Before THI came to this area, lack of medical facilities was one of the major problems. There were no functional PHCs [Primary Health Centre] in the area. The IMR (infant mortality rate) was 146/1000. Most sick people in the villages had to walk 3-5 km. to the road to catch the bus. Any emergency needing surgery or specialist treatment is 100 km away in Salem. After THI started its activities, now there is a vast improvement in Health facilities.

OCCUPATION:

The predominant occupation is agriculture. Agriculture is mainly rain-fed. They grow traditional millets like bajra, corn, ragi& pulses without irrigation. Pesticides and fertilizers are used only for newer crops like hybrid rice and cash crops and not for the traditional crops. A few families (mostly non-tribal) have started growing cash crops like sugarcane and industrial tapioca now. Sheep and cattle rearing is the second major occupation. Many men have migrated to Kerala and Tirupur (garment industries) in search of work. Many people work as casual labourers - Daily wages for men are Rs.300 and for women Rs.200. Almost all families own land and a house to live. Family size mostly ranges from 5 to 8.

FOOD:

Bhajra or ragi porridge or rice with rasam and sambar is the normal meal. With the introduction of free rice through PDS families now mostly go for rice and rice related foods. Vegetables are not included much in their food. Vegetables are available but they don't make use of them as they sell it of in the market. Generally vegetables are grown in their own land during the rainy season; otherwise Vegetables are bought on weekly market days and the vegetables available in the weekly market are tomato, potato, brinjal, cabbage & beetroot. They keep cattle, poultry, and goats and go for the occasional undercover hunt to supplement their nutrition. Through the organic farming initiative THI is trying to bring back the earlier food practices among the new generation.

HOUSING:

Most people have their own houses. There are different types of houses mainly three types of them. They are kooraveedu (kacha), medhaveedu(semi kacha) and periyaveedu (packka) the Koora houses have low mud walls with hipped roofs thatched with hay or sugarcane leaves. Houses have lofts for storage. They have a "panthal" or a covered space in front of the house which is basically a framework of bamboo or country wood poles covered with bamboo and shoots & leaves of a plant called "Velarithalai" (the peculiarity of this plant is that the leaves

do not drop away from the shoot after drying for a considerable length of time). This space is the most important space in the house- besides keeping the house cool it also functions as the living room. Cooking is mostly indoors and is done on the traditional wood stoves. The smoke is considered beneficial to drive away insects and to keep the house warm in winter. In the recent years, many of the houses are getting renovated and furnished into concrete houses.

SANITATION:

The tribal hamlets are generally kept clean and are in fact cleaner than other rural villages of Tamilnadu. Water supply is mostly from govt. built bore wells (hand pumps) or from open wells. Open-air defecation is a popular practice. The govt. has recently provided a water closet for each house. These have been fitted near the houses, with no walls around, no proper septic tank and no water supply. None of them are being used. A few of the newly built houses have well maintained toilets. The younger generation especially school and college going girls are in the opinion that they should have toilets while the elder generation is not so much convinced about having toilets attached to home.

EDUCATION STATUS:

Most of the elder generation - men and women are illiterate. Till the last decade, the school dropout rate was high among children, but now education seems to be a priority for most parents. Most children now go to the government schools in spite of the difficulties in reaching the school and poor quality of the facility. Most government schools have one or two rooms staffed with one or two teachers. Teachers mostly live in Harur (40 km. away) and their work schedule is guided by bus timings- they come around 10.30/11 am. And leave by 3 pm. Quality of education imparted is generally is comparatively poor. In the recent years youngsters go to colleges. 2-3 college buses form Selam come and goe every day carrying the students. A bachelor degree in arts or science is the highest level of education they get but it doesn't necessarily help them to get a job.

SOCIAL PROBLEMS:

Till a decade ago, dowry was not known there. The bridegroom had to pay a bride price to the bride. Now with the migration of non-tribal into the area and the migration among the tribal youth and adults, the dowry system has started. Girls are married off immediately after attaining puberty. Female infanticide and alcoholism are the other problems prevalent there. Borrowing money from moneylenders at high interest rates is common. Youth out of school

and unemployed or working as migratory labour also are matter of concern. All of it is fuelled by incidents like failure of rain and increased need for money to meet the demands of modern life.

OTHER INTERVENTIONS IN THE VILLAGE:

The Govt initiated women's self-help groups have been formed in all the villages. Every village has one or two such groups with around 20 members in each group. The Forest Department too has started some Women's saving groups in some villages. The main activities of these groups are related to savings and loans. Other Village issues are not usually dealt with or discussed in these groups. The Christian missionaries have been working here for many decades now and there are many converts to Christianity.

THI's presence over 20 years has made significant shifts in the lives of people and the community as a whole. They have an affordable, available, accessible, and accepted medical care at their disposal. The organic farmers association along with the Porgai association has led to the creation of SHGs. Almost all the employees of the organization is form the communities and most of the development works are also done by them.

FACILITIES AVAILABLE:

Most villages are electrified. There is telephone connectivity and mobile networks but they are unreliable. The change was visible with almost every one having a mobile. The younger generation has tried to get a latest touch phone with android version at their disposal. Some of them spent their savings of a full year to buy the latest phone available in the market. Post office, Panchayat office, Tea shops, ration shop and a small grocery shop with minimal provisions, an anganvadi, a primary, middle and high school, and crèche are available in Sittilingi. Most tribal hamlets do not have all of these facilities and people walk to Sittilingi. For Photocopying, workshops, bigger grocery shops, Bank, Electricity office, Cinema theatre and Police Station- one has to travel to Kottapatti 12 km. away. Vegetable and Fruit Markets, Bakery, Dental clinics, Government offices, fuel gas refills, etc. one has to travel out of their villages. For all bigger hospitals, stationery items, clothes shops, construction materials and everything else, one has to go to Salem (90km)

INFRASTRUCTURE:

Most villages are well connected by roads, built by the pradhanmantri gram sadakyojana. The roads are well maintained. Public transport is still a problem as hardly 4-6 buses are available the whole day. There are government schools, PDS stores, anganvdies and other government buildings along with few private shops exist. The tribal hospital and Thulir School add beauty to the valley.

PATTERNS OF SETTLEMENT:

Most people live in their fields than as a community in the village. They prefer doing so as it is easier to work in their fields. There is a clear distinction between the tribal villages and non-tribal villages. There are two villages that are populated exclusively by the SC community (Lambadi group). And there is a village comprising entirely of BC population.

