



COMMUNITY  
HEALTH  
LEARNING  
PROGRAM  
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REPORT BY

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ORGANISED BY SOCHARA

# PROLOGUE

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# ABSTRACT

## What is health?

As an individual who finds happiness in guiding and helping people in need and distress mainly along the medical stream, I have been asking this question to myself for a long time.

"At first, I equipped myself with the acknowledgment that health is just an absence of illness."

As I continued my journey towards helping people I came across DoctorNet India whose service naturally aligned with my interest.

Ever since I have been in DoctorNet India my perspective on what is health gradually started to change and I started looking at it as something more than just an absence of illness.

I was still in the path of pursuing the answer, when I heard About CHLP from Abirami and Aravindan of DoctorNet India. This gave me all the more reason to apply for CHLP and be a passenger in my journey towards health for all.

After attending the sessions of CHLP It gave me a whole new perspective. And I found the answer to my longlasted question on what was health.

It made me view Health As something that “ encompasses physical well-being, mental resilience, and social harmony, reflecting a holistic balance beyond mere absence of illness. ”

## INTRODUCTION:

My name is Selvakumari. I am 37 years old. I spent the first 10 years in a village in Dindigul district, Tamil nadu. I've been living in Coimbatore for more than 20 years. I've two sons, studying 7th and 11th grades. My husband is doing business.

I completed B.Sc mathematics. After a few years of marriage, I completed M.Sc mathematics and B.Ed.

I started my profession as a teacher. But, due to my family responsibilities, I had to take a break. Being from a large extended family, I spent much of my time guiding my relatives from my native place to get healthcare advice and treatment in Coimbatore. This process matched with my personality and I found happiness helping people in need and distress.

I've also been spending time bringing up my two sons during this period. In an attempt to get back to formal work or volunteering, I came across DoctorNet India in June 2022.

I am happy I found DoctorNet because the service done by them is naturally aligned with my interest.

## WHY I JOINED CHLP:

As I am from a non-medical background, I have an important need to equip myself with better understanding of health and the disadvantaged people. I am interested in understanding human behavior which will also help me in my work.

I've heard very good feedback from Abirami and Aravindan of DoctorNet India about CHLP. This gave me all the more reason to apply for CHLP and be a passenger in my journey towards health for all.

During this program my main goal was to learn how community health efforts can make people feel better. I also wanted to understand what psychological well-being means and why we don't talk about it enough when discussing health. Another important topic we looked at was treating patients equally.

I hope this learning experience would make me more aware and able to support patients in the future. Honestly the course materials went beyond what i expected and i got many insights which i already started to implement in my work.

## MY LEARNINGS AND OBSERVATION :

LMS was user friendly and easy to use. I found the recorded videos to be a valuable resource, and the live sessions led by experienced facilitators were insightful. Managing the course alongside my other commitments was a bit tough since i had family issues and health issues,

One significant shift in my approach was opting for direct conversations with community members to understand their needs and concerns firsthand. This approach led to surprising discoveries, such as uncovering prevalent issues like uneducation mostly among the rural people. These insights have reshaped my understanding and approach to community work, emphasizing the importance of listening and collaborating with those directly affected.

Another important shift in my journey was, during encounters with patients, whenever I guided them or conveyed the importance of medication and they didn't understand or behave differently I questioned myself of this behavior. But after attending CHLP classes my view changed and I started looking at the reasons which would have resulted in that behavior.

Moving forward, I'm focused on building trust and empowering the community to address their own challenges. Additionally, the course has heightened my awareness of mental health issues, shaping how I interact with patients and caregivers in a more compassionate and informed manner.

My reflections on the CHLP courses:

## Advancing Human Rights in Global Health . A Call to Action ( module 5 )

In today's society, taking swift action is crucial to safeguarding everyone's right to health. The principles of human rights provide valuable guidance for decision makers and policymakers. However, true progress is only achieved when communities raise their voices and leaders heed their concerns.

It is essential to acknowledge the impact of collective action in advocating for rights. Grassroots movements have the potential to compel governments to fulfill their responsibilities. Yet, some leaders may resist change, posing challenges to advancing.

Despite uncertainties, the language of human rights serves as a potent tool. It enables us to concentrate on critical issues and holds leaders accountable for their actions. To make this effective, civil society organizations must be equipped with the necessary resources to oversee governmental activities.

To ensure that everyone's right to health is upheld, it is imperative to establish clear regulations and mechanisms for monitoring government performance. This entails not just discussing rights but ensuring they are implemented in practice.

In essence, guaranteeing health rights for all necessitates active participation from individuals at various levels. From grassroots initiatives to legislative frameworks. Each step contributing towards a world where healthcare remains accessible for all.

## Navigating the Social Determinants of Health: A Reflective Journey ( module 6 )

As I delve into Module 6 of our course curriculum, exploring the intricate web of social determinants of health (SDH), I am struck by the depth of understanding required to address health disparities effectively. The resources provided offer a multifaceted view of the social, economic, political, cultural, and environmental factors influencing health outcomes worldwide.

The SEPCE framework, highlighted in one of the resources, serves as a guiding compass, reminding me of the interconnectedness of various determinants and the need for a holistic approach to health equity. This framework underscores the importance of acknowledging diverse socio-economic backgrounds, political landscapes, cultural norms, and environmental contexts in shaping health trajectories.

The cornerstone of our exploration lies in the seminal report titled "Closing the Gap in a Generation," which underscores the urgency of action on SDH to achieve health equity. This report, coupled with the Rio Political Declaration on SDH, illuminates the global commitment to address systemic injustices and promote social justice as a prerequisite for good health.

The metaphor of "social vaccines" resonates deeply, emphasizing the transformative power of interventions aimed at dismantling unhealthy social norms and fostering resilient communities.



## A Reflective Essay on Empowering Communities for Health Equity ( module 7 )

The seventh module of our learning journey has been a reflective exercise about community empowerment and cultural perspectives around health equity. In variously engaging presentations and readings, we looked at how social movements from below have led to the transformation of societies as well as explore culture's critical role in shaping health.

This is because they revealed that solutions to sanitation challenges could only come through the total ownership of a community. Prahlad's descriptions showed the way in which transforming communities needs more than just an individual but collective responsibility towards healthful practices.

Culture and health access were tackled by Sunil George who made clear that culturally sensitive healthcare delivery systems are essential. We considered how cultural beliefs influenced behavior in seeking healthcare, making particular note of caring competence when tackling inequalities.

Sudha Nagavarapu gave us valuable insights into Dalit and Adivasi perspectives within wider socio-economic contexts thus explaining why health should not be viewed in isolation. Gaining a deeper understanding of how several intertwined factors continue to perpetuate inequities in health among marginalized populations further strengthened our resolve to fight for meaningful changes.

# Walking the Pathway to Health Equity ( module 8 )

Healthcare is a complex tapestry in which equity is interwoven with every part of it but often falls apart leaving unevenness behind. When I think about health equity, I am confronted by a powerful responsibility that this principle places upon us all.

Health equity is more than just an abstract idea; it is a moral obligation as well as a guiding principle that requires that we face up to the harsh realities of inequality. It means realizing that where one is born, their socio-economic status, or their race should not determine their ability to access healthcare and well-being as a whole.

Through my forays into the maze of healthcare, I have seen some instances where this tenet has been upheld and others where it has been flagrantly flouted. From seeing affluent communities thrive while neighboring ones wallow in squalor, to watching marginalized people struggle even for primary health care services, these disparities are starkly evident.

The realization of health equity means that some conscious effort must be put to breaking down the barriers that continue to perpetuate disparities. It needs every policy, system or practice to be re-evaluated on its inclusivity and fairness. It takes a shift from reactive healthcare delivery to a proactive approach based on prevention by identifying and addressing causative factors of disease conditions rather than focusing only on symptoms.

Furthermore, fostering health equity involves collaboration across different sectors such as education, housing, healthcare and employment. This

mandates us to appreciate the interaction between social determinants so as to produce positive health outcomes. In addition, it calls upon us to heed the voices of those most affected by inequity and support community empowerment towards leading their own change.

In thinking about my contributions towards promoting health equity, I am reminded of Martin Luther King Jr.'s words that "Of all the forms of inequality, injustice in health is the most shocking and inhuman." This serves as a call for action-a wake-up call that fighting for equality is not just an immediate activity but an enduring commitment calling for patience persistence in order not to lose hope over time since battles for equality are fought over long periods

In conclusion, the journey towards health equity is a multi-faceted endeavor that comes with challenges but also has opportunities for positive change. It requires us to look at our prejudices, question what is regarded as normal and fight for policies and practices that ensure equity and justice. As I go on thinking of all this, I am reminded that achieving health equity cannot just be a target; it is a basic right for every human being which needs everyone's involvement and undying commitment.

# Reflecting on Comprehensive Primary Health Care (CPHC) ( module 9 )

CPHC has a great influence on the health care system by emphasizing community participation, seeking patient's participation, and transparency in the health care system.

Comprehensive Primary Health Care (CPHC) in fact is the core in supporting healthcare systems globally since it greatly serves in addressing people's health needs through the whole-approach method. Now with the time passed since the completion of my service, it moves from one's view to his thinking, and the three principles for which the organization stands are becoming more and more evident to me.

CPHC which is in essence aims at accessibility that can be done by health providers to ensure that healthcare services are available to all people no matter what socio economic status one may have or where one is located. This key pillar of universal health care then drives the need to bring down the boundaries to healthcare service provision, which is either economic in nature or culture based or structural. The CPHC understands health as a basic human right and believes that everybody deserves healthcare as a universal right. Furthermore, the CPHC seeks to eradicate health disparities between different communities by ensuring that healthcare is equally given to everybody.

Even more, the CPHC considers community participation as the main driver of success, as communities play an indeed crucial role in establishment and keeping of healthiness. In this way, CPHC tackles the issue of community involvement by mobilizing communities to participate in decisions, creating partnerships, and with health literacy promoting

dialogue in individuals, they become fully-fledged participants in their own wellness. This endeavor is not only aimed at increasing the efficiency of healthcare interventions but holding people in the communities responsible for their own health.

