St. John's Medical Journal

(FOR PRIVATE CIRCULATION ONLY)

ISSUE NO 1, VOL. 1, 2010
www.sjmj.in

Theme : Health in the hands of communities

PUBLISHED BY ST. JOHN'S MEDICAL COLLEGE RESEARCH SOCIETY & ST. JOHN'S ALUMNI ASSOCIATION

Address all correspondence to :
Ramesh.A , Editor-in-Chief. St John's Medical Journal
St John's Medical College , Bangalore 560 034
E Mail : stjohn.journal@gmail.com / Blogsite : www.sjmj.in

Contents

CHARTER OF ST JOHN'S MEDICAL JOURNAL

Vision
Economically marginalized communities empowered to be in charge of their Health.

Mission
Provide information about affordable and appropriate health care techniques and technologies to leaders working with economically marginalized communities.

Strategy
A bi-annual journal which will provide educational material to forward the mission.

Contents
Original articles
Review articles
Brief reports / Case reports
Interesting clinical / Social illustrations
Information pamphlets
Book reviews

Editorial : The Scope of St John's Medical Journal

Basic health facilities are yet to reach a majority of India's population. The most affected are the economically and socially marginalized groups. St John's National Academy of Health Sciences was established by The Catholic Bishop's Conference of India to be an institution which will strive to create leaders who will provide affordable and appropriate healthcare in the medically underserved areas of the nation. St John's Medical Journal in its present incarnation will provide high quality educational material for leaders in the community for either setting up a new healthcare system or enrich already existing systems. It will also be a platform for various communities to share their experiences for the mutual benefit. This will be the context inside of which the journal shall operate. The charter articulates the mission statement.

At this point of time there is a clear consensus that communities have to develop health systems based on the perceived needs rather that import expensive and inappropriate technology which is of no relevance . In fact inappropriate systems cause further deterioration of well being .The national rural health mission of the government of India has taken a revolutionary action by empowering anganwadi workers / accredited social health activists to provide life saving medications which used to be a strictly doctor's domain. Pilot projects where volunteers from the community are trained to bag and mask newborns have been an astounding success. The 3 year course of rural medicine and surgery is another gigantic step towards providing health for the millions.

The time has come when resources within the communities have to take charge of their health even in the secondary and tertiary level. Doctors are still dealing with their own insecurities about serving in rural areas . Legislations have to be brought in to allow village level volunteers to provide safe healthcare which can be lifesaving. I may sound unconventional but we all have to look at a view that medical care requires commitment and a clear conscience not just MBBS / MD / DM / Ph.D degrees. There are examples galore of how health workers who have had the courage have created community owned healthcare systems.

The article under the original work section in this issue showcases a tribal community which has created a sustainable healthcare system .I hope this will inspire people wanting to create similar systems .

St John's National Academy of Health Sciences has been training the religious nuns and brothers as well as village volunteers to provide affordable healthcare for economically marginalized communities. This

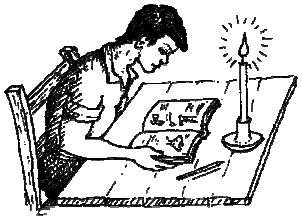
journal is for similar motivated and dedicated leaders who are the future of health for the millions.This journal is written for the health worker. In the larger sense it is for anyone who wants to know and do more for his own , his family or his people's well being. The scope of healthcare systems is very wide. It ranges from the molecular level to political issues.

We intend to link authors who are focused on health related work in rural areas as well as urban poor with scientist – physicians working in laboratories. This will promote translation of technologies to serve the larger population. Every article will focus on areas where techniques will be described such that in reality a difference can be caused in peoples lives. This journal will transform people , communities , societies and nations..I thank the Hesperian foundation for the material which are the source for the review articles.

Every article will be action oriented. The subscribers may use a filing system to organize the articles so that in a given situation the relevant article may be retrieved to assist in performing an appropriate action. One system could be to file the articles based on the symptoms the patient may present with. Articles on policy and polity may be filed separately. The health worker has to discover his own system which will serve him / her the best by trial and error. At the end of 5 years from now we hope a baseline database of knowledge would be created on which further information could be added. The medium of the journal will be English. The editorial board permits translation of any of the material into the local language without permission.

Dear Healthworker , this is your journal .We are here to serve you with what you need. Do contribute articles on your experiences which may benefit other co-workers. Let us build this journal together.

The editorial team seeks the blessings of the almighty in this revolutionary and pathbreaking venture to assist people in creating good healthcare for the poorest of the poor.



Keep learning , don't let anyone tell there are things you should not learn. Knowledge empowers communities to be in charge of their health

- 6 - Ramesh.A
Editor

Note from Dr APJ Abdul Kalam

Note from Mother General – Missionaries of Charity

Lead article

Health workers : Revolutionaries to transform health

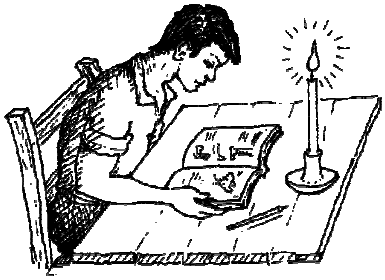
Ramesh.A, Editor

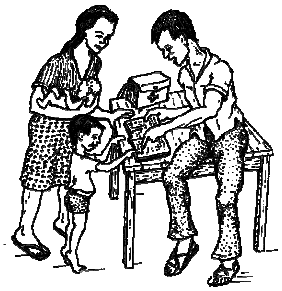
(David Werner has written a book "Where There is No Doctor" which has transformed health across the world. This article is an adaptation of the chapter - Words to the village health worker.)

Who is the village health worker?

A village health worker is a person who leads his people toward better health. Often he or she has been selected by the other villagers as someone who is especially able and kind.Some village health workers receive training and help from an organized program. Others have no official position, but are simply members of the community whom people respect as healers or leaders in matters of health. Often they learn by watching, helping, and studying on their own.In the larger sense, a village health worker is anyone who takes part in making his or her village a healthier place to live.This means almost everyone can and should be a health worker:

- Mothers and fathers can show their children how to keep clean;
- Farm people can work together to help their land produce more food;
- Teachers can teach schoolchildren how to prevent and treat many common sicknesses and injuries;
- Schoolchildren can share what they learn with their parents;
- Shopkeepers can find out about the correct use of medicines they sell and give sensible advice and warning to buyers .
- Midwives can counsel parents about the importance of eating well during pregnancy, breast feeding, and family planning.





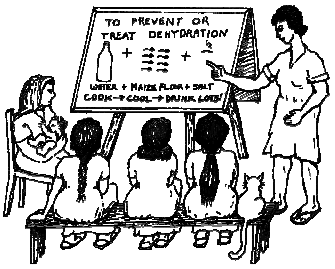
The village health worker lives and works at the level of his people. He empowers himself to create well being for his people by educating himself. He looks for ways to share his knowledge.

This journal is mostly about people's health needs. But to help your village be a healthy place to live, you must also be in touch with their human needs. Your understanding and concern for people are just as important as your knowledge of medicine and sanitation.Here are some suggestions that may help you serve your people's human needs as well as health needs:

1. BE KIND. A friendly word, a smile, a hand on the shoulder, or some other sign of caring often means more than anything else you can do. Treat others as your equals. Even when you are hurried or worried, try to remember the feelings and needs of others. Often it helps to ask yourself, "What would I do if this were a member of my own family?"Treat the sick as people. Be especially kind to those who are very sick or dying. And be kind to their families. Let them see that you care.

Have compassion : Kindness often helps more than medicine. Never be afraid to show you care

2. SHARE YOUR KNOWLEDGE. As a health worker, your first job is to teach. This means helping people learn more about how to keep from getting sick. It also means helping people learn how to recognize and manage their illnesses—including the sensible use of home remedies and common medicines.There is nothing you have learned that, if carefully explained, should be of danger to anyone. Some doctors talk about self-care as if it were dangerous, perhaps because they like people to depend on their costly services. But in truth, most common health problems could be handled earlier and better by people in their own homes.

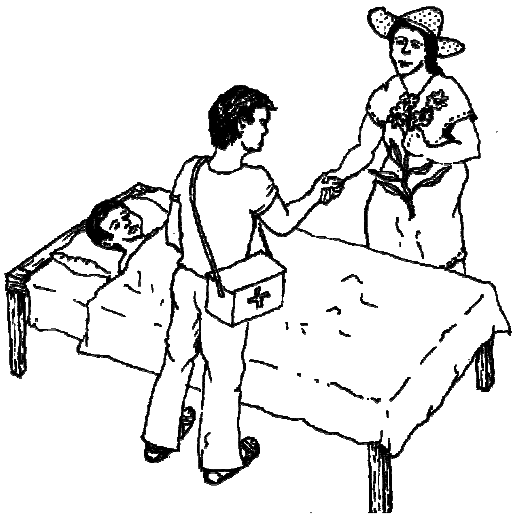


Look for ways to share your knowledge

3.RESPECT YOUR PEOPLE'S TRADITIONS AND IDEAS.Because you learn something about modern medicine , does not mean you should no longer appreciate the customs and ways of healing of your people. Too often the human touch in the art of healing is lost when medical science moves in. This is too bad, becauseIf you can use what is best in modern medicine , together with what is best in traditional healing , the combination may be better than either one alone.