DEMOGRAPHICS:

Sittilingi is located in Harur Dharmapuri Tamil Nadu. It is a valley surrounded by the Kalrayan hills and Sitteri hills. People from all age groups are seen here, most of them are scheduled tribals, expector two Lambadi villages and one OBC village. The language spoken is Tamil and Lambady community has their own language. The Sex ratio is almost equal. Education has picked up momentum now, especially college education.

COMMUNITY LEADERS;

The formal leader is the Panchayat leader Smt.Thenmozhi elected by general election. In the case of informal leaders, each village has an ooruthalaivar, a kangani and gounder. Ji and Tha are also considered leaders now by many.

COMMUNITY VISITS

Government has provided the village with good infrastructure. To understand more about them I visited 2 PHCS, a few schools and anganwadis.

Kottapati PHC- A well maintained building with all facilities was seen. It caters to population of 20,000 people in a 15 km radius. Two allopathic doctors and a siddha doctor have been appointed there. Other staff also included a nurse, a health inspector, pharmacist, lab technician and cleaning staff. They are also doing some national programs on Yaws eradication and on Non communicable diseases. They also have a fully equipped ambulance with two EMT. They have an OPD of almost 100-150 patients per day.

Belanoor PHC- This is in a rented building with not much facility. Only one doctor, a nurse and a cleaner have been appointed till now. It caters to a population of 15,000 populations for a radius of 8 kms. They have an OPD of about 40-50 patients per day.

Primary school Belanoor- They had a good building with clean toilets. It caters to about 70 school kids for classes between 1-5. Two teachers have been appointed. They have very well maintained records about the students. Mid-day meal is prepared in the campus and provided to the students every day.

Middle school Sittilingi- Good school building with separate classrooms for all classrooms and science lab and computer lab. About 5 teachers have been appointed for 150 students for classes 6-8. Here also mid-day meal is prepared and served every day.

AnganwadiBelanoor- A small room and a kitchen have been constructed for the purpose of anganwadi. Around 12-15 kids under 5 years of age are enrolled. They also are provided with lunch under the Mid-day meal scheme. Regular ANC check-ups also take place and the women are provided with Sattumaavu. One anganwadi worker and cleaning cum cooking staff were present.

Medical pluralism- I also got to visit traditional healers, snake bite healer and a traditional bone setter. People in the village still utilise the traditional practices of healing although it looks like dying. Dais is also present and at home birth is still practised by some.

MEETINGS

I got to meet a lot of groups and people who visited THI. It was very interesting, informative and inspirational to meet them.

MRSK- A team from Odisha Bissamcuttack visited THI to especially help out with the new educational institute Thulir to be started in Sittlingi. There was a good exchange of ideas about education and community development. It was inspirational to see young boys and girls from tribal villages in Odisha who were trying to make changes in their villages.

GUDALUR- A group of people especially farmers came to THI to spread awareness about Forest Act and rights of the people living in the forest. It was a new information and extremely useful to the farmers in Sittlingi. The farmers in Sittlingi also talked about organic farming and gave them tips about starting it.

MADURAI COMMUNITY DEVELOPMENT COLLEGE- 15 students from the college visited THI to understand the working and the impact made by the organisation on the village. The students were from different places in India and from different educational background. They were also given a motivating talk by Dr.Regi George and Dr.Lalitha.

FOREIGN MEDICAL INTERNS – there were as many as 15 medical students from Germany and UK, one each from South Africa and Australia. It was also a time to interact with them and to know about their culture, practices, health care system, life style, interest in exploring the rural India and so on.

A note!

He was a healthy, hardworking and only earning member of the family till two days back. But now he is just crawled up in a hospital bed with burns all over his shoulders and neck and arms. The mistake he did was he was lying down below a shelf with a lightened kerosene lamp. It fell on him when he was fast asleep probably dreaming about a sophisticated fantasy world and just caught fire. Of course the fire doesn't know it is a real person. So was he unlucky to lie down at the wrong place? Was he unlucky to be asleep which made him not aware of his painful agony he is facing now?

I believe he was just unlucky to be in one of the villages in INDIA which doesn't have electricity in 2015 when we are talking about net neutrality, he was unlucky to still rely on kerosene lamps when we are trying to settle down in the next planet and he was unlucky enough to reach his emergency care after half a day when we are learning to use robotic surgeries. (Written along with Dr.Sangeetha on Face Book)

The youth meeting

Inception of the idea

During my second field visit to THI, I went there with a blank mind. After the initial dilemma I was quite convinced that I should do something solid. I had a series of discussions with both my mentors, Dr.Ravi and Kumar; we decided to focus on the youth in the valley. We knew that they are going through a tough time and something had to be done! THI had a great interest in the development of youth program and they were waiting for a right opportunity. So it was time that they knew that I could easily get along with the youth, I was given the responsibility

to gather the youth together for a day. The days that followed were tough as I had to go around the villages interacting with the youth and informing them about the event. It was a great experience and learnt a lot about the village and the plight of the youth in the valley. Everyone had something to tell and each of them was excited as they felt that THI has a special interest in them.

The meeting

Well, the Youth meeting happened on a fine Sunday (9/8/2015) and 55 youths from the nearby villages participated. The meeting was a much awaited one and also the first of its kind in the entire valley. We had a guest Mr.Guru from CMC Vellore who guided the gathering along with the hospital team. Krishna and Anu of Thulir shared their experiences in working with the children and the youth in the valley. They were at their best as they dealt with many of them and are concerned for them. They went on to ignite the young minds talking extensively on different aspects of "job/work". They tried to bring out the misconceptions and myths regarding village life and how the adivasi communities conceived jobs. We did it through interactive sessions so that the participants could express their thoughts and concerns. As the meeting progressed the youth were split into different groups and were asked to discuss among themselves and to note down the strengths and weakness they thought they had as individuals and as a group. Later on as they presented it by turn, they were guided to transform the strength they possessed into action and the weakness to strengths.

The meeting was basically to bring together the youth in the valley to identify various problems they face in their day to day life and to introduce the idea of developing youth groups for their own good. It was amazing to see the young people participating in the activities and sessions with much eagerness and enthusiasm. We split them in two four different groups and guided them to note down the strengths and weakness they think that they have, from a personal perspective and as a communities point of view. Each team came up with various points and we had an open discussion thereafter. The meeting ended with a fellowship meal (Sittilingi's special organic millet meals) prepared and served by the women group which is so delicious and healthy.

All went good; Ji and Tha have conveyed that they always had a special concern for the youths of Sittilingi and will be always at their disposal. They also promised that THI will spend and

share it's time and energy to uplift the younger generation of the valley. As I sit back and write it, I cannot believe that I had become an instrument in bring the youth together for initiating a youth development programme.