Equity in healthcare is the goal of creation of CPHC which is intended to deal with sociomedical inequalities and the development of the problems. Through the provision of the primary social needs to the vulnerable and by adopting a multi-sectoral approach, CPHC strives at creating a fair and just system.,s9ee

Looking into the core of CPHC, I encounter its ability to proceed and transform hand in hand with changing medical scenarios. CPHC has a unique position – it fights not only infectious diseases but also non-communicable diseases such as cancer or psychological issues (depression, fear, sadness, etc.), and thus it always has to stay true to its goal of improving health and wellbeing of all people. It offers the variety of programs that make adjustments to fit populations of varied characteristics and hence no one is neglected.

Last but not the least, CPHC represents an important movement in the hospital domain, characterized by the readiness, affordability, community participation, and sharing of resources. The Panchayat concept seems to be most appropriate for the public health domain, given the synergy between its principles and the methodological approach that public health advocates. CPHC, as the beacon of modern healthcare, guides us in the endeavor to find a bright future where the effects of social determinants of health have been lessened significantly, if not eliminated altogether.

## Navigating the Labyrinth: Health systems reflections is essential. ( module 10 )

The health system, just like multiple mazes, incorporates confusing combinations of challenges and opportunities. As I am looking back on those cryptic episodes( pathways) in this labyrinth, I find it so complicated in nature and the breadth of its impact on the individuals and society at large is so profound.

At the heart of any health system is a promise that the welfare of the people assigned is the first and foremost priority. Nevertheless, the fulfillment of this obligation shall be restricted by many factors like systemic constraints, as well as inequalities. My recent sporadic forays through the doorways of healthcare have thrown up a few shining examples of access, quality and affordability, yet also a myriad of shortages, inequity, and inefficiency, demanding urgent attention.

The most valuable take-home message for me would probably be that equitable distribution of resources is no less than life and death. In the case of ineffective funding, along with unequal placement of healthcare amenities, bring up cycles of diseases and inequality. Through my personal experience of standing by and watching marginalized communities fight for even their basic healthcare right, I definitely established the importance of resolving the inequality in the health services they get.

Further to that, the convolution of medicine policy and the governance processes have also taught me a great deal. The interaction of the public sector and the private sector, as well as the way regulations develop, are the elements that create the market for healthcare. Notwithstanding, the space here involves a fine line to be crossed between the most advanced

technology and well-organized rules, guaranteeing people's necessity of security and safety at the same time.

Besides, alterations that I've witnessed in health funding systems have left indelible testimonials about my comprehension of health systems. The move towards post-valuation care, along with digital health technologies are UB quintessence ions of reducing the costs involved and improving the results. On the one hand, it is successive innovations; On the other hand, however, it requires careful consideration of ethical, economic, and social implications.

In reality, my founding the maze of health care systems has been both educational and peculiar. It has increased my understanding of the numerous difficulties that arise to provide care and has made me even more determined to create a difference by campaigning for change. Among the myriad of things as we map out the path to an equitable and greener society, we must not ever divert our attention from the faces behind the statistics, for their stories make up the heart of every healthcare system.

# Embracing Universal Health Care: A Reflective Journey ( module 11 )

Embracing Universal Health Care: I am not aware of how these qualities emerged in my character, but I am grateful for the opportunities that have molded me into the person I am today.

In the modern era, with the existing disparities in access to healthcare being in place, the notion of Universal Health Care (UHC) and Universal Health Coverage (UHC), arise as a scintillating light through the dark. Thus, as I unfold the complexity of these systems, my viewpoint changes, and I start meditating on the great community impact that they have on societies globally.

Universal health care does not stop only at hospital services, it instead embodies the very nucleus of health equity. Strangely, it captures the very center of humankind revealing that nothing is about the level of social-economic status; every individual possesses the inalienable right of quality healthcare as uniformity. This idea inspires me, it gives me the feeling that everyone should treat a person with respect.

With the UHC dream coming true the world would not stop there, it would enter a new world of what is possible. It is not confined by borders or ideologies, instead it creates a common understanding to all citizens promoting a culture of accountability to the society in general. The group work goes beyond enhancing individual wellness outcomes but creates a bonding effect and cohesion.

Nonetheless, the route of healthcare equality involves a plethora of hurdles and obstacles. Its infuriating limit of economic capacities, political issues



and vested interests always impede decisions making. Yet, as I reflect, I realize the obstacles also define the measure to find innovative solutions and develop collaborative culture. It posits what requires ground-breaking reforms, visionary leadership and unflinching resolution from both the public and private sectors.

In addition, while looking at the UHC meaning I came to the conclusion that the topic has an invisible value in the context of mankind 's resilience, especially under the threat of a crisis. The coronavirus outbreak illustrated this point more clearly than any other factor at large before it: everybody should be treated equally and without discrimination. The Chernobyl disaster came as a call for action, compelling nations to reconsider their healthcare systems and proving that universal healthcare is a vital facet of their resilience agenda.

My comprehension of UHC, on their individual basis, has been a rich experience. It has pushed me to confront those very biases and privileges, too, pushing me to the edge of advocating for a better and a more just and inclusive world. It has shaped my values as I learned the moral of this has been to contribute in a real way to the creation of a healthcare system that leaves nobody out.

In conclusion, Universal Health Care and Universal Health Coverage are not policy discussions which can be resolved, they are our moral duty. We are urged to see a society where people can indeed have dignity, right to health is not luxury but a human essence in place. After the long path of personal reflection that brought me where I am now, I am overwhelmed with hope and determination because with each step we are moving closer and closer to a healthier and more equitable future for all.

## Empowering Communities: Empowering remaining Panchayati Raj Institutions (PRIs) ( module 12 )

PRIs can be thought of as the true pillars of local democracy as they are an expression of the law of local self-governance. Strengthening the PRIs is not only a technical exercise but a much larger goal of giving the communities direct ownership over their socio-economic reality and participation in the power structure.

In its essence, a PRI presents an arena for participatory governance where the citizens take part in deliberating on policies and projects that have a direct impact on their life. These institutions mainly play their role in ensuring that all people participate in governance and minorities have a place where their voices will find expression and representation.

Funding PRIs does not only involve administrative reforms; it is an act of commitment to power-sharing and the promotion of fair growth of communities. The area where PRIs have made most progress is transparency and accountability issues. As a result, PRIs become the forces of social change that influence society from the ground-up.

As we navigate the sophisticated terrain of governance, investing in their equity of power among PRIs is a strategic target. Through the support and strengthening of these institutions, we root down a tradition of active civic engagement, resilience, and sustainable development, which serves as the foundation for a more fair and prosperous society.

## Embracing Pluralism: Indian Healthcare and Traditional Health approaches and AYUSH. ( module 13 )

Indian healthcare in its complexity can be compared with weaving of a multicolored fabric, which uses various threads of Indian local medical systems and healing methods, known as AYUSH - Ayurveda, yoga, naturism, Unani, Siddha and homeopathy. These ways provide a healthy outlook that stands on a solid ground of the cultured heritage of people in it.

Local health traditions form a mosaic in sending a distinctive vision to communities on health concerns and providing context in which they deal with them. Starting from Ayurveda's tenet of balancing and resorting to the traditions to Unani's assimilation of classical and Arab methods, each system yields a varied outlook on health.

Through AYUSH - which the government sees as a complementary branch to allopathic medicine - a lot of areas of pluralism, such as drugs and various treatments, are promoted. Considering the integration of alternative medicines into the mainstream health services by the Indian government is a good indicator of the growing acceptance of varied practices as therapies. On the other side, AYUSH practitioners may create a link between old culture and modern science, where innovation and collaboration can come about.

Yet, challenges persist. Lack of sufficient evidence and uniformity means local health traditions and AYUSH Ayurvedic and Siddha systems of medicine are not deemed reliable enough for people to use them. Similarly, socioeconomic disparities make this common choice even more

difficult for people with low income as we call the need for inclusive policies and equitable distribution of resources as well.

In spite of these boundaries or stumbling blocks, the pluralism in the medical field of Indian healthcare stands as a manifestation of the impressive nature of the Indian cultural legacy and devotion to discover networks of people having problems with bodies whom they could take care of. Through careful conservation, adaptation as well as absorption of pluralistic healing systems, India stands out as one of the countries striving for complete healthcare provision to all members of society.

# Reflection on Community-Based Health Action Reflection/Research Project ( module 14 )

A great impact on my knowledge of community-based health practices within the SOCHARA-SOPHEA CHLP community-health learning program has been brought through this experience, where I have not just gained a deeper understanding of the principles of community health ,but also gained awareness that I can facilitate quite significant changes among the marginalized communities. On the path of reflective thought I am overwhelmed by the unmatched wisdom gained, difficulties conquered and the immense impact created.

At the beginning, I realized that our program was based on experiential and immersive learning while I was helpful to find and solve health-related issues within the community. The knowledge gained from the courses and intellectual content provided throughout the study program became a source of inspiration for me for the transformation of theory into practice. Here I started to build a base for meaningful community action and engagement.

Establishing links or connecting what you have learnt in theory with field activities or research is one of this project key aspects. This ranged from a thorough comprehension of the foundations of population health to a relevant hands-on experience in a practical set-up. The present process taught me the significance of autonomy, independence, and community spirit for the survival of the communities and their neighboring environments.

Finding a health issue in the neighborhood involved both a light and heavy weight of decision. Collaborating with underprivileged and risky populations exposed to the complexity of health-related inequalities and their source, the social determinants. Increasing disease preparedness and response was the theme of the project, which among others, underlined the fact that the health systems were vulnerable and needed to be resilient.

I have deepened my knowledge of the principles of community health and became more aware of how community-based health practices can be transformed through my participation in the SOCHARA-SOPHEA CHLP community-health learning program. The latter has also demonstrated to me that I have it in me to produce changes within the marginalized communities. During my journey of analytical thinking I am equally stunned by the extraordinary knowledge, defeat of the opposite difficult obstacles and the mighty feeling of accomplishment.