In this way, you will be adding to your people's culture, not taking away. Of course, if you see that some of the home cures or customs are harmful (for example, putting excrement on the freshly cut cord of a newborn baby), you will want to do something to change this. But do so carefully, with respect for those who believe in such things. Never just tell people they are wrong. Try to help them understand why they should do something differently.People are slow to change their attitudes and traditions, and with good reason. They are true to what they feel is right. And this we must respect.

Modern medicine does not have all the answers either. It has helped solve some problems, yet has led to other, sometimes even bigger ones. People quickly come to depend too much on modern medicine and its experts, to overuse medicines, and to forget how to care for themselves and each other.So go slow—and always keep a deep respect for your people, their traditions, and their human dignity. Help them build on the knowledge and skills they already have



Work with traditional healers and midwives not against them

4. KNOW YOUR LIMITS. No matter how great or small your knowledge and skills, you can do a good job as long as you know and work within your limits. This means: Do what you know how to do. Do not try things you have not learned about or have not had enough experience doing, if they might harm or endanger someone.

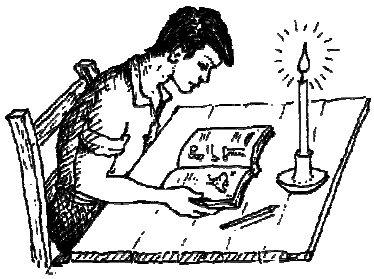
But use your judgment.Often, what you decide to do or not do will depend on how far you have to go to get more expert help.

For example, a mother has just given birth and is bleeding more than you think is normal. If you are only half an hour away from a medical center,it may be wise to take her there right away. But if the mother is bleeding very heavily and you are a long way from the health center, you may decide to massage her womb even if you have not done it before.

Do not take unnecessary chances. But when the danger is clearly greater if you do nothing, do not be afraid to try something you feel reasonably sure will help.Know your limits but also use your head. Always do your best to protect the sick person rather than yourself.

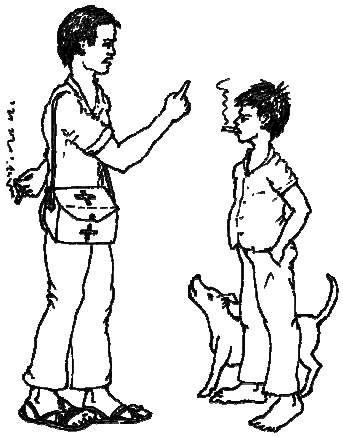
Know your limits

5. KEEP LEARNING. Use every chance you have to learn more. Study whatever books or information you can lay your hands on that will help you be a better worker, teacher, or person.Always be ready to ask questions of doctors, sanitation officers, agriculture experts, or anyone else you can learn from.Never pass up the chance to take refresher courses or get additional training.Your first job is to teach, and unless you keep learning more, soon you will not have anything new to teach others.



Keep learning : Do not let one tell you there are things you should not learn or know.

6. PRACTICE WHAT YOU TEACH : People are more likely to pay attention to what you do than what you say. As a health worker, you want to take special care in your personal life and habits, so as to set a good example for your neighbours. Before you ask people to make latrines, be sure your own family has one.Also, if you help organize a work group for example, to dig a common garbage hole , be sure you work and sweat as hard as everyone else.

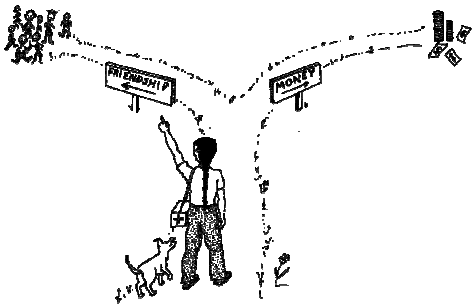


Good leaders do not tell people what to do : They set the example

7 . WORK FOR THE JOY OF IT ; If you want other people to take part in improving their village and caring for their health, you must enjoy such activity yourself. If not, who will want to follow your example?

Try to make community work projects fun. For example, fencing off the public water hole to keep animals away from where people take water can be hard work. But if the whole village helps do it as a 'work festival'—perhaps with refreshments and music the job will be done quickly and can be fun. Children will work hard and enjoy it, if they can turn work into play.

You may or may not be paid for your work. But never refuse to care, or care less, for someone who is poor or cannot pay. This way you will win you people's love and respect. These are worth far more than money.



Work first for the people – Not the money

Original Work

ASHWINI : A story of Determination and commitment

Shylaja D Menon , Aditi M

(Note from the editor : Dear health worker . This article is the story of how a group of committed health workers , activists , doctors transformed the health care system in a remote area of India . Some of the terms may appear scientific. I suggest you read this article with someone with a science background . You may note down the important features and use it to inspire people in your communities to start taking small steps. Every great journey starts with small steps)

Abstract

BACKGROUND: Mortality and morbidity rates among adivasis in India remain disproportionately high, in part due to inadequate access to healthcare resources. In Gudalur Valley, actions undertaken by a group of social activists and medical caregivers have resulted in the establishment of curative and preventive healthcare services for regional adivasi communities. The objective of this study is to assess mortality and morbidity patterns within this population receiving targeted care.

METHODS: Data from 2005 was obtained from hospital records and analyzed for major causes of mortality and morbidity, fertility, and child health.

FINDINGS: Diseases of the respiratory system, delivery, and intestinal infectious diseases were the most common reasons for hospital admission. Mortality was largely due to cardiovascular disease (34.3%) and malignant neoplasms (20.6%). Crude Mortality Rate was calculated at 6.58 deaths per 1000 individuals per year, with an Infant Mortality Rate of 45.9 deaths per 1000 live births per year. Total Fertility Rate for women aged 15-49 years was 1.63 children per woman. For children under 5, 40% were grade 1 malnourished, followed by grade 2 (28%), normal (26%), and grade 3 (6%).

CONCLUSIONS: The Crude Mortality Rate in this adivasi population receiving targeted care remains high compared to the Indian population at large. However, these healthcare services have resulted in a number of demonstrable benefits, as evidenced by improved infant mortality rates, childhood nutritional status, and family planning. This suggests that by providing access to basic preventive and curative medical services, health outcomes within an adivasi community can be significantly improved.

Keywords : Indigenous, Adivasi, Mortality, Morbidity, Healthcare access

Introduction

Indigenous populations are routinely marginalized and deprived of their access to fundamental resources. Inferior health outcomes among indigenous communities can in part be attributed to inadequate access to health care facilities and medical services. Among the scheduled tribes or adivasis of India, mortality, morbidity and malnutrition rates remain particularly high when compared to the Indian population at large [1, 2]. These communities, officially recognized under the fifth schedule of the Indian constitution, comprise a significant 8.2% of the Indian population. Dispensation of health care services to this population, however, by the government and private sector alike, is disproportionately lacking [3]. Remoteness of villages, uncooperative attitudes among medical personnel, limited manpower, and a lack of awareness within tribal communities all pose difficulties in achieving adequate health care delivery [4]. Government initiatives within recent years have highlighted the need to rectify these incongruities and address tribal health care issues. Health care targeted to serve the needs of the adivasi community is critical in maintaining an acceptable and adequate level of health care for all strata of Indian society.

The adivasis of Gudalur Valley, located in the Nilgiris district of Tamil Nadu, number over 25,000 and are comprised of five distinct tribal groups: Paniyas, Bettakurumbas, Kattunaickens, Mullakurumbas, and Irulas. Prior to social and governmental policies that displaced them from their homes and means of livelihood, they were a self-sufficient forest-dwelling people. Changes within the past few decades, however, including deforestation, exploitation as seasonal unskilled workers, and marginalization from mainstream society, led to an overall degradation of their lifestyle. They suffered deterioration in their general health status, demonstrating high rates of maternal mortality, child malnutrition, and morbidity due to preventable causes.

Actions undertaken by a group of social activists and medical care givers have helped restore some aspects of their well-being. In particular, the Association for Health Welfare in the Nilgiris (Ashwini) has developed an accessible and cost-effective system of health care delivery that addresses their community-specific needs. At the village level, trained adivasi health animators provide basic preventive and curative care through education, child monitoring, family planning and antenatal programs. The Gudalur Adivasi Hospital, a regional hospital catering to the entire adivasi population of Gudalur, provides high quality curative health care at minimal cost, and employs a gynecologist/obstetrician, surgeon, and a team of adivasi nurses and administrators. Furthermore, since the lack of liquid cash is often a deterrent to accessing medical care, adivasis in the region are encouraged to partake in a low-cost insurance scheme.

In order to assess the health status of adivasi individuals in Gudalur receiving curative and preventive health care services, mortality, morbidity, fertility, and child health statistics were examined and compared against various demographic groups in India.
Nutritional status of children under 5 years was determined using a weight-for-age classification system [7] and reflects nutritional status as of December, 2005. The children were categorized as normal, grade 1, grade 2, or grade 3 malnourished by trained health animators visiting each of these sangam villages.

Materials and Methods

Demographic information was obtained from the insurance list maintained by the Gudalur Adivasi Hospital. This list includes every individual from each of the sangam villages in Gudalur (i.e. all villages participating in the health program) and is updated as of May, 2005. All individuals from sangam villages, except those from Masinagudi, receive preventive as well as curative health care services. Masinagudi entries were therefore excluded from all analyses. Tribal and age-sex distributions were subsequently carried out on remaining individuals.