THULIR

A centre for learning in Sittilingi village

I met another couple in Sittilingi, forgoing the luxuries of the city to be with and serve the people in need. When, Anuradha and Krishna moved to Sittilingi in 2003, their idea was to create a space for learning that would be tailored to the local needs. With the help of Tribal Health Initiative they did a survey of the villages, and visited local schools to understand what was needed. To their surprise they found that almost all children below 14 were enrolled in schools! The parents were quite keen on schooling and so children were religiously sent to schools even when there were no teachers to speak of or any learning happening. They also found that most children dropped out of formal schooling at class 8 to 10 levels, often after failing exams. These teenagers consequently had very low self-esteem, lacked basic academic skills, were frustrated and mostly migrated to nearby towns to work in the textile industry. Schooling had, however, convinced them that farming or any kind of work with the hands is inferior and something to be ashamed of. In this context they decided:

1. try to improve academic skills of school going children
2. Try to see what can be done for teenagers who had stopped schooling.

Thus Thulir started off as a post- school Learning Centre. They tried to design activities that reflect Meaningful Education, they believe, must comprise of a balanced mix of skills that involve

- The "**hands**": the ability to shape materials and make useful objects.
- The "**head**": reading, writing, reasoning and critical thinking.
- The "**heart**": aesthetic sensibility, and a sensitivity to the environment that should

Their efforts have earned results in the lives of many young people in the valley.

Comments

When Thulir started, Anu and Krishna were hesitant to start a school. They chose to start a resource center that could have various activities and reach out to more number of children,

school going, out of school etc. and also involve the youth in various ways – helping with the activities of the center, training sessions for the youth on various livelihood skills etc.

In my view, Thulir has been able to create such a space where children and youths can come and participate in different activities. Not any space, but a vibrant learning space for the children who come in the evenings, after school. The beauty of this environment is that there is no force or pressure on the children who come here. The adults offer whatever they have and can and children are free to make what they want of it. And it is okay to be doing nothing as well. Not everyone has to participate in the song, balloon making, painting, or origami sessions. Everyday unfolds in a different way and there is no "schedule." Consequently, children who do come on any given day are engrossed in whatever it is that they are doing individually or in a group.

The post school programme that Thulir ran for many years is a unique opportunity to explore the role of work in education. The idea of hands on work as part of the learning process at Thulir brings in useful vocational skills. Young adivasi people have been benefited by being able to acquire skills that come in handy to make a living in the village or elsewhere. Over the years, they have tailored learning to suit individuals and specific groups, experimented with different mix of skills. So some years the emphasis was on construction skills [masonry, plumbing, electrical wiring etc.], while on other years it was on electronics, and bamboo crafts; and on still other year teaching preschool children, crafts, soap making etc. the hands on work based programme have given confidence to the students to tackle academic exams which they could not earlier. Many decided to continue higher studies enrolling in class 11 in schools outside of the valley, some even at the age of 19 and 20! Some have gone on to Colleges for degree courses. Thanks to Thulir that Sittilingi now also have some of the best masons, electricians, plumbers, and farmers who were trained by Thulir.

ACCORD

I was lucky to visit ACCORD (Action for Community Organisation, Rehabilitation and Development) in Gudalur. I spent almost a week and tried to explore the activities of the organisation. The people I met were accommodative and willing to share their experiences. In accord one can find adivasis both men and women who are empowered and enabled. It all

started way back in November 1985, when Stan and Mari started ACCORD as an activist group in response to the rampant land alienation of the adivasis in the Gudalur Valley and to help the adivasis organise themselves in order to assert our human rights - especial land rights and out of the realisation that the adivasis of the valley were being cheated and exploited.

The vision: - To help the adivasi community of the Gudalur Valley in the Nilgiris district of Tamil Nadu to take control of their own lives.

They knew for sure that adivasis had to retrieve the ancestral lands taken away from them by force and deceit and believed firmly that adivasis had a genius of their own and that if people could regain their dignity, pride and self-esteem, they could once more take charge of their own lives. Thus they stated working for human rights, health, education, housing and culture. And their mission is to redesign the systems necessary for that, to help the adivasi community cope with the onslaught of modernity on their way of life and to prepare them to emerge from their forest retreats with their heads held high, Proud of their culture and their people. Now, Accord is basically a resource centre and a catalyst for various activities happening in and around the campus and they are AdivasiMunnetraSangam (AMS), Ashwini hospital, Vidyodaya School, Maduvana estate and so on.

Comments

I find the organisation very interesting and unique. The starting of all these was through an adivasi movement, a collective effort and participation of people who no longer want to be slave of anybody and it has grown to such heights. It was also a get together of five different adivasi groups named Mullukurumbas, Bettakurumbas, Paniyas and kattunayakas for a common cause. The fight they began still continues in different ways.

They grew and developed with ACCORD and the areas of growth and development are: Health aspects of the adivasis are taken care by the base hospital where all the nurses are adivasi women and the health animators at community level are chosen from the adivasi community by the village sangams. They are well trained to cater the health needs of their people. Education; Taking the children to the schools and teaching them in their own languages were the tasks of the adivasi education volunteers. They set up a school named Vidyodaya were the adivasi children were given a holy space to learn and it has initiated drastic changes in the lives of many. Economics; to meet the economic needs the poor adivasis they came together and decided to have a tea plantation where they own the land and share the profits of their hard

works and this has initiated other developmental activities too. Most importantly the ownership of each activity is in the hands of the adivasis.

I could easily connect to the learning from the collective with the things happening in Gudalur. It was like the perfect example of a community health approach and they actually practice it. Everything from the Axioms of community health to addressing the determinants of health to maintaining sustainability in the commitment undertaken was evident. These efforts are paying off now as the communities started regaining their identity and initiating a holistic development in their lives.

Personal Experiences and Reflections

Almost 5 months of stay at THI and a week stay at ACCORD was more than my imaginations and expectations. The interactions with the local communities', outsiders, the persons who have become an instrument of change, my personal experiences and explorations have helped me to get a relatively clear picture of what is happening around me. I have tried to put some of them here…

Both the organisations are trying to do the best towards the dream health for all and others can learn lot from their experiences.

Considering THI; in the past 10 years, the Valley has been undergoing rapid changes. Whereas earlier farming activity was mainly for family's food consumption and therefore was mostly rain-fed food crops comprising of a lot of millets, of late there is a lot of cash crop cultivation like sugar cane, turmeric, tapioca, paddy etc.