Initially, I understood that our program incorporated the experiential and the immersive learning communities which was beneficial to me in finding and solving health related issues among my community. The course materials and intellectual content of the program became the fountainhead of ideas for me and the spring for my improvement and creation of products from theory to practice. Here I was shaping the early part of a future in which community action and alertness works.

Establishing links or bridging the gap between what you have learned theoretically in the debriefs and in the field activities or research is certainly one of the core features of this project. It was from here on that the basics got clearer and clearer, up to the second part of the course where direct practice skills were acquired. The participating process of the world activity made me realize that individual management, self-reliance and local

engagement cannot be ignored as preconditions of community sustainability and environmental responsibility.

Deciding upon the health hazard that was evident in the neighborhood both brought only a mild and strong impact on me. In terms of practice, the social work agency I choose is a nonprofit organization that will provide me with the opportunity to learn about the concerns of underprivileged and at-risk populations who are subjected to inequities in health and their sources, the social determinants. It was gradually discovered that the project was mostly dedicated to disease preparedness and response. This included the recognition that the health systems cannot be robustly accountable without caring for the communities out of which they are formed from.

# Reflections on Project Management: Restructuring of Original: Balancing Structure and Adaptability ( module 15 )

Project management is the craft of handling confusion as well as transformation into the proper sequence or process. It's A thin line between putting together plans, organizing the necessary, and completing tasks that lead to an assignment of specific goals amid restrictions. Becoming acquainted with the notion of project management I learned to value this process as a kind of key for running the show successfully in the state of confusion and uncertainty.

At its heart optimal project management is about providing clarity even in obscurity. It is about the achievement by the setting of targets, the specification of job function and the running of projects. It is also about agility, during which the journey is not linear as the desired path is changed with the unplanned factors.

The narrative would need to include technical skills which are the in-built components for effective project management but also interpersonal fitness, which is the communication side. Communication is the Armour of any project from which Teammates and Customer are shielded as it provides the platform for the alignment. Close interaction and conflict resolution are very important as well, because they are productive resource sharing and problem solving.

The experience within project management allows me to think that the team needs to apply both structure and flexibility in order to achieve success. Here, the future of work is all about knowing the best resources and steps while still accepting the possibility of innovation when it shows



up. The essence of this mission is incorporated in providing an environment where the accountability culture promotes each team member to be the best they can, irrespective of their position.

At the core, project management IS like a century and time dance between order and disorder, hence the need for flexibility, powerful communication and unrelenting quest for perfection.

## The Pivotal Function of the Element of Civil Society in Explanation of the State of Health in India ( module 16 )

In India, the contribution of civil society in healthcare is not simply significant; rather, it stands out as imperative. CSOs can become a lifesaver for many communities on the edge, complementing the place of government agencies, in case of necessary corrections. Their cult of grassroots do local health care issues better, because they can be determined in full the understanding and empathy bureaucracy lacks.

Interacting with the civil society in the Indian healthcare system, I observe its productivity and proactive approaches to the available situations. The organizations that pick these problems don't just sit when issues emerge but invest interventions time ahead. It matters not whether these are environmental sanitation issues in rural areas or health disasters designations. In either ways, CSOs spearhead these initiatives, addressing problems where they are most needed.

Furthermore, apart from being a strong check and balance, civil society brings to the forefront assurance that the healthcare resource allocation is achieved through equity and transparency. Their advocacy carries both public and private sectors liable, then, a culture of being responsible and honest is formed with each of them in the health sector.

However, challenges persist. NGOs with limited funding, administrative obstacles and too just small-scale capacities only reach the part of the population in need for healthcare. However, being leaders is also on the side of these barriers, the strengths for innovation and collaboration. It is important that the CSOs embrace digital evolution, enhance partnership programs and amplify the voice of the disadvantaged groups, hence

leading to an improvement in the health care system of India that is accessible and inclusive.

At heart, civil society's mission in healthcare in India is not just about providing services; it is about uplift of people, reform, and the elimination of the current gap which consists of no one left behind. Not only shall we appreciate the roles they have played, but also remember to pledge loyalty towards civil society institutions still engaging in the tough but worthwhile work of building a strong, healthy, and equitable nation.

## Reflection on Module 17: Research Methodology - Week 1

The enthusiasm and inquisitiveness of setting out to Module 17 powered me from head to toe - knowing that I was about to sink into deep waters of research methodology. The module kicked-off with implementation, efficacy and political contexts of primary health care of comprehensive quality. The main preliminary scientific research findings on the matter, supported a comprehensive review giving a preview of this ever so important issue from a public health perspective, hence, it sent me on my journey to investigate the matter more.

From all the highlights of the week, I think that the live session, where we were exposed to the multifaceted area of research methodologies through a stimulating presentation marked the climax despite all other amazing moments. The speaker presenter fluently guided through the knotty problems of the population health system, providing information on what makes it work and what position it depends on. However, the speech stimulated abstract thoughts that led me to wonder about the dynamical interaction between population policy and community setting.

Besides the lectures themselves I also found the video recordings to be equally helpful since they were founded on the logic that is fundamental to the comprehension of epidemiology. Epidemiology is initially introduced to formulate the essential notions. The subsequent lectures involve indicators like maternal and infant mortality rates, among other specific indicators. Thus, the complex network of factors contributing to public health outcomes is continuously developed. The visual aids and case studies utilized in explaining the concepts during the lectures further added to my understanding of the complex topics, and made them much more understandable and relatable to me.

However, as I look back over this week filled with the discovery of hidden thoughts and ideas of Research methods, Greek letters and all, I am totally awestruck at the depth and the width of knowledge that is waiting to be unraveled and explored. The insights to the whole thing led to the development of a passion in me such that I would like to do more than research and investigate the impacts and implications of the public health research wastage to the society.

## Reflection on Module 17: Research Methodology - Week 2

In the Module 17, I acquired new knowledge in research methodology by going through the elements like data collection techniques and research ethics. The sessions in person were especially helpful and covered issues like working out long-term development plans in inner cities from top to bottom and the ethical concerns involved in the research. These sessions offered a hands-on approach, which stressed the notions of research that had to be ethically and effectively conducted, with respect for human subjects being imperative for the upholding of integrity.

During this whole semester the lecture class was not limited to a certain program "Journal Club" for instance where we were tapped in an article that gave a long-term development model in slums of Delhi. Real-world research analysis proved to be an extremely useful tool as it supplied us with important information on the numerous obstacles that need to be overcome and which opportunities can take shape when implementing this type of intervention. This prolonged our knowledge of in-action and demonstrated research methods further.

All week long, we were very lucky to use the practical means put at our disposal, including live session presentations and extra materials specially designed for us, which greatly added to our education. A structured approach that covers research methods and ethics has been used to equip us with the right tools, skills, and knowledge to assess and research in the public health area.

It pushes me to the limits of knowledge when I recollect the gained depth as well as variety during Module 17. Here, I have covered documenting development models from the intricacies to dealing with ethical issues in

a research which has broadened my scope and changed my perspectives. I am enthusiastic about applying those newly acquired abilities in my future undertakings and I will re-inspire my will to succeed in the mission of serving the interest of public health.

## Reflection on Module 17: Research Methodology - Week 3

Module 17 was still more adept at facilitating me to get the picture of the research methodology, in particular, qualitative research strategies and the way they are used in the implementation of community health programmes. The 'live sessions' were quite engaging, and the expert Dr. Manjulika Vaz added rich content on qualitative research methods. The novel aspect of her presentation was that she brought light into the specific steps involved into qualitative studies as well as the significance of sharing the personal experiences forming the communities.

Among the exciting parts of the third week is of course the lecture about the "Research in Community Health Action" movie that helps community workers in Karnataka and UP. Sudha Nagavarapu's talk, among others, could provide an insight into firsthand the challenges and strengths of implementing community-based healthcare programs. However, sites visited not only were controversial topics (for instance, justice system) but also stressed a need to contextualize research. Community interaction was another important requirement in my study.

The project in Week 3 prompt that required us to examine how climate change affects the daily lives of the already socially excluded community. The term paper was a good illustration of the linking between the content knowledge and skills gained in this module, and the existing real-life problem. It was all the more difficult for us to dissect and understand how social determinants of health and environmental factors meet at previously unfamiliar crossroads, but at the same time, it emphasized the significance of sorting out and correcting the health inequality in underprivileged populations.



From Monday to Friday, beneficial factors i.e. Moments of live presentations and supplementary materials, which are offered beyond the classroom, are aimed to enrich and enhance our learning process. The chapter pointed out the usefulness of qualitative research methods and the various ways of collecting and studying health data. The course outcome was that the methods in using diverse research approaches for solving complex health problems were enhanced.

As I reviewed the events in that period of the material in module 17, I understood the vast knowledge gained and the useful applications of research methods for the solution of pressing public health issues. The inspiration behind the stories by the experts and the assigned project has helped me obtain essential tools and thoughts that I am excited to apply in my next research projects.

## Reflection on Public Health Ethics ( module 18 )

Participating in the ethical public health module afforded me fruitful moments of reflection on how to tactfully resolve ethical dilemmas in the public health field. In the course of my reading and video watching, I tried the themes which were the ethical use of digital proximity tracking and contact tracing by coVID-19 and the importance of the treatment of health disparities.

I pondered on the differences between gaining the public health advantages and the individual privacy protecting when using digital technologies for contact tracing. Furthermore, apart from tuberculosis prevention and care of ethical challenges, however, inevitably, matters like, stigma and equitable access to treatment should not be ignored.

The main concern of EHP's training module was the formulation of an ethics framework that must be relied on in the cases of decision-making for public health. The structured manner to which it involved serious reflection of ethical complexities in actual world situations was, therefore, my style of thought.

Furthermore, the fact that the videos demonstrated this in an ethical manner meant to also drive home the message of fairness and healthcare equity, this being most clearly in communities that are marginalized.

Summing it up, I became more aware about public health ethics and gained new practical insights to be used later for my better understanding and implementation of health ethics-related principles.

## Module 19 - Mental Health Week 1

During Module 19, we were not only reminded that the mental health problems are real and numerous, but they are also very serious life issues. Our journey began with a thorough investigation of the intricate relationship that exists between the mind, the body, and behavior under the tutelage of Dr. Mohan Isaac whose insightful video lecture served as an eye-opener to subsequently unearth the deep-seated connection. This basically laid the platform for the subsequent journey in-depth of the mental illness where we were to study the provided piece read through in the reading with critical perspective.