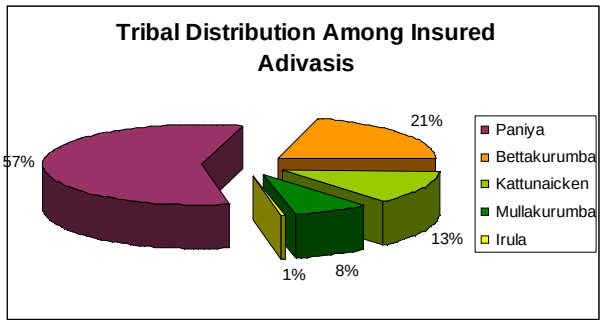
In-patient, out-patient, birth, death, and TB data were obtained from registers maintained at the Gudalur Adivasi Hospital and include all entries from 1/1/05 to 12/31/05 (except in-patient data, which includes entries from 1/1/05 to 6/30/05). Masinagudi area and non-sangam entries were excluded from all data records. Incidence, fertility, and mortality statistics were carried out according to the specifications found in Preventive and Social Medicine [5]. Whenever necessary, population data from the insurance list was taken to approximate the study population at mid-year. Women between 15 and 49 years were defined as women of child-bearing age. Primary diagnoses from in-patient records and causes of mortality from death records were coded according to the International Classification of Diseases-10 [6] prior to analysis. Indian and Scheduled Tribe age-wise populations, used to standardize mortality rates for comparative purposes, were obtained from the Indian Census 2001 results.

Results

Demographics

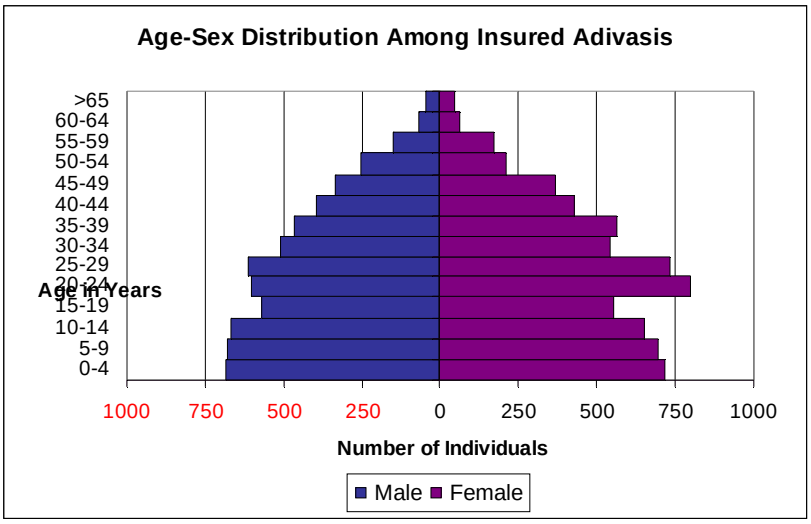
The total study population was 12,606 individuals. Analysis of tribal distribution revealed Paniyas were most numerous (57% of total population), followed by Bettakurumbas (21%), Kattunaickens (13%), Mullakurumbas (8%), and Irulas (1%).

Fig. 1: Tribal distribution



The age-sex distribution revealed a pyramidal shape with a broad base and narrow tip (Fig. 2). The sex ratio was 0.92 males per female. Individuals aged less than 30 years accounted for 63.3% of the total population while individuals aged greater than 50 years accounted for 8.1% of the population. Decline in number of individuals between age groups was noticeably steeper after 29 years of age.

Fig. 2: Age-sex distribution



Major causes of morbidity

Between January 1st and December 31st of 2005, 5921 individuals were seen as out-patients and 623 individuals were admitted to the Gudalur Adivasi Hospital (of which 106 were admitted multiple times). Diseases of the respiratory system were the most common primary causes of all admissions in 2005 (Table 1). These included pneumonia (47), upper

respiratory infections (39), and asthma (16). There were 113 admissions for delivery, of which only 5 were by caesarean section. Of all admissions for intestinal infectious diseases, 38 were typhoid cases and the remaining 47 were cases of diarrhea and gastroenteritis of unspecified infectious origin. Significant numbers of admissions were also made for diseases of the genitourinary system, digestive system, circulatory system, trauma and injuries, tuberculosis, and mental disorders.

There were 44 new cases of tuberculosis detected in 2005. The incidence of TB within this population was consequently 3.49 per 1000 individuals per year. Of all TB cases, 50% were pulmonary TB, 34% were primary complex, 11.4% were TB of the lymph node, and 4.6% were other forms of TB. 91% of all individuals with TB recovered.

Table 1: Common Primary Diagnoses for Admitted Patients in 2005

Category	Total Cases
Diseases of the Respiratory System	121
Delivery	113
Intestinal Infectious Diseases	85
Diseases of the Genitourinary System	57
Diseases of the Digestive System	55
Diseases of the Circulatory System	43
Trauma and Injuries	40
Maternal Disorders Related to Pregnancy	32
Tuberculosis	30
Mental Disorders	28

Major causes of mortality

There were 83 deaths in the study population in 2005 over all age groups. Mortality (for individuals aged > 1 year) was primarily due to cardiovascular diseases (34.3%), malignant neoplasms (20.6%), intentional self-harm (8.2%), and chronic renal failure (5.5%) (Table 2). The Crude Mortality Rate (CMR) for this population over all age groups was 6.58 deaths per 1000 individuals per year. When age-standardized to the total

Indian population and to the rural Indian population, the CMR was 15.5 and 16.0 deaths per 1000 individuals per year, respectively.Under-5 deaths were primarily due to bacterial sepsis, broncho-pneumonia, and diarrhea. The Under-5 Mortality Rate (U5MR) was 55.1 deaths per 1000 live births per year. 83.3% of all under-5 deaths occurred in infants, resulting in an Infant Mortality Rate (IMR) of 45.9 deaths per 1000 live births per year.

Table 2: Common Causes of Mortality for Individuals

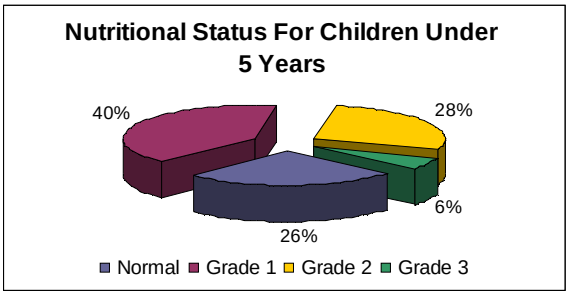
Description	Proportional Mortality Rate (%)
Diseases of the cardiovascular system	34.3
Malignant Neoplasms	20.6
Intentional self-harm	8.2
Chronic renal failure	5.5

Fertility and child health

There were 236 births in 2005, of which 218 were live births. The Crude Birth Rate (CBR) for this population was calculated at 17.3 births per 1000 individuals per year. Fertility rates were highest in women aged 25-29 (0.1 births per woman per year) and lowest in women aged 40-44 (0.005 births per woman per year). There were no births for women aged >44 years. Total Fertility Rate (TFR) for women aged 15-49 in this study population was 1.63 children per woman.

There were 1,175 children actively monitored for growth by health animators in all sangam villages. Of these, nutritional status was known for 1009 children as of December, 2005. Analysis of the distribution of nutritional status records revealed most children were grade 1 malnourished (40%), followed by normal (26%), grade 2 (28%), and grade 3 (6%) malnourished (Fig. 3).

Fig. 3: Nutritional Status for under-5 children monitored for growth



Discussion

In contrast to many of the indigenous communities in India, the adivasis of Gudalur valley have access to a range of curative and preventive health care services. This comprehensive health care scheme works in conjunction with health education and monitoring programs to deliver much needed medical attention to a traditionally vulnerable and marginalized segment of society. Analysis of health data from 2005 suggests that this population demonstrates significantly improved health outcomes when compared to the Indian population as a whole and to other scheduled tribe populations.

Common causes of morbidity within this population were similar to those found among scheduled tribes of Orissa and Maharashtra, and include respiratory infections, gastrointestinal disorders, and tuberculosis[8, 9]. Of particular epidemiological interest is the incidence of TB among the Gudalur adivasis, since limitations in disease awareness and utilization of health care services generally leave scheduled tribes particularly vulnerable to the spread of TB infections[10]. Interestingly, the incidence of TB in the study population is 3.49 per 1000 individuals per year, higher than the nationwide incidence of 1.68[11] (2005). However, while the national treatment success rate is 86%[11] (2004), a success rate of 91% was observed for this population. Therefore, though TB incidence may remain high among the adivasis of Gudalur, they experience a high rate of recovery, most probably a result of the targeted health care interventions in place.

The Crude Mortality Rate (CMR) of the study population was age-standardized in order to eliminate the influence of varying age structureThe age-standardized CMR of Gudalur adivasis was higher than both the total Indian population (15.5 vs. 9.7) and the rural Indian population (16.0 vs. 10.4) (2). These results are, in fact, in accordance with recent studies that suggest indigenous people generally suffer higher mortality when compared to non-indigenous people, even after accounting for differences in economic standard of living[13]. This disparity may be attributed to different cultural practices or means of livelihood between indigenous and non-indigenous communities. Mortality among infants, however, is much lower in the study population (45.9) when compared to the total Indian (67.6), rural Indian (73.3), and scheduled tribe populations (84.9)[2]. Since infancy is a particularly vulnerable developmental period, infant mortality is often an indicator of the quality of health services available within a community[14]. These data suggest that mortality levels are not greatly reduced within the study population overall, but significant gains in mortality outcomes have been made for a particularly vulnerable subset of the population.