There are other changes to, increasing mechanisation in the farms, more shops servicing local needs, improved running of schools, so more children pursuing high school, proliferation of cable TV, cell phones, increasing consumerism etc.

There are opportunities now locally for increasing income levels as a result of migration, cash crops, new service sector, organic farming, etc. But there is also increasing pressures to continue academic learning to join high school outside the Valley and to continue "college" education; with the hope of getting jobs.

Since Health care and Education opportunities has increased with the availability of Ambulances, easy connection to the city etc., and life style changes happening there is now increased need for cash.

While Basic health and hygiene has improved (though open defecation prevalent still), there have been changes in diet from millets to polished rice and less physical effort in Farming due to mechanisation. Consequently there is an increase in life style diseases such as hyper tension and diabetes.

Alcohol abuse is on the increase and so is domestic violence. There are an alarming number of suicide attempts, especially among the youth.

As in any other communities, migration has become a part of their lives; it is fuelled by various events such as continuous monsoon failure, low price for the agriculture products, life style changes accelerated by the modern technologies, increased need for cash and so on.

References:

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Chapter - 3

RESEARCH REPORT

A study on the psychosocial impacts of seasonal migration on Maleivasi youths in Sittilingi.

Introduction

Migrations have occurred throughout human history. Migration occurs at a variety of scales. People move for a variety of reasons. Human migration is the movement by people from one place to another with the intention of settling temporarily or permanently in the new location. The movement is typically over long distances and from one country to another, but internal migration is also possible.

Seasonal migration

Seasonal migration is very common in agricultural cycles. They are likely to move from place to place in search of employment, or to continue returning to the same place year after year. Such circular flows encompass migrants who may stay at their destination for six months or more at a time. Scholars have long characterized this migration as a type in which the permanent residence of a person remains the same, but the location of his or her economic activity changes (www.migrationpolicy.org).

Migration in India

According to the 2011 Census of India, more than two-thirds (69 percent) of India's 1.21 billion people live in rural areas and this population account the most to migration. The Census does differentiate internal migration within districts, between districts in the same state, and across states. In 2001, inter-district migrants accounted for 76.8 million migrants, and there were 42.3 million interstate migrants. Therefore, about 191 million people—or 19 percent of the total Indian population—were migrants from other districts or other states. The NSS counted 15 million short-term migrants, but other estimates have placed the number at about 100 million (www.indianstatistics.org).

About two out of ten Indians are internal migrants who have moved across district or state lines—a rate notable for the sheer numbers who move within a country with a population that tops 1.2 billion. A significant share of internal movements is driven by long-distance and male-dominated labor migration. These flows can be permanent, semi-permanent, or seasonal. Internal migrants have widely varying degrees of education, income levels, and skills, and

varying profiles in terms of caste, religion, family composition, age, and other characteristics. Micro-surveys suggest that most migrants are between ages 16 and 40, particularly among semi-permanent and temporary migrants, whose duration of stay may vary between 60 days and one year (national-sample-survey).

Tribal migration

Scheduled Tribes (STs) are indigenous, have their own distinctive culture, geographically isolated and are low in socio-economic conditions. For centuries, the tribal groups have remained outside the realm of the general development process due to their habitation in forests and hilly tracts.

Scheduled tribes and castes—the tribal and caste groups that are explicitly protected in India's constitution because of their historic social and economic inequality—are over-represented in short-term migration flows (www.migrationpolicy.org). And most labor migrants are employed in a few key subsectors, including construction, domestic work, textile and brick manufacturing, transportation, mining and quarrying, and agriculture.

Migration and youth

For young people, the decision to migrate is often related to important life transitions, such as obtaining higher education, starting work or getting married. Migration can have a positive impact on young people by opening up new opportunities. However, for some young people, the migration process confronts them with particular challenges and confers to them certain vulnerabilities. These vulnerabilities include discrimination based on gender, migration status, ethnicity or religion; poor working; lack of access to basic social services such as health; risks associated with sexual and reproductive health; and lack of social protection (www.un.org). Many migrants—especially those who relocate to a place where the local language and culture is different from that of their region of origin—also face harassment and political exclusion Therefore, the migration experience can end up representing either an opportunity or a risk for young people and can either lead to their development or the very opposite, depending on policies and measures supporting them.

Migration in the context of Sittilingi

Sittilingi is a medium size village located in Harur of Dharmapuri district, Tamil Nadu with total 367 families residing. The Sittilingi village has population of 1474 of which 752 are males

while 722 are females as per Population Census 2011. Most of the people natives to Sittilingi belong to the theMalayali tribes, the name derived since the valley is surrounded on all sides by hills, ie, “malai” in Tamil.In Sittilingi the predominant occupation is agriculture. Agriculture is mainly rain-fed. They grow traditional millets like bajra, corn, ragi (millets) & pulses without irrigation. A few families (mostly non-tribal) have started growing cash crops like sugarcane and industrial tapioca now. Sheep and cattle rearing is the second major occupation. Many men have migrated to Kerala and Tirupur (garment industries) in search of work. Many people work as casual labourers - Daily wages for men are Rs.300 and for women Rs.150. Almost all families own land and a house to live (from the meetings I had with the labors during the earlier field visits).

According to THI, in the recent past the youths in the valley have gone through different challenging situations and one of them is migration. Though the educational and the economic status have improved considering the past, yet the youths fail to meet the expectations and the demands of modern society. In this they either stay back home doing nothing or are forced to go out of the village to earn and meet the needs. The testimonies given by the youths in the youth meetings tell about the seriousness of difficulties they face in their daily lives and the inability to tackle them effectively. The hospital records give us an alarming increase in the number of suicidal cases which adds fuel to the present scenario. This is the context in which i wished to do the study.

Title of the study

A study on the psychosocial impacts of seasonal migration on the Maleivasi youths in Sittilingi, Dharmapuri, Tamilnadu.

Aim of the study

To identify the psychosocial issued face by the Maleivasi youths in Sittilingi who are seasonal migrants.

Objectives

1. To identify psychological impacts experienced by the young seasonal migrants at the place of migration.
2. To identify the social impacts experienced by the young seasonal migrants at the place of migration.

3. To identify various coping mechanisms evolved due to seasonal migration among the migrants.

Research Methodology

The study was a qualitative study as the study looks into the psychological and behavioural aspects of the youth in Sittilingi resulting from seasonal migration.

Data collection technique and tool

The data was collected from primary sources and the respondents were selected through purposive sampling. The study was conducted using in-depth interview as a data collection technique and interview guide as a tool.