Further enriching our understanding, Dr. Kaustubh Joag's video lecture shed light on two prevalent mental disorders: the two most common problems. Also we investigated the dark truth behind Mental health status over the Covid-19 pandemic, as illustrated in the article entitled usama rehman et al.

Along with other topics there is suicide that the unit have made us acknowledge. Via reference to the methods of peer-reviewed articles and regulations on public health, we faced the deep problems of preventing suicide, with special attention being paid to aboriginals of India.

Being totally engaged in this type of training, history and real life experiences, we devoted the time tk discussion of rural psychiatric services and get acquainted with the recovery stories. Community Mental Health program videos of 'Lalepa -A Journey from Mental Illness to Recovery Program' have provided this essential knowledge concerning delivery of mental health care services.

During the course of our career, our observation of Ms.Ketaki Kelkar helped us to get better skills in counseling that were quite practical. The ability to engage in empathetic listening and to communicate in an effective way successfully portrayed two fundamental elements that will make this course a good handout on basic counseling skills must-read.

During live lectures and rich PowerPoint slides, there was no way we could simply sit and listen with instructor's suggesting us to participate so that we could seem to be more interested and committed to the mental health material than anything else preceding. Dr.Rajaram's counseling process has turned out to be a valuable resource that is advisable in handling the troubles that arise in counseling.

Therefore, in the end, subject 19 was a journey through mental health issues, with the help of which we intend to break the stigmata and bias, and to support and provide and support for open conversations in the society.

## Module 19 - Mental Health Week 2

Week 19: Mental Health will be addressing mental health as a serious issue in the college community.

The 19th module not only developed our mental health knowledge, but we also discovered various related facts, for example the child and adolescent mental health disorder as well as substance abuse and legislative landscape.

The facilitated sessions by Dr. Suhas Chandran ensured the utmost knowledge of child and adolescent mental health disorders, shedding light on the various specific challenges that those aged folks get faced with. From assisting us to grasp the concepts in the video tutorials to supplying us with a wide range of materials, we acquired a whole the complexities of mental health illnesses in our youths

When we came across substance abuse, a specialist, Dr. Abhijit Nadkarni guided everyone to understand the reason behind alcohol and cigarette consumption in India. His knowledgeable steered us towards a more thorough analysis and recommended books of the likes of Nupur Goenka & Dr. Abhijit Nadkarni to enlighten us more on the topic. Also, TEDx talk on drug de-addiction by her instilled some new viewpoints as well that deserve exploration.

In the consideration of their important roles in the larger picture of mental health policy and legislation, the experience of Dr. Sharad Phillips and Dr. C. Naveen Kumar was respectively very informative. Their lectures made a valuable trip through the complex policy scene teaching us to take decisive

action at the moment of unraveling the frameworks in place to put forward the needed reforms.

Lastly, the small group assignment was used to engage the group members in multi-perspectives and applying knowledge gained.

Module 19 has indicated that the Mental Health Week 2 was an impervious step concerning the comprehensive study of the mental health challenges. It highlighted the critical need for integrating diverse perspectives through deliberate interaction with policy designs that affects the policies and programs that govern mental health services delivery and advocacy.

## "Nutrition for Healthy Living: A Reflection" ( module 20 )

The discovery of a connection between the eating patterns and overall well-being really makes life-changing. It is not only about eating but it is also about providing nourishment to our bodies, minds, and inner selves. Taking a balanced diet that has a combination of fruits, vegetables, lean proteins and whole grains, as an example, helped not only in improving my physical health but it also promoted my overall well-being level.

As I have been aware of the tremendous effect of food choices on one's energy levels, the mood itself and the long-term health, it is really shocking. The importance lies in making mindful choices, relishing meals, and gratitude for what they do every day for our body.

Also, this is one of the most important lessons taught to me which is about the nutrition not being limited to an individual; but branches out to communities as well as the planet. Choosing environmentally friendly, domestic origin products leads to support for local farmers whose efforts try to reduce global warming in addition to maintaining a good mother nature which we shall distribute to the coming generations.

In principle, the matter of nutritious diet for healthy living is not so much a personal choice as a pledge made to oneself, to others, and to the planet we co-inhabit. It is not about being thin but it is about our lives being a continuous movement, with a firm, peaceful and everyday relationship between the nurturing powers of the earth and our bodies, where we have proper nutrition, enjoy a life that meets high standards, and have the great feeling of good health.

## Reflection on Module 21: Women's Health Week 1

Module 21 was both insightful and moving in that it unpacked the intricacies of the interaction between gender and health, showing how strongly societies' constructions impact the health practices of individuals. We explored the ways of how gender norms, roles and expectations are manifested among health outcomes, healthcare access and illness perception using practical presentations and ICT technologies. Indeed, through this expedition, this point was emphasized more and more regarding the social construction of gender and its immense influence on health behaviors, presentation patterns of disease, healthcare seeking behaviors.

In particular, the module was dedicated to the idea of the life course approach toward women's health that meant the doctor should consider a woman's place in the spectrum of her life which is one of the most important facets of effective health care. We realized that it is not simply a sum of biological, social, and environmental factors that work in a concert way at different times, but also it is a deep understanding of the unique health difficulties and high rates of risks that women and girls encounter.

Through the study of maternal health, the ongoing challenges were unmasked. This was as discussed in the introductory sentence about the trend of the high maternal mortality rates in Koppal district, Karnataka state of the country- India. With the help of profound study material as well as video lectures, the role of observed service delivery constraints were analyzed, however, on the hindrance of maternal healthcare access and results, the impression was given.



Also, exchanges of views on reproductive healthcare services and family planning including access to abortion gives an insight into the value of reproductive rights and abortion services. We looked at different advocacy options and policy alternatives as part of our lesson, which enabled us to understand the picture of how to ensure a rights-based process of providing contraceptive information and services in India, and also about the laws surrounding abortion under The Medical Termination of Pregnancy (Amendment) Act, 2021.

The module did not only touch on SRH but also the intersectionality of gender, age and gender, which are critical issues in sexual health. The discussions and resources that were available gave me the details on how abortion services to the children can be guaranteed and also a community based sexual and reproductive health programs with emphasis drawn on the organization of the grassroots who can help in implementing comprehensive SRH strategies.

At the very core of our reflections, it is clear we must consider a broad approach on women's health. The implications here are extensive and some of the manifestations include tackling the health concerns by women in general as well as tearing down the barriers and the inequalities discouraging women from taking normal health care. Achievable through the implementation of gender-sensitive interventions and policies, which highlights the unique health of women, we can aim to achieve equitable health outcomes for all women in the society, be it from the poor income group or the wealthy family. The outcome should be the same where the quality of health of women is maintained. Module 21 is a centerpiece of this module's overall message that proactive women advocacy for equal access to healthcare systems with women care as a commonplace right is paramount.

## Reflection on Module 21: Gender, Women's Health, and Gender-Based Violence, Week 2

The last two weeks all immersed me into the complicated and versatile world of women's goods, which I studied through the means of gender inequities in communicable diseases, women's wounding and violence as the health care problem, and also the position and function of old and new women's health movements and caregivers in the Indian society. It has been an illuminating journey wherein the difficulties and complexities involved in attaining higher levels of healthcare for women and in mitigating gender imbalance in healthcare have been made clear to me.

One of the striking lessons that I learned was from a section about gender and communicable disease; especially the scary fight against tuberculosis in India. The session highlighted cross-cuts of factors which influence the health outcomes depicting how women often face unique barriers in accessing timely TB diagnosis and treatment owing to the traditions and norms, economic constraints, and inadequate health care delivery system. Valuable to learn these dynamics because of tailoring effective interventions that focus on the root of the imbalance in health outcomes through gender.

Additionally, the WHO gender and health factsheets vividly took the audience through the various health issues bedeviling women cause, including lung infection, amoeba, destructions, tobacco use and road traffic Injuries. Those resources highlighted the importance of gender-sensitive approaches at the very heart of the public health interventions, as such conditions pose disproportionately higher impact generally on women.

The continuation of gender-related violence as a medicine issue again emphasizes on how all this is intertwined with gender, health, and social factors. The Lancet editorial case study, Dilaasa, brought out into stark the imperativeness of healthcare professionals as the first responders and underscored the urgency for sensitive and effective healthcare system response.

The taalabor-oriented tips on how health systems respond to intimate partner violence or sexual violence given by the resource personnel were meaningful as they also came with guidelines for healthcare managers to integrate GBV services within the existing healthcare protocols. This expresses the main role of institutions and the policy changes to be undertaken as regards violence against women in the context of public health.

Hence, the presentation of women's health movements in India along with female healthcare personnel contributions showed the importance of local initiatives and advocacy to redress women gender inequality healthcare issues. These are the pacers of change amidst society, who aren't scared to challenge traditions and endorse women's rights for health and wellbeing.

To sum up, the last two weeks have not only been the vessel for gaining further insights in topics pertaining to genders, women's health, and gender-based violence but they have also been a path that I traversed in order to understand these connections better. Going ahead, I am looking forward to capitalizing on these lessons for men and women, in planning for gender-responsive health in my area of work so as to reach the ultimate goal of creating equitable outcomes for individuals irrespective of their gender.

## Reflection on child health ( module 22 )

The health of children lies at the heart of a prosperous and happy community. Sadly, it is taken for granted when sound, and only noticed when it deteriorates. The fate of the nation is not only represented by the kind of future it augurs but also by its ethical values which can be observed in how human the underprivileged children are treated. Creating a healthy child care environment is not all about his physical health; it is also about his psychological and social wellness.

It is the right of each and every child that they can equally access quality healthcare. They should not be discriminated against based on the economic level or demographic location. It is a basic philosophical principle that should be made the responsibility of governments as well as the community. Investment in pediatric healthcare generates tremendous sustainability, formed by more competent and productive generations.