The common causes of mortality among Gudalur adivasis were also significant contributors to mortality among the Indian population as a

whole. For example, cardiovascular diseases and malignant neoplasms, the two biggest contributors to mortality among Gudalur adivasis, have nationwide proportional mortality rates of 27.1 and 7.2, respectively [(11)] (2004). However, while respiratory infections, diarrheal diseases, childhood cluster diseases, maternal conditions, and tuberculosis were significant causes of mortality on a national level, they made minimal or no contribution to deaths in the study population in 2005 [(11)] (2004). It was observed, however, that in past decades, prior to the introduction of targeted health care services, these did in fact contribute greatly to deaths within the Gudalur adivasi community. Efforts at reducing deaths due to these preventable causes through as between populations[(12)]. comprehensive health care, health education, and monitoring system have, it would seem, proven effective.

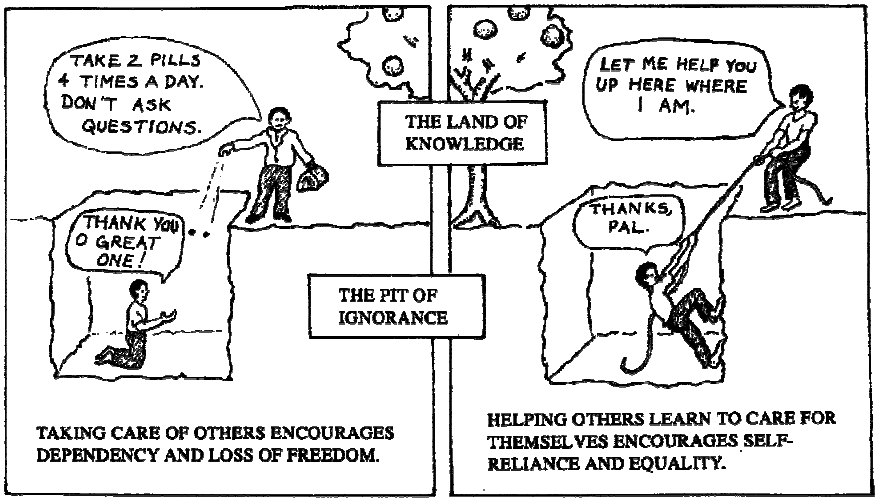
The Total Fertility Rate (TFR) of the Gudalur adivasi community (1.63) is lower than that of India (2.85), rural India (3.07) and scheduled tribe populations (3.06)[(2)]. It is generally observed that fertility rates are high in developing countries, partly due to lack of access to contraceptives or inadequate female education[(15)]. However, as a result of educating women about family planning and providing easy access to contraceptive methods, total fertility within the Gudalur adivasi community is relatively low.

Proportion of under-5 children that are two or more standard deviations below normal is much lower in the study population (34%) than in India (65%), rural India (69.5%), and scheduled tribe populations (81.9%)[(2)]. Because pre-school children are a particularly vulnerable segment of society, their nutritional health is indicative of overall health in the community[(16)]. In many tribal villages, where children live in unhygienic environments without access to proper health care or adequate food, children experience abysmal levels of malnutrition[(16)]. Consistent growth monitoring by trained health animators in Gudalur has resulted in a drastically reduced level of malnutrition among adivasi under-5 children.

A health care system providing basic preventive and curative services can significantly improve health outcomes within an adivasi community. The impact of such an intervention is felt particularly in the most vulnerable segments of society, infants and under-5 children. Incorporating health education and monitoring programs can, furthermore, greatly reduce preventable deaths and help individuals make better-informed health related decisions. Similar interventions in other adivasi communities can help rectify disparities in health between indigenous and non-indigenous populations.

References

1. Office of the Registrar General & Census Commissioner of India. 2004. Census of India, 2001. Online. Accessed 30 June 2007. [www.censusindia.net/results/2001census_data_index.html].
2. International Institute of Population Sciences. 2000. National Family Health Survey 2, 1998-99. Online. Accessed 30 June 2007. [www.nfhsindia.org/india2.html].
3. Ministry of Health and Family Welfare. 2002. National Health Policy. Online. Accessed 30 June 2007. [mohfw.nic.in/np2002.htm]
4. Tamil Nadu Health Systems Project. Tribal Health Development Plan. Online. Accessed 30 June 2007. [www.tnhealth.org/notification/tdp.pdf].
5. Park, K. 2005. Textbook of Preventive and Social Medicine, 18th edition. Jabalpur, India:Banarsidas Bhanot Publishers.
6. World Health Organization. 1993. International Statistical Classification of Diseases and Related Health Problems. Tenth Revision, Vol. 2.
7. World Health Organization. 1978. A growth chart for international use in maternal and child health.
8. 2003. Health Status of Primitive Tribes in Orissa. *ICMR bulletin*. 33(10).
9. Kate, S.L. 2001. Health problems of tribal population groups from the state of Maharashtra. *Indian J Med Sci.* 55:99-108
10. Revised National Tuberculosis Control Program II. 2005. Tribal Action Plan. Online. Accessed 30 June 2007. [www.tbcindia.org/pdfs/ RNTCP%20II%20Tribal%20Action%20Plan_10th%20May%2005.pdf].
11. 2007. World Health Organization: India. Online. Accessed 30 June 2007. [www.who.int/countries/ind/en/].
12. 2007. Age Standardized Mortality Rates. Online. Accessed 20 April 2007. [http://en.wikipedia.org/wiki/Age_Standardized_Mortality_Rates].
13. Subramanian, S.V., S.G. Davey, M. Subramanyam. 2006. Indigenous health and socioeconomic status in India. *PLoS Med*. 3(10):e421.
14. 2005. Infant Mortality in Tribals of Central India. *Current Science*. 89(4).
15. 2007. Total Fertility Rate. Online. Accessed 24 April 2007. [http://en.wikipedia.org/wiki/Fertility_rate].
16. Rao, V.G., R. Yadav, C.K. Dolla, S. Kumar, M.K. Bhondeley, M. Ukey. Undernutrition and childhood morbidity among tribal preschool children. *Indian J Med Res*. 122:43-47.



How to support and care for a person with HIV

Dr Preethi Harrison. Dermatologist , Snehadaan

Snehadaan was formally started on 14th July 1997, and is primarily involved in care for People living with HIV and AIDS and palliative care of AIDS patients, and support and training of the family members to care for their loved ones who are sick. Snehadaan currently has the capacity to provide in-patient care for 52 people. The outstanding infrastructure and service delivery of multidisciplinary team has been duly acknowledged by the, NACO, KSAPS, CHAI and Karnataka Health Promotion Trust (KHPT). It also provides training for Doctors, Nurses, Health Care Workers, Social Workers and Medical Students on medical management and cases of HIV&AIDS. Presently Snehadaan has been in partnership with KHPT for implementing the Care and Support Component of USAID Samastha Project. Under this programme Snehadaan coordinates 9 Community Care Centers and 3 Sub centres across Karnataka to enhance the services for PLHAs. The best service delivery practices that Snehadaan has developed have been replicated in many care and support centers across the country.

Geetha's story

Geetha is a young woman who lives in a village near Bangalore.She works as a domestic help.She has two children and her husband is a daily wage earner.Geetha is two months pregnant and has felt more tired than usual. She has also had some diarrhea. She came to your clinic for some medicine and had some laboratory tests done, including one for HIV. The HIV test was positive. She does not have the courage to tell her husband about the test. She says to you, "I do not want to live now that I have HIV."

Facing challenges together

Having HIV is isolating. Most people do not know very much about it and are afraid of the virus. Some people think that living near someone with HIV will give them the disease. Friends and family members may abandon someone who has HIV. Coworkers may not want to work with a person who has HIV. Even though HIV cannot be spread in these ways, many people do not know this and avoid contact with anyone who has it.

Hence supporting people with HIV is important and can be a rewarding experience for a health worker, family member, or friend. The work can also be very demanding. People with HIV need emotional support and physical comfort.

People with HIV must deal not only with medical problems, but also with social and emotional problems. People with AIDS worry about what will happen to their spouses and children when they become ill or after they die. They worry about how they will pay for medical expenses. They feel sad, fearful, angry, and anxious. They may lose hope in the future. ***These are normal feelings for anyone with a serious illness.*** These feelings may become so strong that the person cannot carry on with day-to-day

activities. When this happens, you can help people find ways to cope with their feelings.

Remind people with HIV that needing and asking for help is normal. Help people with HIV and their families find a balance between dependence and independence.There are many ways to live with HIV. Some people with HIV do not let others know that they have the virus. Some people become active in fighting the epidemic when they find out they have HIV. Helping someone else avoid the virus provides a sense of purpose. Helping others can give people with HIV a sense of community and self-worth even when their own lives are difficult. Just as people with alcoholism or cancer help others who have the same problems, people with HIV can reach out to others. Many people with HIV talk about AIDS at community meetings. Some become HIV counselors. Others work as activists for improving services for people with HIV. Some volunteer to be friends or "buddies" for other people with HIV. Each chooses to live with HIV in their own way.