Study area and population

The area of the study was three villages named Sittilingi, Moolasittilingi and Nambangadu. The sample size was 10 in number and was selected based on the purposive sample. Any Maleivasi youth who are aged between 20 to 30 both married and unmarried who were willing to be a respondent was included in the study.

Data analysis

The data collected through in-depth interviews was analysed manually using the principles of thematic analysis.

Limitations

Time limit for conducting the study is considered as a major limitation of the study. The study was conducted within one month. In order to extract the information regarding psychosocial impacts requires spending much more time in field. Another major constrain was a lack of proper communication facilities and a lack of fluency in Tamil. It was Diwali and the people were in a festive mood. The finds would have been better and more detailed if I could interview the family members and key informants to understand the impacts better and also conduct FGDs to understand communities perception regarding the topic. The study is small and pertaining to Sittilingi alone so the finding of the study cannot be generalised.

Scope of the Study

A further study can be conducted to understand the problem better and there by THI can think of necessary steps to be taken, as they wish to intervene with the youth of the valley.

Findings

Number	Age	Education	Occupation	Marital Status	Land Holding	Income per month	Years of Migration	Place of migration
1	26	5th	wood cutter	Married	3 acres	15000	3	Eranakulam, Kerala
2	22	12th	wood cutter	unmarried	1 Acre	15000	2	Malapuram, Kerala
3	24	12th	construction worker	unmarried	2 Acres	14000	4	Aluva, Kerala
4	22	BA(ENGLISH)	supervisor at a garment factory	unmarried	Nil	12000	1	Tiripur, Tamilnadu
5	22	12th	works at power loom	unmarried	1 acre	12000	3	Tiripur, Tamilnadu
6	26	8th	works at power loom	Married	2 acres	15000	6	Tiripur, Tamilnadu
7	27	10th	construction worker	Married	Nil	15000	2	Bangalore, Karnataka
8	26	8th	wood cutter	Married	2 Acres	18000	7	Malapuram, Kerala
9	26	9th	wood cutter	Married	2 Acres	20000	7	Vadakara, Kerala
10	21	12th	construction worker	unmarried	3 Acres	10000	2	Vengara, Kerala

Causes of migration

The causes of migration are complex. There are more people depending on agriculture than land can support, along with this there is climate change due to tremendous decrease of monsoon and untimely rain falls, uneconomic land holdings, poverty, unemployment and indebtedness in the villages. Besides, a fairly large class of landless agricultural labourers has long been in existence; how do they live?

In the case of Sittilingi, a seasonal migrant community all the above said are somewhat true. The testimonies of respondents affirms how once a self-reliant agrarian community people had to migrate to earn livelihood and to run their families. Here, the main cause of migration is due to the failure of monsoon on consecutive years and the untimely rain falls that spoils the crop massively. “We do not have enough rain for years now. The monsoon has failed. The rain god has failed us, how do we live?” says a respondent. Another respondent says “even if it rains, I cannot predict when it rains. The rain comes as it wishes and spoils the crops”. In the words of another respondent “there is no proper rain for last 6-7 years, streams, wells and ponds have dried up, how can we saw the seeds?”

The loss of land owing to the accumulation of debt, the concentration of the land into a few rich land lords who are either locals (maleivasitribals) or the newcomers (non-tribals) also have been a cause. A respondent says “we have only a little land, we sold off the land to pay the debts”.

In the words of a respondent “I don’t have any land. Even if I work at someone else’s field, I get only Rs 300 a day and I don’t get work every day. How can I take care of my family? How can we live? “These landless rural labourers are the first to feel the pain of agricultural distress, and improved means of transport enable them to leave the villages in search of work and higher wages in the urban areas,

Some have also migrated to industrial areas in quest of work further as in the case of youths who have gone through some sort of higher level of education; a basic degree is the highest. In the words of a respondent “I have completed the college, with my degree I cannot do anything here, I have go to the town to get a job” Besides sometimes the villagers may seek employment in the towns to evade the village money-lenders or to earn enough for building a new house and to own personal vehicles, cattle or more land.

Psychological aspects

When we consider migration, it is definitely not easy to moving to a new place. Many people do it, and many cities have been built at the cause of migrants, but that doesn't mean that changing from own locality to a totally strange environment is a smooth task. The stress of the move and adjustment to the new place, as well as the loss of so much from the old life and place, can lead to anxiety and depression along with other psychological problems amongst migrants. Psychological aspects are those that affect thoughts, emotions, behaviour, and memory, learning ability, perceptions, understanding and coping mechanisms.

In its simplest terms the migration of a person places him in a situation involving psychological adjustments greater in degree than he is accustomed to making, and often they are new in kind. If the environment he has left is quite similar to that which he enters, his adjustments are few and relatively easy; hence he is not likely to suffer any very serious disintegration of character, nor is he likely to cause much disturbance in the life of the group and the community into which he enters. If, on the other hand, the adjustments are many and difficult, because of wide differences in various cultural and social patterns between migrant and native.

Missing family and friends

Often the hardest thing for a new migrant to cope with is the loss of family and friends. This can cause an empty longing that is hard to relieve and that can lead to depression. It also can lead to absenteeism at the work place. This was evident from the respondents' statements. "When I go for work I cannot be with my family, I cannot be with my children. I miss my friend and the village". Thus says a respondent.

Stress

The presence of stress at work is almost unavoidable in many works, especially when one is a migrant labour. It is a kind of experience that entails a threat to something of value to the individual. It was evident among the respondents. A respondent explains, "If I stay back I can be with my wife and children. I will be happy. But when I am at the work place I think of my family. I get tensed often. Even if I have any tensions I have to keep it in mind and work. Sometimes it hurts a lot. If not I cannot work... I lose my concentration, I feel sick." This statement clearly states the stress condition of the respondent. Stressful experiences can of course be of varying magnitude and duration, which may make some of them more difficult to deal with. Moreover, individuals are not equally equipped to deal with stress.

Guilt feeling

It is seen form the interviews that the seasonal migrants especially those who are married and having children go through feelings of guilt. A respondent says, “Normally to leave the family and go to work is difficult. When the child falls sick, i cannot be with her. I feel pity myself. If I was with her, she would feel better.” Thus, this sort of feeling can affect their work.

Change in behaviour

Behavioural change happens over a period of time, especially to thoseindividuals who have developed in one cultural context when they attempt to re-establish their lives in another one. It can be both positive and negative.

The respondents have expressed that they have gone through some sorts of behavioural changes. These changes have been related to the way of communication, alcohol and tobacco consumption and they became “decent and polite”. The respondents expressed that they started behaving better when compared to their stay in the village. Similarly alcohol and tobacco consumption the respondents have experienced a reduction in alcohol and tobacco consumption. Other than that they have stated that they have become “decent” – in dealing with people. They also mentioned that they have started mingling with the strangers.