In addition, nurturing children's health requires building capacity on the root causes such as nutrition, education, and health environments. This entails nurturing the health of the whole person, and thereby, building the foundation for people who are capable of overcoming all obstacles.

In the overall sense our children's health is a reflection of what we think of our duty and also a showcase of how we look down to the next day. Let us commit ourselves first to their survival, though, as it is their reaching of their full potential that will bring about the perfect world for us to live in.

# Reflection on Non-Communicable Diseases ( module 23 )

NCDs are presently a very deadly plague and a major health problem the world is facing especially in the manner of non-communicable diseases. Such diseases fetch a common name „chronic diseases“ and combine conditions like cardiovascular diseases, cancer, chronic respiratory diseases and diabetes.

Foremost, taking courage to mull over NCDs brings to the fore the complicated relationship of individuals, social conducts and biological factors. Whether it is adhering to a healthy diet, exercising physically or avoiding smoking and overuse of alcohol, all lifestyle behaviors affect the occurrence and evolution of NCDs. Primarily socioeconomic factors, environmental conditions and available health care services join together to create the onset and impact of those diseases within the communities. This intricacy illustrates the importance of comprehensive public health practices which not only involves medical treatment but also policies and interventions that deal with the socio-environmental factors that influence health and wellness.

Additionally, NCDs through an examination acting as a reflection gives room for contemplation on the global agenda for health equity. Whilst NCDs are wide-spread, the differences in access to healthcare and resources as well as educational resources of people belonging to low- and middle-income countries tend to exacerbate the problems associated with NCD. The fact that in many circumstances people would have limited access to medications they rely upon, tools for diagnostics, and such services as prevention only lead to the continuation of cycles of illness and poverty that show the importance of addressing structural injustice in

order to achieve true health equity. In view of this reality, it is vital to counter these NCDs on an equity basis to acknowledge the fact that it is everyone's right to enjoy health regardless of whether one is economically advantaged or not, and whether one is geographically found within easily reachable areas for medical care or not.

In addition, the attention given to NCDs emphasizes the urgent need to pursue interdisciplinary teamwork and innovation. Addressing the multidimensional nature of such illnesses needs all areas, including medicine, public health, economics and policy, to cooperate in the fight of these diseases. The collaborative approach to research activities, the innovative technological solutions and the data-driven techniques are some of the hopeful paths in the direction of increasing our knowledge about chronic non-communicable disorders and developing workable interventions. Alongside these governments, civil society, academia and private sector partnerships should form the basis for financing and implementing the wide-ranging strategies globally required to deal with NCDs thoroughly.

Finally, to conclude, reflecting on non-communicable diseases reflects the fact that it is high time we acknowledged the development of their complex etiology, invade throughout the world and the need for societal action. Interventive NCDs combatation utilizes multi-tiered plans that are concerned with preventive, therapeutic, and socio-cultural ailment factors. Apart from that, putting curbs on NCDs should free faculty to do great jobs, foster interdisciplinary collaboration, and innovation. These principles, if adopted, help us advance to a future where individuals have the liberty to live happy and fulfilled lives, far from the shadow of the chronic illnesses that are entirely preventable.

## Reflecting on Communicable Diseases ( module 24 )

It is striking to think about the communication diseases through the biology society and the individual behavior lens, it is just intricate. Transmittable diseases, which can commonly be ascribed to viruses, bacteria, fungi and parasites have to take their place among those which are of greatest importance in the history of man and are still a great public health burden all around the world.

I am in awe with the infectious diseases at a cellular level as they possess adaptability and resilience that never stops amazing me. This is a true battleground where the microbes show their speed as they evolve and become drug-resistant and are capable of finding new ways of infection. From bubonic plague to influenza of 1918 or more recently, HIV/AIDS and SARS to Ebola and Covid-19 epidemics that impact the lives of so many people. Communicable diseases caused extensive suffering and upheaval in history.

The pathogens are the ones with the largest role in the process, while other determinants are just seen as additional factors. Social environmental aspects are the foundation which contributes to the transmission and escalation of infectious diseases. Lacking healthcare facilities and good sanitation, poverty, overcrowding and population, this is how communicable disease can spread among marginalized communities especially. As a result of globalization and intensive traveling, the spread of pathogens beyond borders occur that fuel more difficulties in attempts to stop them.

Besides individual action, however, I am painfully aware of the need to use my own choices not to spread any communicable diseases. Commonly implementation of simple steps like handwashing, observing safe sex

methods, initiation of immunization and adherence to quarantine help prevent infection. Thus, simply providing misinformation, lack of trust in the healthcare authority and some cultural practices may hinder these preventive measures; being well educated and disseminating information effectively can help to overcome the challenges.

However, this progress against communicable diseases is often hindered by factors such as inadequate funding, limited supply of healthcare workers, corruption, and ineffective response to the new viruses. While these difficulties exist, I am full of hope when I hear about the passionate healthcare professionals, researchers, policy makers and communities who are working together to overcome these diseases. Vaccination mobilizations, public health interventions, and progress in medical science, have saved millions of lives and minimized the damage impeded by the outbreaks. The coronavirus pandemic has clarified even further how the issue of global collaboration and the spirit of solidarity play a significant role in fighting the world health crisis.

In my view, this concerns communicable diseases, so I am going to remind you about the vulnerability of human health and worldwide connectedness. Infectious disease fight demands a multifaceted approach that involves in addition to the medical intervention, the societal, economic, and political affairs as well. Furthermore, I am optimistic that continuous studies, technology and research will come up with an approach to tackling future challenges for everyone and promoting a healthy and resilient world.



# Reflecting on the People's Health Movement ( module 25 )

The People's Health Movement has become a symbol of people's movement around the world and is a powerful tool in health and advocacy at international level. Its core encompasses not only the health equity, social justice, and community's power, but also many other important matters of our current society. While I can see the significance of the experience through the lens of those learning moments and insights I describe below.

Among many other health-driven movements, the first and undoubtedly most powerful is the People's Health Movement, which prides itself in the strength of the community in action. It is nothing more than a reference that in the midst of change in any health system, communities who are custodians of reality have to be at the forefront and not just higher institutions that give commandments from above. The movement stands out from the crowd since it relies on its network of activists, health care professionals, and advocates to increase the representation of healthcare issues that are usually disregarded or ignored in health policy.

Moreover, the movements put a spotlight on the unifying health influences stemming from underlying societal, economic and policy issues. It recognizes that elimination of health disparities requires the presence of affiliates that are ultimately responsible for various obstacles such as poverty, discrimination, and inequity in resource distribution. To propose policies that came up with solutions concerning these underlying causes, the People's Health Movement sought to create frameworks where everyone could reach the top level of their health.

Additionally, the People's Health Movement delivers a community of common goals and partnerships. It brings together individuals from diverse backgrounds and disciplines, united by a common goal: to propel health as a basic pillar of the human condition. By multiplying information, exposing experiences, and the replication of successful strategies, this movement helps plan human challenges not only in the local or national but even global ones.

As I contemplate the impact of the People's Health Movement, I am reminded of the words of Margaret Mead: "Never underestimate the power of a small group of dedicated and purposeful citizens to change the world; the only thing that ever has." In today's global world where there are numerous health crises and social gaps which span across distances, the People's Health Movement is an example of hope as well as the catalyst of the transformation.

## "Power of Crisp Health Communication" ( module 26 )

Health communication stands out, being the main thread that brings individuals, communities and healthcare providers together. Its core, actually, is that path of using information and knowledge to act and change behavior. It is no longer simply about a transmission of facts but about deepening the insight into the nature of human behavior and culture to facilitate communications that fulfill our mission.

In the continuous screen presence we enjoy today it is the concise statement that captures us. Short `n tight writing levels the playing field, by delivering key messages in an effective manner. It doesn't matter whether it is raising healthy habits, clearing misconceptions, or just providing information on the ways to access healthcare, the effectiveness of communication guarantees that the data received is possible to understand, digest, and use.

The main point is that sound health communication is also able to increase the trust rate. It helps in building the trust between healthcare providers and the people and consequently provides individuals the power to exercise deemed fit decisions on their own health. It is about making ourselves not just the ones who are mentally focused but those who can hit people on a heart level, bringing the message close to every person positively.

Given the daily world of information overload, the skill to summarize the health complexities into easy to comprehend sentences is priceless. It fosters self-determination of health, engages community in this process, and makes citizens healthier. Therefore it is an important tool in public health campaigns.

## "Embracing the Future: Reflections on Health Technology and Innovation" ( module 27 )

The process of medical care has undergone a complete sea change in the wake of health technology and medical innovations. A diverse palette of technologies may be employed from watches tracking vital signs to AI-based diagnostic applications, which create a process of perpetual healthcare development. These technological developments do not only greatly enhance the patient care level but also increase the efficiency and convenience of the entire healthcare delivery system.

Health technology may be one of the most notable of these in the way that it allows individuals to take personal responsibility for their own health. In the process of health apps and wearable devices becoming widespread, people can control their fitness indicators, sleep rhythms, and long-term chronic conditions more recently. Personalized medicine is the new evolution of medicine that not only improves the patients wellbeing but also reduces the long term cost of the healthcare system.

Additionally, healthcare professionals are now allowed to obtain accurate diagnosis and treatment decisions due to the implementation of health technology. AI algorithms are able to cut through the medical data silos in a blink of an eye, and this has an immediate, positive effect on the speed and accuracy of diagnostics. This does not only save lives but also enables the healthcare specialists to use their delicate time more efficiently like focusing on the patients rather than all the administrative work.

Yet we have reached the stage where it is hard to foresee the unsaid consequences of the fast development of health technologies. Privacy issues, data security, and digital divide - these are eluded to only as few

challenges that need to be resolved in order for everyone to equally gain from the innovative actions.

Lastly, I have a few sentences ensuring that health technology and innovation are going to play an overwhelming role in the field of healthcare. Technology-driven healthcare will revolutionize the quality of patient care, optimize process management, and through it, a better society! Despite that, it is fundamental to think carefully with regard to these techniques acknowledging the ethical, social and practical issues that they were bringing along.