Denial and other emotions

Some people do not believe that they have HIV even when a health worker tells them they do. They are not able to face the truth. They do not want to believe that they will die. They do not want to know that a person they love may have given them HIV, or they do not want to think that they may have given the virus to someone they love. Denial can be dangerous for a person with HIV and for others. People who are "in denial" do not take care of themselves because they do not believe that they are sick. If they refuse to take precautions, they can give the virus to others. Sometimes people turn to alcohol or drugs in order to forget that they have the virus.

Sometimes people are in denial after hearing that they have had a negative test. They find it hard to believe that they have not been infected, or they do not want to recognize that fact. For example, a woman whose husband has HIV may not want to believe that she had a negative test, because it means she will have to change how she has sex with her husband or leave him.Yet denial is not all bad. Some denial helps people deal with the day-to-day challenges of life and plan for the future. Denial may help people live without thinking about the seriousness of their illness all of the time. People with HIV often must cope with many strong emotions. They may have recently lost a loved one to AIDS. Some may feel guilty about the behavior that led to their infection. Most fear rejection from people around them. They may feel that they do not want to continue living, and they may even make plans to kill themselves.It is important to address these feelings whatever they maybe. You should ask about these feelings and explain that it is normal to have them. You can work with people on ways to cope with these feelings. Anyone who is thinking of killing himself should be taken seriously. Ask him to promise to contact you or someone he trusts before he attempts suicide. Although this may seem silly, it works; just talking with

someone often prevents people from harming themselves. That person should also be referred to specialist services like a psychiatrist . Family / friend support is of paramount importance here.

Family counseling

People with HIV have family, friends, and coworkers who will all be affected by their illness. In most communities the family is the basic unit of social organization. Families are able to survive many types of stress. Most families have dealt with death, separation, and economic hardship. HIV and AIDS place new strains on a family. Usually it can adapt, but occasionally a family breaks up when one of its members has HIV. When you sense that this is a possibility, try to help family members get the support they need to stay together. It can be useful to meet with the entire family. Family members may have questions about how to deal with HIV. You can help them talk about problems, solve conflicts, learn how to support each other, and find other sources of help from the community or government. If a parent has HIV or AIDS, encourage her to talk about it with her children. Children often can tell that something is wrong. They may already have had one parent die of AIDS. It is important for parents to talk with their children about what to expect in the future, even if this might include becoming an orphan.All counseling has to be done on one to one basis according to the unique circumstances of each individual and their family.

Help parents plan for their children's future

When adults with HIV die, they often leave behind children. Many parents with HIV worry about this and try to arrange for their children to be cared for by others, but in areas where HIV is widespread this can be difficult. Millions of children have been orphaned by HIV. Parents often need support to appoint a guardian or make a will that leaves family assets to wives or children and gives other instructions about the children's future. Recently insurance firms have started schemes for people with HIV.A counselor can help parents see this planning as security for the family rather than just preparing for death. Caregivers of orphans also need support, especially in places where HIV is very common. This support can be through counseling, parenting training, and lending funds, community food programs, shared childcare, or help in paying school fees. Orphans should also be provided HIV counseling and testing so that they can receive care and treatment if needed. Children not yet orphaned but living with ill and dying parents also need support, to make sure their needs for food, attention, education, and health care are being met. There are special homes / schools for both infected and affected children.

If a woman has HIV, the chances are that one out of every three babies she gives birth to will have HIV. People with HIV will need help making decisions about family planning. Encourage people with HIV to talk with their partners about family planning. This is a time when giving accurate

information on family planning and supporting someone with HIV will most help her.

Supporting children with HIV

Children with HIV, even young ones, need to know that they are sick. Younger children may only need to know a little bit about HIV. Give them short, simple answers to their questions. Older children understand more and need correct information and honest answers. If they do not get this information from you or their family, they may get the wrong information from someone else. A child with HIV may suffer silently because of shame or fear. She may have problems sleeping or trouble at school. She may avoid family and friends.Warn families about these signs and help them to talk openly with children who have HIV.

Support groups

It is often useful for a group of people with the same problem to get together and talk about their lives. "Support groups" of people with HIV give people a chance to talk about their problems and successes. People with HIV can learn how to deal with common problems from other people in the group. Support groups help members feel less lonely. People gain strength from their group because they know that they are not alone in struggling with HIV.It is helpful when groups are made up of people with similar lifestyles.The members understand each other's situation and language. You can start support groups that are made up of people with similar backgrounds, such as people of the same social or ethnic background, or people who share a certain risk or condition, such as sex workers, drug users, or pregnant women.Support groups are also useful for the families and friends of people who have HIV. Even though these people do not have HIV, they may fear losing a friend, becoming infected, or being shunned by their communities and families. A support group can help them with many of the problems they face in having a loved one with HIV.If these meetings are clubbed with a health check up by a local physician it would contribute to wholesome care in HIV

Social support

All people with HIV will at some time need help. In some cases this will come from their families. In others this will come from the community or the government. For example, counseling, home care, needle- exchange programs, and assistance with food, shelter, or transportation may all be available. Find out what services are available and direct people to them when needed. If there are no services available, start some. This may mean starting a support group for people with HIV, making a list of health workers and counselors who work with people with HIV, or setting up a "buddy system" where people with HIV volunteer to be friends to others

who are infected. Be creative and talk with people who have HIV about their needs and how they can be met.

Care for people with HIV

A person with HIV can live a longer, healthier life with some simple and low cost interventions. Medicines to treat HIV (HAART)are important but there are many other measures that can also make a difference in a person's health. See the next page for a sample list of interventions for helping people with HIV.

Basic care for people with HIV

- Cotrimoxazole (trimethoprim/sulfamethoxazole) is a low cost antibiotic that prolongs the lives of children and adults with HIV and prevents malaria and diarrhea, and avoid hospitalization.

- Safe drinking water is important for everyone. It is essential for people with HIV because diarrhea caused by unclean water is more common and severe for them. Simple methods for cleaning drinking water are boiling for 3-5 minutes . Also, try pouring water into cups or pots, instead of dipping them back into a full bucket of water, which spreads germs to the water that everyone shares.

- Awareness of TB that is symptoms of cough , fever , weight loss and early detection would decrease morbidity and mortality in the HIV population.

- Bed nets treated with insecticides can prevent malaria, a common infection passed by mosquitoes. Problems from malaria are more common and dangerous in people with HIV.

- Good nutrition and multivitamins improve the health and prolong the lives of people with HIV, and lower the chances of a mother passing HIV on to her baby. The best way to get vitamins is by eating a variety of nutritious foods like fruits, vegetables, grains, beans, eggs, milk, and meats every day. Taking multivitamin pills every day may offer dditional protection.

- Offering counseling, testing, and treatment for HIV to family members can help people with HIV talk openly about their status with their partners and family. It can help people with HIV get more support and help from their families, including the support they need to take medicines. It is also useful because many family members of people with HIV are also infected with HIV, but do not know it because they have not been tested. Providing testing, treatment, and a regular supply of condoms to people with HIV and

their partners prevents transmission in a couple where one person has HIV and the other does not, and can help prevent transmission from mother to child. Providing testing to family members allows those who have HIV to seek care and treatment.Read the educational article – 2 to learn more of the medical facts about HIV.

Support for health workers

People who counsel or care for very ill people sometimes become sad and tired. This "burnout" may happen if health workers do not have sufficient time to rest and talk about their own sense of frustration and loss. Burnout can be emotional, intellectual, physical, or all three. It affects how people do their job. People start to feel tired, helpless, or hopeless. Even workers who usually have a lot of energy and hope may find themselves struggling with burnout. It is a very real phenomenon and must be addressed.It is important for you to realize that this may occur and to take steps to avoid it.

Burn out

Here are some things that can help prevent burnout among health workers.

1. Keep a sense of humor; it helps in stressful situations.
2. Take on a variety of jobs so that you are not doing one stressful job all of the time. This will keep you interested in your work.
3. Make sure you work a reasonable number of hours. Most people who work too much do not work well after a while.
4. Encourage volunteers and reward them with parties or small gifts to let them know their work is appreciated. Make yourself available to answer questions, and acknowledge their efforts in front of others.
5. Recognize work that is well done. People need to know they are doing a good job. Each person needs something different, so give personal compliments.
6. Keep your eyes on the big picture.All the good things in life—so that you do not get lost in the day-to-day struggle.
7. Recruit people who are dedicated and are from the community with which they will be working. They are often more committed and comfortable with the job.
8. Give people days off from their jobs so that they can rest and recover from stress and the strong emotions they may experience at work.
9. Everyone can burn out, even a director or group leader. Be aware of signs of burnout in yourself and others, and work together to avoid it.

How to support Geetha

"I do not want to live now that I have AIDS."Geetha is clearly feeling sad and overwhelmed by the news of having HIV.

This is understandable, but she has other reasons to be hopeful.

- She has HIV infection but does not have AIDS.
- She has a husband who loves her and can help her cope with her illness. She has a family that cares for her.
- She will live to see the birth of her child and HIV can be prevented in this child by using HAART.
- There are medicines that can treat some of the illnesses she will get in the future, and people with HIV are now living longer than they did in the past.

You can talk with Geetha about telling her husband about her HIV test. This will bring up many issues, including whether he or she has had sexual partners outside their relationship. It may help for you and Geetha to practice how she will tell him that she has HIV. You can offer to talk with her and her husband together about how to live with HIV. There will be many issues you will want to talk about with them, including whether Geetha's husband might want to get tested and the fact that the virus can spread from mothers to their babies. She should get her two chidren tested as well. Geetha may want to talk with other people, especially pregnant women, who have HIV. If there are no support groups in her area, you can help Geetha start one. Geetha spoke about not wanting to live. Talk about suicide should always be taken seriously. Try to meet with Geetha regularly so that she does not feel alone. Encourage her to think positively.