Respondent states, “I have also learnt to talk politely and also to behave well.” Another respondent’s response is “If we go out we can earn more. We can develop our general knowledge. We can learn some new things...” yet another respondent says, “now I know what is happening around us. I have learnt to talk politely and to mingle with people.” These were some of the responses from the interview.

Abuse

The respondent as they shared their experiences in the place they migrated have mentioned that they have faced certain hard moments. In the words of a respondent who works in the power loom factory, “I work in a power loom. It’s a difficult job. So much heat inside and I cannot manage some times. People are tough there. The manger tortures often.” A respondent who is a wood cutter says, “Sometimes trees fall on the houses and we get scolded. And we have to hear slangs from the house owners and the people around.” Another man who is in a construction site reports, “My employer is good generally but at times when something goes wrong he fires us. If we do anything wrong we get scolded. Sometimes we are slapped even...”

The respondent expressed their helplessness they have gone through when they have to migrate and work in unknown places.

Social aspects

Man cannot live in isolation with the society. Everyone is shaped by the society in which he is born, live and die. Social aspects refer to the effects on relationships, traditions, culture and values, family and community, also extending to the economic realm and its effects on status and social networks. This study has taken into consideration some of the social aspects and we examine how it has impacted the lives of seasonal migrants of Sittilingi. They had gone through mixed experiences and each of those experiences had its own impacts in their life. Especially when they have to leave their own village to go and work in a faraway place under totally strange employers in an unknown society, it is for sure that they go through a number of strange experiences. Some of them are listed below.

Difficulty at the work place

When a migrant has to leave his own village and find a place to live in the place he migrated to, finds it difficult to adjust with the situations. They are now in a new place working under people who are stranger to them. The respondents are reported to have gone through mixed experiences at the work place. The respondents were employed mainly in power loom industry, construction sites, wood cutting and manual works. People who work in the power looms are reported to have tough time as one of the respondents says, “I have to work from morning 8 tonight 8, and there is lot of sound and heat, the work load is too high and there is no support from others.” Some of them also complained about facing difficulty with the supervisor; in the words of a respondent, “The work load is high and the supervisor torchers often.” Some of them also shared that it is difficult to get the wages on time and sometimes they have to keep asking the employer and they keep changing the dates.

Whereas, it was quite different in the case of respondents who were employed in to wood cutting in Kerala said that though they had language problems in the beginning, yet the employers were generally good and the places they worked were also adjustable. They also said that they had enough freedom to move around and mingle with people. In the words of a respondent, “my employer takes me in his car and we have food together.” They have also expressed that they like the places and the surrounding and the local people in the place they migrated to.

Difficulties at the place of stay

A migrant who leaves their own homes and move to strange places to work finds it difficult to find a place to stay. The place they are migrated is strange and different in all aspects when compared to their native. Until they migrate they lived in a comfortable zone along with the family members and relatives. But now they are in a totally different place and have to live with the strangers. The respondents are reported to have gone through mixed feelings as they talked about their place of stay. Some of them complained of high rent, others said the room is too congested and other complained about not getting enough water and so on. They added that they often regret for leaving their villages whenever they face any difficulties. One of the respondents who work in a power loom industry at Tiruppur reports that, "I live with other 6 people. Our room is too small and we don't have proper water connection too. Another respondent a wood cutter in Kerala said that, "the room rent is too high so we have to live in many number." Some of the respondents who are wood cutters in Kerala reported to have faced difficulty with the neighbours at their place of stay.

Economic improvement

Better wages is one of the reasons behind migration and it is true in the case of Sittilingi migrants too. Many of the respondents reported that as they have migrated they started earning more and as a result they have something for themselves now. The wages are most often the two to three times higher than what one would otherwise earn in the village. Many of them send a portion of the earnings regularly to home. Many of them also reported to start savings. Some of them were able to pay back the debts they had. A few of them have bought a new motor bike, in the words of a respondent, "I have bought a new bike after going for work to Thiripur." There are also people who have started building new home; a respondent said that he has been working in Kerala for around 7 years and I have built a home now." Many of the people who were employed in the wood cutting field and they are reported to earn rupees 1000 to 1500 a day according to the work experience. One of them states, "I get 1500 rupees a day, after all the spending I can save around 15000 a month."

Meanwhile there are respondents who say that they don't have any savings or economic improvement but still they manage to live on. They expressed that if they were not to find a job they and their family would be in debt and in poverty.

Family being happy

Family is an integral part of every individual. It is true in the case of migrants too. When a family feels happy because of one who earns for them, it is a great feeling for that individual. In the case of a migrant, though he has to go through tough time, when he/she knows that the family is happy it becomes a great comfort to the migrant. The interviews reveals that there are different situations where the family being happy. Some of them are the economic improvements, better productivity of the individual, change in the behaviour and attitudes. One of the respondents states. 'My family is happy now, I sent them money and we are living better now." migrants who are not married say that their parents are happy now because if they were to stay back in the village they would have become local rowdies and since they have gone to earn they are no more a part of any such activities. Though most reasons of happiness are economic improvement yet there are also other impacts like behavioural changes that bring happiness in the family.

Coping mechanism

Among the migrant labours the phenomena of coping mechanism is clearly visible. Migrants use different coping strategies at the same time.

In the case of the seasonal migrants from Sittilingi migrating to other places itself is a coping mechanism used. "If I stay in the village, I don't earn anything and don't want see my family starving. So I go to work in Kerala;" Thus says a respondent. Another respondent says "who will give us employment in the village. I don't have anything to cultivate either. So I have to keep aside the pleasure and fun of being with the family and go to work."

When they feel Extreme physical exhaustion they resort to have drinks and smoke as a coping strategy. This is evident from the words of a respondent as he states, "I climb the trees, cut it down and load it to the vehicle, when it is night I get unbearable body pain, I don't get sleep at night. I drink at night so that I can sleep for sometimes at least."

Some of the other coping strategies used by them are going for films, going for sightseeing on free days, sleeping the whole day and so on.

Discussion

The purpose of the study was to understand the psychosocial impacts of migration due to seasonal migration among the youth in Sittilingi. This was a qualitative study using in-depth interview as technique. I felt it was appropriate to do in-depth interviews so that I could capture more personal experiences of the respondents. I had the plan to do FGDs to understand different aspects of the study better but unfortunately time and situation didn't allow me to do so. The challenges were regarding the lack of fluency in Tamil language, not getting respondents on time and when i got the chance to meet the respondents, most of them were in the hangover of Diwali celebrations. The study would have been better if I could get adequate time and if the in-depth interviews were to be done with family members of the migrants and a few key informants of the village.