# The Intersection of Climate Change and Health: A Reflective Insight ( module 28 )

In today's time, climate change and health closely mingle to serve as an exemplary case study on the complex process of two separate entities—environmental and human—becoming one. With soaring greenhouse gas emissions and rising temperatures, the ramifications of a public health crisis become more pertinent and more worrisome as each passing day.

Health effects on climate change are very complicated. People may experience all kinds of disasters like hurricanes, and disease patterns may be altered. Heat wave progresses and becomes a potential danger to asymptomatic, elderly, and immunocompromised ones, where on the one hand, mosquitoes may transmit infectious diseases. In addition, the worsening air quality increases incidence of lung diseases, leading to healthcare systems of more countries overloading.

Ensuring communities to make comprehension and resource adaptation to dynamic environment change is most important. Moving forward, not only shall we strive to reduce greenhouse gasses, but also taking the most effective steps to create a healthier environment for all generations to come is vital.

The responsibility lies on each and every one to acknowledge the symbiotic relation of health and climate, and, indeed, come up with the solutions that limit the harm done to the components of the planet. And yet through our collective determination and progressive actions, we, as a society, have the ability to shape a healthier world that is built based on principles of unity and resilience for everyone.

## Embracing Globalization: Fostering Solidarity from Below ( module 29 )

That, which is frequently perceived to be faceless and greed driven, the economic interests and the powerful state machine, is in fact the solidarity, which is built from the very bottom, and which comes from the grassroots. It embodies the idea of the "fraternité de face à face" which symbolizes the oneness of the community and the collective voice that these individuals and movements share, irrespective of their origin or culture.

In a nutshell, globalization connects the world by providing an environment for the widespread exchange of ideologies, norms, and material things within a worldwide context. However, access and benefits of it are not evenly distributed most of the time which only puts the impoverished communities behind the line. On the other hand, in spite of high-level agents and organizations of inequality such as institutional discrimination, exploitation of resources and inequality of rights, these disparities bear a sign of hope as in the emergence of grassroots movements for justice, equality and sustainability.

Through these movements new movements come into existence which reflect on the solidarity from below as they unite people from different walks of life in the achievement of one goal. This can be manifested in different ways - through people on the streets adopting the cause of environmental protection and campaigning for climate justice, or social justice proponents providing a platform to combat systemic oppression, it is always about the common humanity and our fate that we all have in common.

However, technology, besides its media role, is mostly about empowering the voiceless to speak up and triggering collective actions and even

movements that now cover the planet. Similarly, the social media platforms serve as tools of great power for organizing, mobilizing the support, and transmitting information to different communities especially wherever they might be, which in turn creates a feeling of solidarity among various communities which do not see eye to eye.

Through the process of globalization, we have to understand the role of the grassroots in bringing to light the major (dissatisfaction) that can possibly change things around in a positive manner. Collectively is how we can solve world problems with empathy and understanding toward each other. It is through our assistance that we can build a world that meets the needs of all people and is sustainable. In the process of walking around the globe, let us build a strong cooperation from the below ground level and let the light, and the peace of, unity, diversity and justice and justice be brought forth.



## Reflecting on Community Water, Sanitation, and Hygiene (C-WASH) ( module 30 )

Community water, sanitation, and hygiene (C-WASH) initiatives excel in doing more than just infrastructure development. They encode transformation and empowerment on a deeper level beyond a community. While C-WASH projects have shown that good water, sanitation and hygiene are basic rights, their health implications are not the only ones because social- economic progress and dignity are some of such positive benefits also.

First and foremost, community empowerment and uptake form pillars of the C-WASH concept. The village people whose own communities drive water sources, bathing points, and sanitation is a great example to follow. It shows to the world that we are a persistent and devoted society, eager to see the development of our community. At the same time, this C-WASH factor impacts the health sector beyond its core metrics. Allowing more time for water collection leads to better education, work, and especially more female and female participation, which is often the back-breaking task for women and girls.

However, challenges persist. Sustainable solutions entail not abandoning initial construction and subsequently, assurance, maintenance, and behavior change. Education undoubtedly is beyond a shadow of a doubt the secret behind community health uplift where community members are enlightened to understand that their health depends on their behaviors. As such, inclusiveness has a high priority; hence, marginalized communities must also be engaged in the C-WASH programme.

Achieving D-WASH is evidence that communities cooperate to develop the society. It puts on the limelight the need for collaboration in education and long lasting investment of infrastructure and behavior betterment. Along with other foreseen global problems such as water scarcity and health disparity, C-WASH offers a way of hope and shows us the transformative and inspiring capacity of collective action that leads to a healthier, more peaceful society.

## HOW I STARTED WORKING

I am a facilitator in DoctorNet India who has tie ups with many Grassroot level organizations, who would refer patients and we take them up and guide them in their medical journey.

As a facilitator I connect with a lot of people in need of medical guidance on a daily basis. It enabled me to experience people from different backgrounds and cultures, which enriched my learning experience.

DoctorNet gave me a platform to deal with people who come from various socio-economic-cultural status and mindset and through this I am able to develop my social skills.

## MY LEARNINGS:

During my involvement in community health initiatives, I gained insights into the multitude of social factors influencing health outcomes. Gender disparities, particularly affecting women, became evident, highlighting the imperative for community engagement in addressing their welfare.

This journey illuminated the intricate web of elements contributing to community well-being, marking merely the inception of a deeper exploration.

## GOING FORWARD

I am practically learning that working on community health is not just about physical and mental well being. It's about working on a range of social problems starting from sanitation to social justice.

My key takeaways have been these. Learning about the importance of community based health intervention, and understanding mental health. Being supportive to differently abled and caregivers, and realizing the importance of health animators from the community. Learning about the gender based health inequalities , the social determinants of health, comprehensive primary healthcare, health communication.

Overall, this journey has been an invaluable experience for me as a social worker, and as a person.

## ACKNOWLEDGEMENTS

I am very grateful to sochara for providing me with a wonderful learning opportunity

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- My mentor Dr.Rajaram
- All learning facilitators who made the sessions more lively and informative
- My fellow volunteers
- All the doctors
- And My family for being my backbone of support

# CHLP PROJECT - PART B

## BACKGROUND

The community in which I work consists of people from different areas, age groups and culture. And most of the people were predominantly Uneducated and daily wage workers.

During my time dealing with the community I felt there were many gaps between the doctors and the patients.

There were also times where I faced challenges with the patients, they were:

1. Reliance on hearsay
2. Short-term Focus
3. Cultural Factors and Conformity
4. Over-Reliance on Fate
5. Postponing the treatment

## OBJECTIVE

I have been working as a facilitator in DoctorNet India for 2 years now and there were many times where I gained new profound experiences. But I was still doubtful of the patient's thought process and their behavior at times of adversity.

Before attending CHLP, I predominantly looked at things from only one viewpoint. Whenever I guided patients and arranged appointments with doctors for them, and they didn't show up due to various reasons, I initially felt confused. I believed I had facilitated these appointments for their well-being and had made them aware of the importance of their medication. However, their absence left me puzzled. After attending CHLP classes, my perspectives became more flexible. I began to examine the reasons behind the patients' behavior. This shift allowed me to identify the causes and foster decision-making within them. Consequently, my guidance towards patients became smoother.

At this point of time my main objective was to fill the gap between the patients and the health care system.

The gaps I had to deal with typically were

1. Lack of information about treatment options, insurance.
2. Lack of knowledge about health, nutrition and health care options
3. Lack of trust with system and hospitals

After attending CHLP classes I gained the knowledge and experience I had needed to fulfill my objective and thus succeeded in closing the gap between them.

## IMPACT

Whenever I guide patients during their adversity time I try to make them understand their situations better and make themselves more aware of their current state, this enables them to understand that 'health is their rights'.

The patients started to understand that prevention of disease is more efficient and prominent than curing of disease. Likewise they also understood the importance of lifestyle modifications and mental health.

# ANNEXURES

## CASE STUDY ON ACCESS TO HEALTH CARE AND PATIENT NEEDS OF TAMILNADU(NO. Of Patients - 10)

### 1. VISHAL:

Vishal is an 11th-grade student, aged 16. While driving a bike, he got into an accident resulting in a hand fracture. He has been admitted to Pondicherry JIPMER.

He is unable to move one hand and feels no sensation in his right hand. Surgery at JIPMER would take 10 days, and before that, they need to undergo medical management. They have been asked to either stay at home or be admitted to another hospital for medical management.

However, the round trip charges from their home would be 8k. Additionally, nearby government hospitals, due to lack of facilities, did not accept them.

At this time, they had no idea what to do, so they contacted us. Through teleconsultation, we identified the problem and determined the best approach. We also addressed their fears and doubts.

Furthermore, we found doctors in nearby hospitals and facilitated their treatment. During each treatment, as their son was unable to feel sensation, they were in dire need of a supportive voice, which was provided by the Doctor Net India members throughout their treatment. Now, after surgery, Vishal is in a recovering state.



## 2. INNASI MUTHU:

Innasi Muthu's initial health issue arose from dietary concerns. He sought medical assistance at Sathiya Manglam Hospital nearby, where basic investigations hinted at a possible cancer diagnosis. To confirm this, doctors recommended a PET scan in Coimbatore.

Upon undergoing the PET scan in Coimbatore, it was confirmed that Innasi Muthu had cancer.

At this point, they had already expended 30,000 rupees from their funds. With no further financial resources or direction on how to proceed, they found themselves in dire need of compassionate care and guidance from understanding doctors. In their desperation, they turned to Doctor Net India for assistance.

Following this, Innasi Muthu was referred to PSG for treatment covered by a government insurance plan. There, he commenced radiation therapy. However, after three days of hospitalization, he expressed reluctance to continue further.

His family found themselves in a state of confusion, unsure whether to withdraw from treatment or persist. Sensing their dilemma, we provided awareness regarding the critical importance of continuing with the radiation therapy. We provided support to guide them through this challenging situation, and they persevered with their treatment, successfully completing the radiation therapy.

However, the disease had spread to various parts of the body, including the bones. Facing the reality of ongoing treatment expenses and the associated side effects, coupled with the

understanding that the disease was incurable, they once again found themselves in a state of confusion regarding the next steps.