Training HIV Health Workers

Binitha Joseph , Program Co-ordinator, Sneha Charitable Trust

Nagappa's story

Naggappa lives in Kolar, Karnataka. He is a village health worker who recently took part in a training class on HIV in the nearby at 'Snehadaan', in Bangalore. Snehadaan is a community care centre which provides care support and treatment services to those infected with HIV. He went because people in his village were sick with AIDS and he was concerned about the way the People Living with HIV and AIDS (PLHIV) were being treated and shunned by the community. Nagappa being a health worker had some basic information on HIV but was not sure. He wanted to find out the truth understand/clarify all the misconceptions prevailing w.r.t. HIV/AIDS.

After he returned from the training, Nagappa realized that his village needed more people who knew about HIV and AIDS. They would be able to teach others and stop false rumours about the virus and treat PLHIV with dignity. A few people offered to help to do this. Nagappa planned a meeting to speak about that he learned in the training class.....

How do we learn?

The best way to learn something is by doing it. Most people learn to farm by working in the fields, instead of by reading about farming in a book. People can also learn from talking with each other, or reading, or hearing the advice of others. This chapter describes different ways to help people learn. It can be used as a guide for training health workers or teaching in the community. You can adapt the ideas in this chapter to meet the needs of your community.

A health worker's most important task is helping people take control of their health. This is especially true for an HIV health worker because preven- tion is so important. Training sessions are an important part of this process. The best teachers get people involved and help spark new ideas. They do not confuse people or make them feel stupid for not knowing things or believing things that are not true. Good teachers do not bore people, because when people are bored they will turn away from the chance to learn.

Most of the teaching styles used in formal schooling are based on a teacher telling students what the teacher feels is important to know and then testing them to see if they remember it all. HIV health workers at Snehadaan , Bangalore say this is like , " pouring water into a sieve instead of a pot".Many times people do not remember information because they were not interested in learning it in the first place. Many people have not gone to school and are not used to a one-way flow of facts from "teacher" to

"student." It is said that good teaching is drawing ideas out of students, not putting ideas into them. Sharing information in both directions is a better way for a health worker to teach.

Who will come to your training session?

Before you start your training session, think about who will participate. In some areas of the world, almost everyone has friends or family members with HIV. In these areas, many of the people in your training session will have HIV, and the discussions will be different than in areas where few people have per-sonal connections with people who have the virus. Some people will have been inspired by friends or family with HIV to learn more about caring for people who are ill and preventing the spread of the virus. Others may be health workers, sex workers, or community workers active in HIV issues.

Think about having sessions that include people with similar backgrounds. For example, this could mean having one training group for teenagers, another for women, and another for people who have HIV. People have different reasons for becoming interested in learning more about HIV, and you can ask people to talk about some of these during the training sessions. Having groups made up of people with common backgrounds allows people to speak more freely about issues that they might not feel comfortable talking about in a larger group.

Child-to-child teaching

In many places in the world older children care for their younger sisters and brothers while their parents work. Some care for younger brothers and sisters because their parents have died. Few of them have the time to go to school. These children act as parents but often do not know how to care for babies and very young children. Many countries have started programs that work with these children.

Diarrhea is a leading cause of death in children. It can be especially harmful in children with AIDS. In Maharashtra, India, a child-to-child teaching program was started to help teach children about treating and preventing diarrhea. A health worker spends a few hours a day teaching the older children. Often one of the younger children has diarrhea.The health worker uses this as an opportunity to teach about the danger signs of dehydration (when the body loses too much water), how to make oral rehydration uid, and when to visit a clinic for help. Children can follow the health of a friend with diarrhea as she is being treated. Often the children are inspired when the child gets bet- ter and they go home and teach their families what they have learned. You can bring children in your area together and teach them about HIV. They can then go home and teach their sisters, brothers, and parents.

Where should you teach?
Teaching can happen in many places. "Formal" teaching is usually done in a school, clinic, public building, or under a tree. Others teach "informally," while cooking, walking, milking the cows, or weeding the yams. The best place to train people depends on whom you are trying to reach. For example, it may be better to talk with sex workers in the nightclub before they start work. This way they may think about what they learned while they work. Health care workers can be reached at the clinic. Teachers may feel most comfortable learning at school. You can use a barbershop to talk with men in the community. Traditional healers will learn better in their own homes than in a school or clinic. Find people where they live and work; do not make them come to you.

Getting the sessions started
How you set up your training session makes a difference. Sitting in a circle is a simple way to involve everyone. In a circle everyone can see each other's face. People can share ideas more easily, instead of just being an audience for the teacher. By sitting on the same level as the group, you help people feel com- fortable sharing ideas with you.

Later, especially if the group is large, you can split into smaller groups. The groups can then teach each other. Ask each smaller group to teach the larger group the most important things its members learned from each other.

Start the first session by explaining what you are planning for the day. Then ask people to introduce themselves. Self-introductions help people feel more comfortable talking to each other. One way to have people introduce them- selves is to have each person explain who she is, why she came to the training session, and what she most wants to learn. Another way to start is to get a ball or a coconut. Have everyone stand in a circle and toss the coconut from one person to another. As each person gets the fruit have him say his name and where he is from and give a word describing himself that begins with the first letter of his name. For example, Susheela could catch the ball and say , " I'm Susheela from Kolar and I like sweets".Yet another way to begin the session is to have each person turn to a partner and ask where the partner is from and why the partner wants to learn about HIV. Then each per- son can tell the group about her new friend.

You can ask people what they have already heard about how HIV is spread and how people get sick from the virus, and about any personal experiences they have had with HIV. This will show what people in the group are most interested in and what they want to learn more about; it gives you a starting place for introducing new ideas. It also helps everyone become comfortable talking in the group. Most important of all, discussing these issues lets the group understand that people have different beliefs and experiences with

HIV and AIDS. Some of the people in the group may have HIV. If they feel com- fortable talking about their experiences, this can be especially powerful for others. Personal stories make the issues the group will be talking about seem more important to everyone in the group.

Planning a training session: Before you start

Plan goals for your sessions:
Design your training to meet the needs of the community.
Design the training with the strengths and weaknesses of the group in mind.
Choose how many people you want to train.
Think about which exercises will work best for the group.
Make any learning materials you will need, such as drawings or puppets.

Work with the community to:

Choose the place for your session.
Choose the best time (time of day, day of the week, and time of year). Make a schedule for the training sessions. Let people know about the meetings.

Once one person begins talking, others usually join in. A feeling of trust and cooperation can be built if everyone feels comfortable speaking. Trust is important. Talking about HIV means talking about sex, drugs, and other sensitive topics. In the beginning, it is easier for the group to answer general questions that do not make people uncomfortable. After talking about sex and HIV in a general way, people will be more comfortable discussing their own experience.
Pay attention to how you state questions. Closed-ended questions are usually not the best way to get a discussion started. For example, asking the group "Does everyone here use condoms regularly?" invites a "yes" or "no" answer and makes those who do not use condoms feel guilty about saying so.

Instead, you might ask, "Why do condoms work against HIV?" Open-ended questions like this invite peo- ple to talk and share their ideas.
Notice who is talking in the group. Shy people do not talk very much. In some communities older people hold most of the authority, so younger people may not want to say what they think. In other cultures, the opposite is true. Both younger and older people's ideas are important for learning about HIV.

In many communities women will speak less often when they are in groups with men than when they are in groups of women. This is a problem because women's opinions are important when talking about AIDS, and men and women need to talk about HIV together. One of the most important tasks in running a training session is to help everyone share their ideas. Ask each person in the group a question at some time during the training. Do not be afraid of silences. Allow at least three seconds for

someone to answer a question—it may seem awkward at first, but more people will express their ideas if they think you are waiting to hear from them. You can ask quiet people to sometimes run the discussion. The idea is to try to bring out different points of view.

During and after the training session

During the course

At the beginning of each class, explain your plan for the day.

Ask the group to make up some rules for the session. Here are some examples:

- No one should be pressured to talk about feelings or ideas they are uncomfortable sharing.
- Respect everyone's opinions about sexuality. Acknowledge and accept differences of opinion and experience.
- Clarify the difference between"I believe"and"It is true that."
- Establish confidentiality. Emphasize that no one should talk about other people's personal feelings or experiences outside the group.

Evaluate how your training is going:

- Ask people if they are learning what they want to learn.
- If they are not, ask for suggestions about how to change the training session to make it better. Should diff erent issues be talked about?
- Should the training be given in a different way?

After the course

Discuss ways that people can learn more on their own.

Make time for discussion of the course:

- Ask the people in the group what they thought about the session and about ways to improve it; talk about successes and problems.
- Have group members help organize the next session.

Exercise / Activity

People are often embarrassed to talk about sex. Even HIV health workers may be shy about the topic. But it is important for anyone talking about HIV to be comfortable discussing sex and body parts. Humor can help people relax during a training session and allow them to talk more comfortably about these topics. One option is to use a story with blanks. First draw pictures of di erent body parts used during sex, such as a hand, a mouth, a penis, an anus, breasts, and a vagina. Next, ask the group to give you all the words they know to describe each body part. For example, most people know many other ways to say"penis." Also ask the group for words to describe different sexual acts.