Migration is a common phenomenon found throughout the communities around the world. There are different type's migrations and seasonal migration is one of them. It is commonly found prevalent among the tribal agricultural communities in the interior rural parts of the world. It is usually understood as associated to economic aspects of the individuals. But it is undoubtedly known that it is not only associated to economic aspects alone but there are more aspects to it. Each those aspects also has some sorts of impacts in the personal and social life of every migrant. Each of them will also differ from one to other migrants according to the sorts of migration he or she enters into. Some of the impacts may have positive effects and outcomes to the individuals whereas; some of them may be with negative effects and outcomes. This study tries to understand psychosocial impacts on the lives of individuals who are young and who are seasonal migrants specifically from Sittilingi. Psychosocial aspects and impacts are very vast understand and it needs time and efforts so I have touched upon only very specific impacts. The reasons behind migration and the coping mechanisms evolved as the result of migration is also mentioned here.

There were many reasons mentioned by the respondents such as unemployment, monsoon failure, huge debts and all of them are fuelled by the demands of the modern day. The increased need for money to meets the needs of the day is also seen in the tribal villages of Sittilingi. The reasons behind the migrations are mostly interconnected, as there is a shortage of rain leading to poor agriculture outcome and to overcome it people approaches money lenders and end up in debts as the same happens in the successive years and as the cycle continue they have on other better option than migration. At the same time the youngsters who had the opportunity

of higher education wish to get a job suiting their education and they do not want to follow agriculture as their elders did leading to migration. Most of them end up in some other works like employee at power looms in Tiruppur, construction workers or wood cutters in Kerala as they find it difficult to face the cutthroat competition of the modern world. Along with the above mentioned factors increased demand, better wages, better surroundings and living conditions, proximity are some push and pull factors that make the migration possible.

Psychological aspects and its impacts is a vast area to understand and so, I have tried to look into only certain specific areas that the respondents felt most comfortable to talk about. They have expressed to have experienced positive and negative effects of migration. Every migrant long to stay with their family but they cannot, missing family and friends were the most common complaints and it causes them stress and loses concentration in the work and guilt feeling, thereby accidents have happened and could happen. Verbal and physical abuse also adds fuel to the stress and in a long run it can lead to depression. Meanwhile it was evident that as the result of migration, they have undergone behavioural and attitudinal changes (learnt to be more polite and decent) and also there was a decreasing trend in the alcohol and tobacco consumption due to work related and economic reasons.

Social aspects of migration are relating to relationships, traditions, culture and values, family and community. It is a vast area to understand so I have tried to understand a few of them comfortably expressed by the respondents. Problems at work place and at the place of stay are the most expressed and they are interconnected as they are strangers to the place and have gone through feelings of discrimination, helplessness, anger, resistance, heavy work load and so on. They also undergo problems regarding food and accommodation as it is expendable they have to adjust themselves. In spite of all these people find joy because of the slight economic improvements personally and in the family.

As a response to all the above mentioned they have adapted to various coping mechanisms. Finding a place of migration itself was a coping mechanism evolved along with others like absenteeism form work, going for films and roaming around on free days and even tobacco and alcohol consumption occasionally. Like in any other case, the seasonal migrants from Sittilingi undergo similar psychosocial impacts and adapt different coping mechanisms that help them to get away with the disturbing thought about family, work related stress, and so on.

Conclusion

The study has helped to understand and identify various reasons behind the decision to migrate, psychosocial impacts and its effects and the coping mechanisms adapted by the young seasonal migrants of Sittilingi. The study reveals that migration itself was a coping mechanism evolved as a result of various difficulties like unemployment, increased need for money and failure of agriculture due to different reasons, faced by them in their native. Though most of them go through tough situations in the place of migration, yet they had to adjust with it so that they and their family will have a better life. Monetary benefits are the prime factor that promotes migration among them. Contrary to the common belief that migration results in higher intake of alcohol and tobacco products, the study reveals that the level of alcohol and tobacco consumption has come down among the migrant youth in Sittilingi. The study finds that the migrants are happy that they have experienced certain behavioural attitudinal changes. Almost all the migrants wish to come back to the village once they have enough to live on.

Reference

Annexure - 1

In-depth interview guide

Personal background

1. What is your name?
2. What is your age?
3. What is your educational background?
4. Since when are you migrating to other places for work?
5. What were you doing before migrating?

Reasons for migration

6. What are the reasons for being migrated?

Place, season and duration of migration

7. When do you normally migrate?
8. Where do you migrate to?
9. For how long you migrate?
10. How much do you earn?
11. How do you spend it?
12. Do you have savings?
13. Where do you save your money?
14. Do you support your family?

Life at place of migration

Can you explain about what is life like in the place of migration?

1. Explain about the place where you stay(size of the room, members)?
2. How do you manage food?
3. How far it is from your place of work?
4. What is your work time?
5. How do you spend your free time?
6. Do you go for a film? If so, what sort of film?
7. Who is your favourite film star?
8. What recreational activities you participate?

Problems faced in place of migration

1. Can you explain about the difficulties you face at place of stay?
2. Do you miss your family and village?
3. Can you explain about difficulties faced at place of work?
4. What do you do about those problems?
5. What do you do when you fall sick?

- What are your personal needs?
- How do you manage your personal needs?
- What are your future plans?

Annexure - 2

Certificate of Consent

Title of the study: -A study on the psychosocial impacts of seasonal migration on the Maleivasi youths in Sittilingi, Dharmapuri, Tamilnadu.

Name of the researcher: Jaison K Sebastian.

Name of the Institution: SOCHARA, Bangalore.