We stepped in once more to assist them in making informed decisions. Together, it was determined that they would transition to palliative care. We provided guidance and referrals to access the necessary palliative care services, ensuring they received the support they needed during this difficult time.

### 3. Reshmi:

Reshmi is a 21 year old girl doing Be final year in ECE, she was first affected with fever and simultaneously she started getting knee and joint pains.

And so they went to a nearby doctor and took medicines but still the pain did not reduce and so they again consulted some other doctors and took some more medicines.

But the pain still persisted and then they consulted a heart doctor and after the heart doctor did some investigation and even they didn't provide an answer on what the problem was and so they were finally suggested to CMC vellore .

At this time they were in a confused time and they had already finished a lot of their money at this point and so Reshmi not knowing what she was affected with became afraid and couldn't concentrate on her studies and she was physically and mentally disturbed.

At this point of time they came seeking help from Doctor Net India, and we gave Reshmi teleconsultation and they asked what her previous history was , her fears, etc.. and they did a complete investigation on her about how she was mentally and physically.

And they came to know what her problem was and they gave her guidance on what she was suffering from and to cure this what were the lifestyle changes, diet changes she has to go under and gave her a clear idea on how she should move further.

Her parents were too in a confused state and thus the entire family was emotionally drained.

Then they started their medical journey with CMC vellore and started taking medicines. At this point Reshmi was having lots of questions on why she had been affected by this disease and so on . So we spoke to her continuously, providing her with the answer she was hoping for.

And since this was a long term treatment with at least minimum time of 4 years, and due to our continuous talking with them they were now courageous to move forward with the treatment.

#### 4. Sabeer:

Sabeer is a hardworking person of age 44 working as a merchandiser. His initial struggles started from caste trouble and thus he went to the nearby hospital and took medicines.

But his problems started to worsen and he started feeling pains and so they went to another hospital and again there they too started with the tablet but there too his pains didn't cease and the hospital told that it was due to pancreatic shrinkage and if medicines don't work they had to put stents or go with the surgery.

Due to this he started facing fears on undergoing the treatment, Also they were unable to meet up with the hospital charges and thus they started taking loans for his surgery and hospital requirements.

He was physically and mentally disturbed at this point of time.

It was at this time they came seeking help from Doctor Net India, now we have given him some hope and we sent him to another doctor where he was given the awareness of his problems and moving on further how his food habits and lifestyle has to be changed.

If this was done his disease could be cured. And thus he found a hope from the doctors, the doctor additionally even reduced the costs of the medicines.

Now after taking medicines his pain had reduced and he started eating well and their financial strain had also reduced thus he is mentally stable.

## 5. Mridula Sri:

Mridulasri a girl of age 16 studying 12 th started facing abdominal pain And did not urinate for 2 days so they told her to go to the nearby hospitals and take a scan.

but they started facing fears on what would happen if this would turn out to be a big problem and since she was a single mother with no one for guidance she came to Doctor Net India seeking help.

When she consulted a nearby doctor, He gave them a few tablets for a few days hoping it would get cured but even after completing the dosage for a prescribed time she still faced her troubles.

Hence the doctors did some investigation on her but the reports turned out to be normal and so it was suggested that it may be a psychological problem.

since she was admitted in the hospital at this point the doctors encouraged the mother to go and speak to her as this was a psychological problem, and she confessed that she feels like wanting to meet her dad and speak with him and spend some time with him,

Hearing this her mother was shocked and she started questioning herself on whether it was due to her lack of careness that the daughter was wanting him and she also thought whether it would be okay for her to call him and ask him to take care of Mridul Asri now as he had already remarried another woman.

And since her Board exams are in two months, her mother was confused on whether to call her dad or move on with the psychological help, since she studies well her mother didn't want this to spoil her exams.

And so we spoke to her mother and helped her to decide on what would be the best course of action for her life, but the mother had a guilty feeling.

After this with our help and a bit of guidance she spoke to her husband and asked him to speak with his daughter and meet with her and the husband did and this made Mridulasri back to normal and now she is cured and preparing for her studies well.

6. Naveen:

Naveen a 24 year old, is employed at a company, by slipping from the steps he was injured with ligament tear in his knee, after checking up with an hospital they told him that he was to go under surgery and since he was an orphan he couldn't claim government insurance for his surgery nor he had the money to do his surgery in a private hospital.

Thus he stayed at his home without going to work nor tending to his injury.

At this time they came to Doctor Net India seeking help and we helped him find a hospital where he could do his surgery free with a bit of funding by explaining to the doctors his situation.

Before the surgery he was panicstricken and since he needed help caretaking we spoke to his friends and motivated them to help him in this state and we also gave naveen the mental support he needed before the surgery .

Now after his surgery was successfully completed he is now cured and even after the surgery we provided him with some support.



7. Maghilini:

Maghilini is a 4 year old, who is a twin. Her twin brother is completely alright while she is facing some developmental difficulties and is unable to walk or sit.

Hence they met with the doctors at CMC and they had advised them to give therapies at home for improvements but after a few days they neither went to the reviews nor did the therapies at home.

They went to an alternative therapy and did ayurvedic oil massages and they stopped that too since there were not any significant developments and they were also not able to afford it.

It was at this time they came to Doctor Net India seeking help and we told them to meet the same doctors at CMC and told them to continue the therapy and gave them the awareness and the importance of the therapy.

But the couples were not in a state to accept this nor did they have any hope.

And so we made them speak with a father who had a child who was also facing similar developmental difficulties, but at first they were also reluctant to speak with him.

But after that with a few friendly chats and hearing out the fathers experience the couples were now a bit more positive and decided to move on with therapy.

8. Geetha:

Geetha is a 44 years old female with a heart problem. When She first came to DoctorNet India she was very weak both mentally and physically.

So we referred her to the doctors known to DoctorNet India and the doctors told that she had to take angio but due to financial problems they couldn't and hence they went home.

After that on one evening they experienced severe pain in the heart and so they went to their nearby GH but they couldn't get admission and so we helped them to take Angio in an private hospital and the doctors told that we have to heart transplant but due to her health conditions the doctors told that it was not advisable.

So they were maintaining her health with the help of medicines, after a month or so she again experienced severe pain in her heart and her arms and legs got swollen.

And so we arranged an ambulance for her to get to the hospital and admitted her to Coimbatore GH. But there wasn't any proper treatment and care and Since Geetha's elder daughter was the only one taking care of Geetha, she faced many difficulties.

And each time she faced difficulties she had anxiety, fear about her future and her mother's health and so she would call DoctorNet India and so we gave her unwavering support for her to overcome this situation.

But soon enough she came to know that her mother wouldn't stay alive long enough and she faced difficulties in accepting the truth.

And so we talked to her consistently which made her think that she should at least take care of her mother well until she stayed alive. But unfortunately after 10 days Geetha passed away.

9. Seetha:

Seetha is an 45 years old female who is a farming laborer who has been suffering from severe bleeding and stomach and upon investigation it was observed that she was from uterus problem and had to undergo hysterectomy.

Seetha at one night due to severe bleeding and pain she had fainted and so she went to a private hospital that was 50 km away, after going there she was admitted in ICU and after a day she got better and came out of the critical situation.

But then after a few days unable to afford their treatment they returned back to their home . At this stage they came to us asking help but since they had no insurance we explained their situation to a doctor in a private hospital and immediately made Seetha get an operation.

but they were physically and mentally weak and they needed blood for the surgery and since they were from a tribal area, just looking at the hospital and their surroundings they became anxious and started questioning themselves if they could afford getting treatment there.

But we gave them emotional support and made them aware of their current situation.

Their surgery was completed successfully and even after going to their home we followed up on them regularly at frequent intervals.

10.Jaya:

Jaya is a 48 years old female who is a laborer in a tea estate.

She first came to us for her heart valve surgery, she had already consulted with a private hospital but due to the lack of fundings they discontinued the treatment and since they had insurance we found a hospital in which they could get treatment under the government insurance.

Before the surgery jaya son was terrified about his mother condition and was also afraid if the treatment would work out or not, he would call us everyday and inquire about his mothers treatment and would ask the same question everyday again and again, this showed his affection for his mother and at the same time his fear of his mothers treatment.

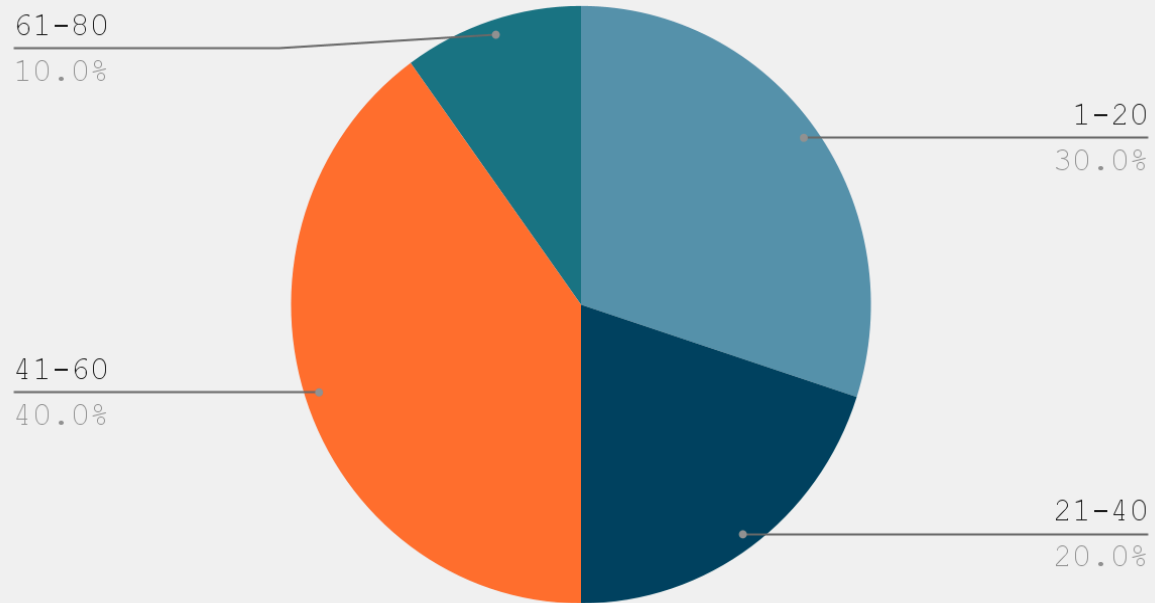
Due to this he was unable to eat, sleep and do anything properly and since he was alone at the hospital he needed emotional support very badly and thus we talked to him and gave him a helping hand after this jaya underwent surgery and she is now completely cured.