Helping others lead

Many trainers are surprised to find that there is a lot they can learn from the people in their training sessions. Teaching is sometimes the best way to learn.

There is a saying: "See one, do one, teach one." If someone in the group has special knowledge or skills, she can help teach the group. For example, you can ask a midwife to teach the group about how a baby is born and ways that midwives can protect themselves and their patients from getting HIV. Having people in the training session teach each other helps everyone—including you learn.

Good trainers often say there is no such thing as a stupid question. If someone has a question, others in the group often have the same one. Try to answer questions when they are raised, rather than at the end of the training session. This way questions are not forgotten along the way and anything that is con- fusing can be made clear before you move on to the next topic.

Using language and methods that work

Try to teach at a level that is understandable for most of the people in the group. Asking questions will help you know if people understand what you are saying.

You can change your teaching style to fit the group. Some people learn better from a story or pictures. Others learn better if an idea is written down. Think ahead before trying a new method. For example, if people are not used to seeing drawings that represent a larger-than-life view of an object, you may get unexpected reactions. Drawing a virus on the chalk-board may lead people to believe that viruses are huge. Because they have never seen something that looks like your picture, they may even think HIV does not exist in their area.

Explain words or ideas that are new to the group. Add enough new information each day to keep people interested, but not so much that people are overwhelmed. When possible, give new information in a meaningful way by using practical examples from real life.

Brainstorming

"Brainstorming" is when a group of people get together and share their ideas about how to solve a problem. A brainstorming session about AIDS might start with the question "Why are people afraid of people with AIDS?" The group can talk about people's fears of death and catching the virus. You can talk about these fears and about how HIV really is and is not spread. When brainstorm- ing, write the answers down so that people can see them. Talk about which ideas are most helpful and fol- low through with the ones that seem best. At the end, discuss the answers and give out tasks for the next meeting. You can use brainstorming to define a problem and to develop a solution.

Using pictures

Many trainers use pictures as a means to start a discussion in a group. Pictures are especially useful with people who cannot read, but they can help everyone. Asking the group what a picture means to them will raise different points of view. Let each person tell everyone else what he sees. You should avoid explaining the picture before hearing everyone's ideas; let each person think for him- self. For example, you can ask people what they think of a picture of a man in a pharmacy. To get the discussion started, ask a simple question such as, "What is this man buying?" Someone might answer that he is buying condoms, and this might start a discussion about how condoms help prevent the spread of HIV. Someone else might answer that the man is buying medicine, and this might start a discussion about whether there is a cure for AIDS and whether there are medicines for people with HIV and AIDS.

Using role plays

Learning by playing games or watching a play can work better than listening to a lecture. In a role play, people take the role of a character in a difficult situa- tion and act out real-life problems. This helps the people acting and the people watching deal with their own problems. Role plays help people prepare and practice what they would say or do at a difficult time; they bring situations to life. Many situations do not seem complicated when you hear about them, but acting them out while the group is watching can bring out difficulties that appear in real life. Role plays help people to think of creative solutions to those difficulties. Role plays can help people overcome shyness, embarrassment, or fear. You can use a role play to help a person practice telling his partner his HIV test results or asking a partner to have safer sex. Role plays can show the worst and the best things that could happen in a given situation.

Serving as an example

Others will learn from your example as a group leader. A leader encourages everyone in the group to participate in learning and teaching. You will set a good example if you show that you are willing to accept your own mistakes and lack of knowledge. When you are genuinely concerned about people with HIV, the people in your training sessions will be too.

Practice what you teach. If you want people to participate, do not spend the entire training session lecturing. Teach through stories, skits, games, and role plays. Think about taking the group to visit an HIV project in another town. Some trainers like to have different activities on different days. For example, Tuesday could be a day for trips to other places to learn from people doing similar work; Wednesday could be a day for working on a play; Thursday could be a day for more traditional lecture-style learning. If the group meets once a week, each meeting might be structured differently. After trying differ- ent ways to organize the sessions, you can choose the ways that work best for each particular group. You will know your training

is successful when group members are able to teach other people what they have learned.

After the session

Plan for follow-up and support after the training session. Decide how much supervision the new workers will need. How will they start using their new skills? Will they learn best if in the beginning they work with other, more experienced health workers who could give them advice on how they could be better? Will after-work meetings help them learn from common mistakes and experiences? There is always more to be learned. A program of ongoing train- ing will help people continue to learn.

An example of a one-day training workshop for HIV health workers

1. Introductions: Divide the group into pairs. Have the two people in each pair talk to each other about themselves and what they want from the training. Gather everyone in a circle and ask each person to introduce her partner to the group. (15 minutes)
2. Objectives: Discuss what people in the group want to learn by the end of the training.What would they like to be able to do with this information? (15 minutes)
3. Exercise 1: Brainstorm with the group on the ways people can and cannot get HIV. Ask the group members for questions or worries about HIV. The goal is to review how HIV is spread and to help people share their concerns. This exercise helps people talk to each other and make learning goals for the training session. (45 minutes)
4. Presentation 1: Give a presentation about how to identify and counsel patients at high risk for HIV. Include basic information on the spread of HIV, HIV testing, and counseling. (1 hour)
5. Exercise 2: Split into two groups for role plays. Each group can plan a role play, act it out, and then lead a discussion with the whole group.The rest of the play can describe a man and a health worker talking.The man wants an HIV test because he had sex with a woman he visited while traveling.The second play can be about a married woman who is worried about being pregnant and having HIV. (1 hour)
6. Lunch (1 hour)
7. Presentation 2: Give a presentation about social issues in HIV counseling, including ethnicity, religion, sexual orientation, and drug use.The goal is to help people better understand those from different backgrounds, and to use this information to improve HIV counseling. (30 minutes)
8. Exercise 3: List words used to describe different groups of people in your area. Some of these words will carry negative associations.Talk about the list.The goal is to learn about negative ideas people may have about certain groups of people, and how these ideas can get in the way of HIV education. (1 hour)
9. Exercise 4: Act out another role play to develop different ways to talk about sex. Divide the group into pairs: One person plays a young woman who wants to talk about"safer sex"with a new boyfriend, the second person plays the boyfriend, who would like to have sex with the young woman.The group can watch the two actors and then talk about their behavior. (1 hour)
10. Summary and evaluation:Talk about the training session and about local support for HIV activities. Discuss follow-up training. Have final round of questions and comments. (30 minutes)
11. Future plans: Ask people in the group to discuss what they plan to do about HIV in their communities. (30 minutes)

A role play

Ask two people in your group to act out a role play involving a husband and wife. One person plays the role of the man, who works five days a week in another town.The other plays the woman, who works in the market at home.The man has started to have sex with another woman from the town where he works. He loves his wife and his girlfriend. Unfortunately, he has recently found out he has HIV. He thinks he got it from his girlfriend. Now he wants to use condoms when he has sex with his wife, but he is afraid that if he tells her about his girlfriend or that he has HIV, his wife and family will disown him. In the role play, the two people can act out the conversations that the man might have with his wife or girlfriend.

Finally, role plays can help people understand other people's points of view. People in a role play can act their parts for a few minutes and then trade roles. This helps them understand both sides of a problem. It also will help them see how another person would talk about the same problem. Afterward, the group watching the role play can brainstorm with suggestions from their own experience or ideas on how to make talking to each other easier. Two new peo- ple from the group can repeat the role play and the group can give more ideas about what they thought worked and did not work.

Answering Nagappa's questions

"How do I stir up interest within the group? How do I involve everyone, even the people who usually get bored? What if people are too shy to talk about issues like sex and drug use?"

To stir up interest, it is important that Nagappa helps the group teach itself about HIV. This means that everyone should have a chance to talk. Nagappa can ask the group members to sit in a circle and introduce themselves. He can use a picture or a specific question about HIV to get people talking. Different people from the group can write people's questions on a chalkboard. Early in the training, Nagappa can ask why each person is interested in HIV and AIDS and what he wants to learn. Some people do not like to talk about sensitive issues like sex; in order to make the discussion easier, Nagappa can have everyone act in role plays. He can break up the large group into smaller groups to talk about different ideas. The small groups can then return to the bigger group and explain what they learned. After the training session, Nagappa can ask the group what worked, what did not work, and how to make the training better next time.

Educational article – 1

Managing – Bottom itching in children

Newton Luiz,Pediatrician

Jincy is 3 years old, and she is always scratching her bottom, even in public. Her mother has dewormed the child repeatedly, but to no avail. Jincy's mother is very much embarrassed by this, and she is also scared. She has heard that worms can cause diarrhoea, vomiting, abdominal pain, fever, tiredness, weakness, and allergy. This article will try to answer some of her doubts and worries.

Why is Jincy scratching her bottom so energetically?

Because it itches! Pinworms are small worms, each about a cm in size, and they are more or less harmless – but they cause a symptom that is socially very embarrassing. They stay very low in the intestines. Every now and then, but especially at night, they come out through the rectum and lay their eggs just outside the anus. This causes severe itching. In fact, at night, the mother may actually see the worms crawling about.

When the child itches, the eggs come onto its fingers and on to its underwear. So the child unknowingly passes the eggs on to other family members. If one child has it, within a few weeks every family member will be having this silly worm in his or her gut. Fortunately, though it causes severe itching in children, adults often do not have any symptoms at all. The problem is that even if we treat the child, she soon gets new eggs from another family member, and her symptoms recur within a month of taking the medicine. No matter how hygienic the mother is, Pinworms spread very fast from one person to another.