I have been invited to take part in the A study on the psychosocial impacts of seasonal migration on the Maleivasi youths in Sittilingi, Dharmapuri, Tamilnadu. I understand that it involves me taking part in an in-depth interview and focus group discussion. I have been explained the purpose and procedure of the study. I have been informed that no risk is involved in taking part in the study and that there will not be any direct benefits for me. I understand that the information I will provide is confidential and will not be disclosed to any other party or in any reports that could lead to my identification. I also have been informed that the data from study can be used for preparing reports and that reports will not contain my name or identification characteristics. I am aware of the fact that I can opt out of the study at any time without having to give any reason. I have been provided with the name and contact details of the researcher whom I can contact.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked and have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant_____

Signature of Participant _____

Date _____

Thumb print of participant

If illiterate

Annexure-3

PARTICIPANT INFORMATION SHEET

Dear Participant,

I, Jaison K Sebastian a fellow (CHLP) at SOCHARA, Bangalore, thank you for your time and willingness to hear and read about the field study titled "A study on the psychosocial impacts of seasonal migration on the Maleivasi youths in Sittilingi, Dharmapuri, Tamilnadu." I intend to do. This study will be done as part of my fulfilment of the Fellowship program requirement. For any adverse effect as result of the study, you may inform,

S J Chander

Programme Officer

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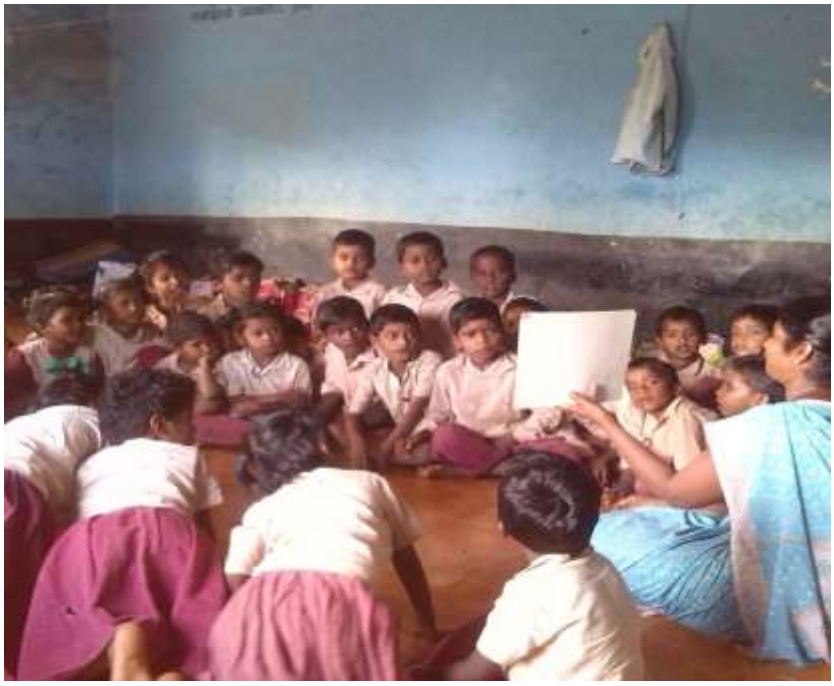
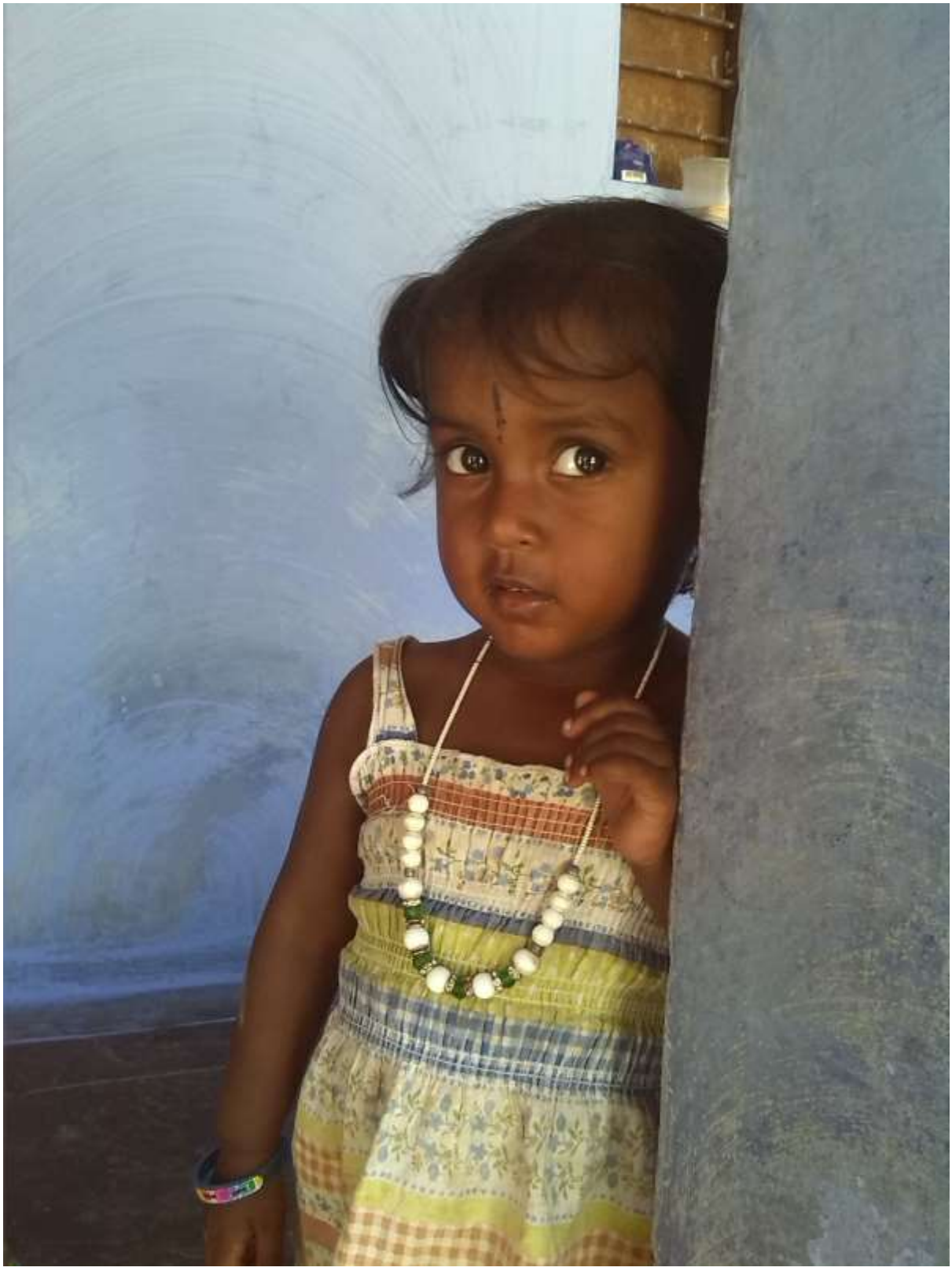
The photo journal

These are some of the pictures randomly clicked during the CHLP journey. Each of these pictures speaks for themselves.

Rays of Hope…

Warriors of Sittilingi





Thank you!!!