But unfortunately at this her husband died and Jaya and her son needed emotional support after this unexpected turn of events and so we again spoke to them.

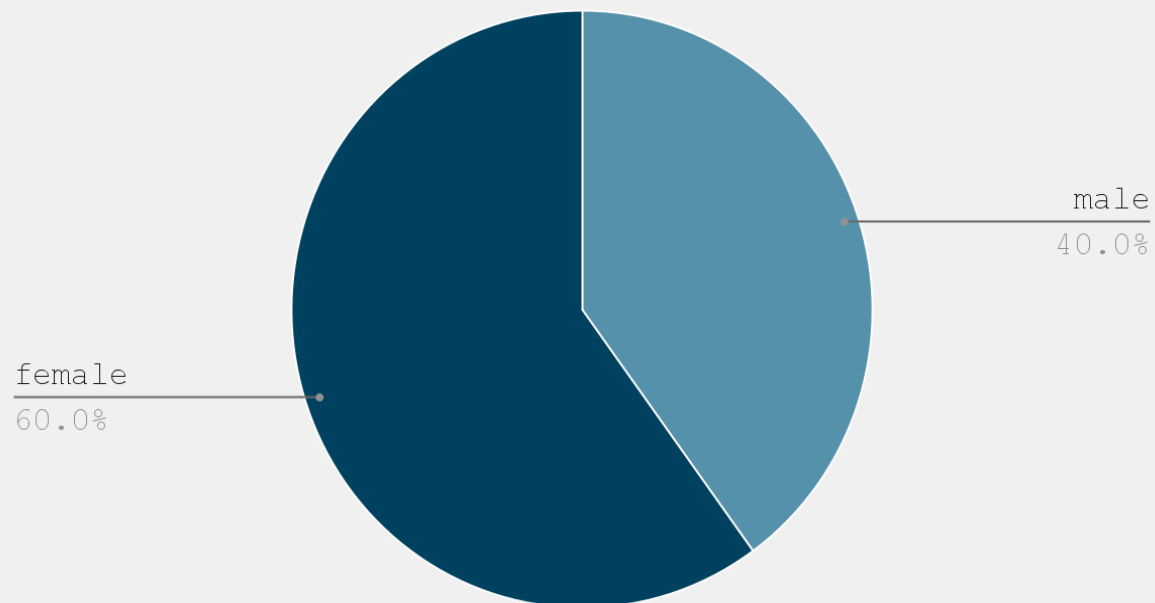
Now both Jaya and her son are going to work and are alright.

The data of these 10 patients have been graphically represented down below:

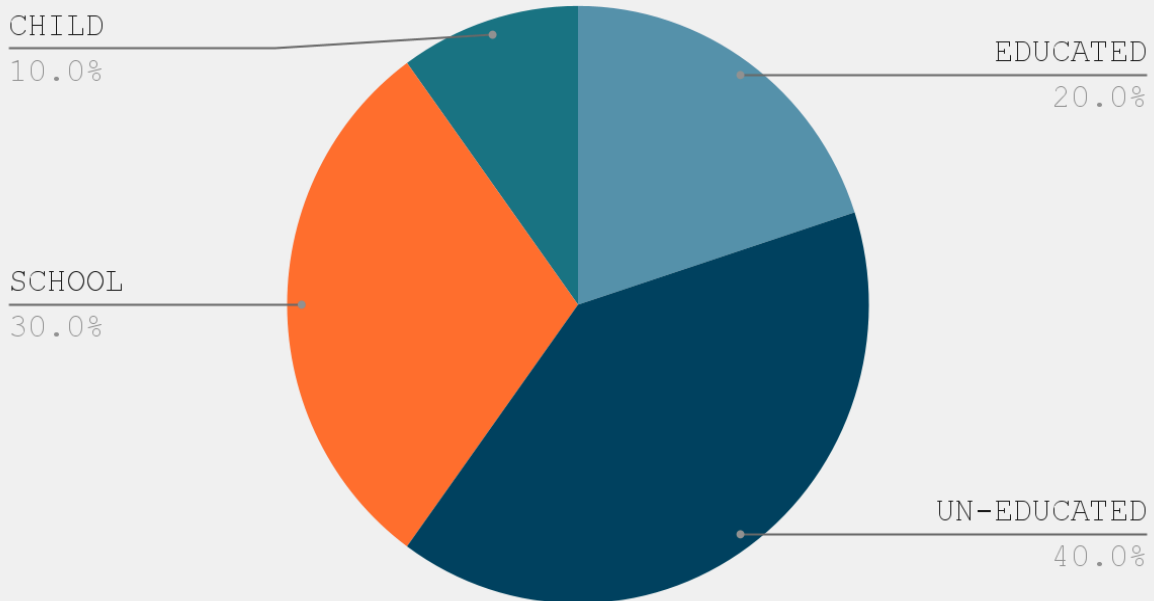
## AGE



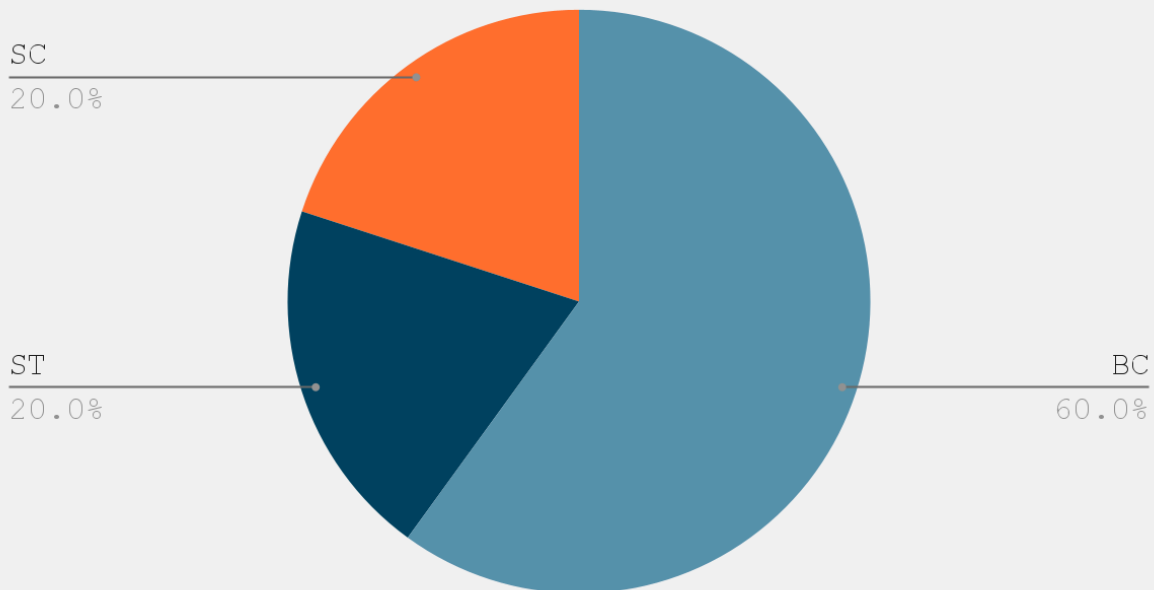
## GENDER



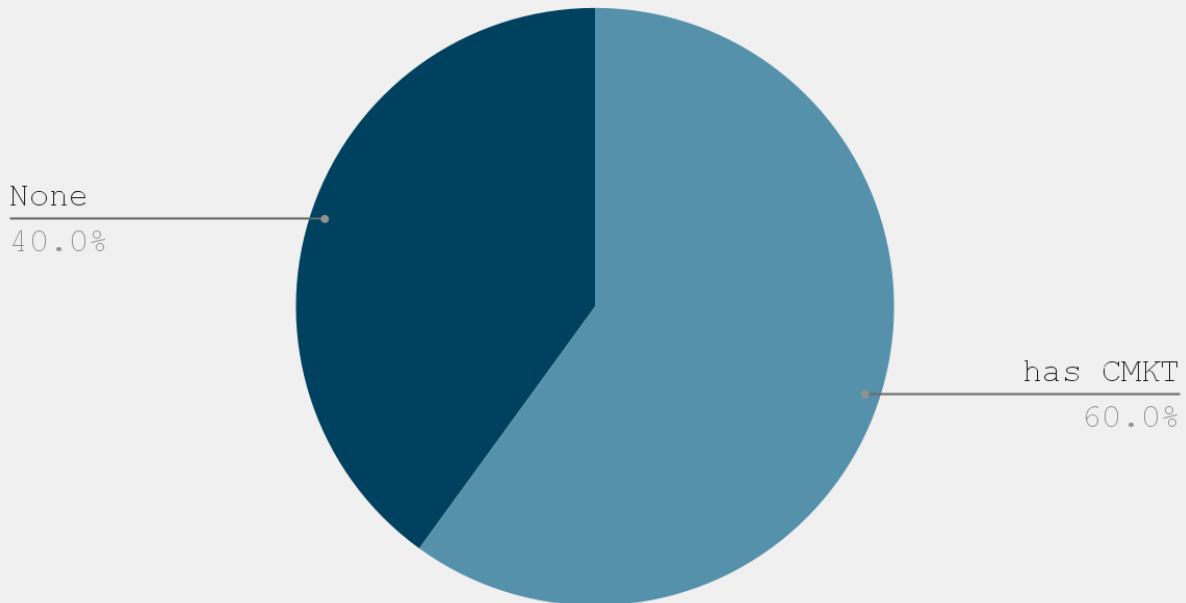
## EDUCATION



## SOCIAL GROUP



# INSURANCE



# LOCATION TYPE