Pin worms

What should Jincy's mother do?

There is no point in giving medication for worms to Jincy alone. Her mother should ensure that every person in the house takes treatment simultaneously – irrespective of whether they have any symptoms or not. If a person who does not have worms takes the medicine, it does no harm

whatsoever. But remember, even the servant has to take the treatment. Even Grandpa, who may prefer Homeopathy or Ayurveda, should be convinced to take the medicine for his granddaughter's sake. And in a joint family, both families should take treatment simultaneously. All children who have crossed their second birthday need to be treated.

Wow! That would be costly!

Not really. There is a drug called Mebendazole, which is sold in a strip of 6 tablets as a single course for deworming. A single tablet of this Mebendazole (which costs just Rs 2) is effective to kill the pinworms. Every person in the house should take one tablet on the same day. After two weeks, every one of them should again take one tablet each. The dose is the same for children above two years and for adults.

Do Pinworms cause any other problems?

The itching may be so severe that the child cannot sleep well at night. Rarely the pinworms travel to the wrong areas, and this results in urinary tract infection, vulval itch or vaginal discharge in small girls.

I have heard that worms can cause tiredness and weakness.

Hookworms are dangerous. Hookworms are small worms, but they are often present in large numbers, and they drink blood – tiny Draculas inside our intestines. The result is anaemia and weakness. If a child has anaemia, he should be given iron tablets, and it is also a good idea to deworm him. (The Whipworm is another Dracula, just like the Hookworm, but less of a problem).

Can worms cause abdominal pain?

Abdominal pain is very common in children; worms are rarely the culprits. Roundworms are big worms; each of them can be many inches long. They are quite rare nowadays, but older people remember these horrible snakelike worms. They stayed in the gut, eating the food the child consumed, and so the child did not gain weight. They rarely got entangled in the gut, blocking it and causing severe abdominal pain. Sometimes the child would vomit the worm, or pass it out in his stool, and this would give him the fright of his life. Fortunately, these worms are rare nowadays, as there are very effective medicines for it.

My child is not gaining weight. Should I deworm him?

There is no harm in deworming him. But you are going to be disappointed. The usual cause is simply that the child is not eating enough.

Do worms cause diarrhoea?

If a child has diarrhoea, any worm that may be in his intestine gets flushed out – and the mother blames the poor worms for the diarrhoea. Worms do not cause diarrhoea, or vomiting, or fever.

My son gets recurrent fevers. Could worms be the cause?

Worms do not cause recurrent fevers.

My daughter has had fits twice, in association with high fever. My neighbour says it is due to worms.

4 % of small children are prone to get fits when they have fever. (Other children may become delirious or very irritable). This tendency for fever to cause fits disappears after a few years. It has nothing to do with worm infestation.

My son grinds his teeth in his sleep. It sounds quite horrible.

Even those who do not have worm infestation may have this habit of grinding their teeth in their sleep. There is a suspicion that children whose sleep is disturbed by pinworms may develop this strange habit, but it has not been scientifically proved.

Is it a good idea to routinely deworm the child?

Yes, it is. Roundworms and Hookworms and Whipworms were big problems in the past; routine deworming has controlled them. Deworming is safe, as the drugs used today have no significant side effects. There is no need to examine his stool each time. Start at 2 years of age, and deworm him once a year. There is no logic in deworming a child every month: even if hygiene is very bad it will take these worms three to six months to become a threat again.

This gets rid of all worms except pinworms; if the child has pinworm infestation he will need to be treated for it separately. The correct way to treat pinworm infestation is described earlier.

Before 2 years of age, one should deworm the child only if he has an itchy bottom or passes worms in stool.

When I was young my mother used to give me castor oil once a year.

In those days there were no good medicines for deworming. So mothers used to flush out the gut with castor oil or milk of magnesia in the hope of flushing out all the worms too. This was a very unpleasant, and occasionally harmful, practice. Today it is unnecessary because we have such effective medicines.

Will hygiene prevent worm infestation?

It is very important. The eggs of the worms hatch in the sand, and when the child plays in the sand these eggs are transferred to his hand, and from there into his mouth. It is not possible to keep a child away from sand. But it is very important that small children should not pass stool just outside the house. If they are too young to use the toilet they should pass stool into a potty, and this should be flushed out in the toilet. If there is no potty he should pass stool onto a large leaf, at some distance from the house, and the stool should be disposed off properly without allowing it to contaminate the soil. Remember that the stools of children have much more eggs than that of adults.

Educational article – 2

AIDS

Newton Luiz,Pediatrician

Everyone is talking about AIDS and HIV these days. And yet there is so much confusion about it. A child was thrown out of his school because he was HIV Positive; both his parents had died of the disease. The villagers even wanted to evict the rest of the family from the village. Recently classes on AIDS were taken for high school children, and they all acknowledged that HIV is very common in India, even in their own state – yet in every school the children were shocked to learn that there was plenty of HIV in their own town. As a medical health worker working for the poor I feel it is very important to have a clear knowledge of AIDS.

What is HIV?

HIV is the virus that causes AIDS. HIV stands for **H**uman **I**mmuno-deficiency **V**irus. The immune system is the "army" within us, which protects us from all the bacteria and viruses that are constantly attacking us. Occasionally a germ may actually succeed in entering the body, and we may have a fever or a cough or diarrhea, but then the immune system finally defeats the virus and we get all right again. HIV enters the body only with difficulty, but then it starts destroying the immune system gradually, taking 5-15 years to do so. Finally, when the immune system becomes very weak, any germ that comes along can attack us and even kill us. Most persons who have the HIV virus die of ordinary infections like TB or diarrhea or pneumonia.

What is the difference between "HIV Positive" and "AIDS"?

When the virus enters the body the person becomes **HIV Positive** i.e. by doing tests we can detect the HIV in his blood. Remember, he has absolutely no symptoms, and only a blood test would reveal his secret. In fact, 90 % of persons who are HIV Positive are not aware of it! Whenever he has sex, the virus can spread to his partner. That is how the disease is spreading so fast.

After 5-15 years the virus succeeds in destroying his immune system, and then he is prone to serious infections. Now he is said to have **AIDS** i.e. **A**cquired **I**mmuno-**D**eficiency **S**yndrome. The person who has AIDS is obviously ill, and he usually dies within months. This means that AIDS is the last stage of the infection by HIV. Till he reaches this stage, he is quite normal and healthy to look at, and no one will ever suspect that he is HIV Positive. Even when he has AIDS, we will only know that he is very sick, and he will die of an infection, and no one will know that he had AIDS. In fact, unless he is tested for HIV, neither he nor his doctor will know that he

is suffering from AIDS. They will only think that he is suffering from a severe infection. That is why the general public still believes that HIV is rare, though doctors routinely treat lots of AIDS patients.
Hence it is meaningless to send a child out of school because he is HIV Positive. Every village and town in India has plenty of HIV Positive persons. What advantage is there in sending out one HIV Positive child? What is the use of trying to drive out one family from the village?

How do you test for HIV/AIDS?
Today a high-quality HIV test can be done accurately for just Rs 10 in all government medical colleges. This is because the Government wishes to ensure that everyone can afford the test. A simple but less reliable test for HIV is nowadays available in most private laboratories. The usual lab tests for HIV may occasionally give a positive value even in a person who does not have the HIV infection. So if a person tests HIV positive, the first thing he should do is to repeat the test in a Government Hospital .

Can a person harbour the virus but the lab tests show that he is HIV negative?
After the HIV enters the body, it multiplies in the blood, and the body produces a weapon called an "antibody" in an attempt to fight against it. (This weapon is unfortunately not very effective). The blood tests that are done do not detect the virus; rather, they detect these HIV antibodies, which are invariably present in all HIV Positive persons. It takes about 2-3 months for the HIV antibodies to be produced in large quantities. This means that after the virus enters the body, there is a gap (called a "window period") of 2-3 months, during which time the HIV test will be negative even though the virus is inside the body. If a man visits a commercial sex worker, and then worries abut whether he is HIV Positive, he may get his blood tested and it will be normal. He is quite happy, but this may be an illusion. If he tests himself after 3 months, he will be able to know the truth abut whether he is truly HIV Positive or not.A blood test that checks for the presence of the virus instead of the antibodies would theoretically be more accurate. But is much more difficult to perform, and so it is not that accurate.

If a baby is born to an HIV Positive mother, is it possible to know whether he is HIV positive or not?
A baby who is born to an HIV Positive mother will carry her HIV antibodies in his blood for a long time. So his blood will usually be reported as "HIV Positive" even if the virus has not succeeded in entering his body. By the time he is 1½ years old all the mother's antibodies will have been removed, and only then will blood testing tell us for sure whether the baby really has HIV infection or not.

How common is HIV?
It is becoming very common nowadays. In India today, 0.5% of all healthy young women visiting a Doctor during their first pregnancy are found to be HIV Positive.

How does HIV spread?
In India the commonest mode of spread is by sexual intercourse, especially with a commercial sex worker. In the notorious "red light" area of Mumbai testing of CSWs showed that an astonishing 80 % of them were HIV Positive. Each of them had many clients every day, so one can easily understand why the disease is spreading so fast. In Kerala, tests of CSWs revealed that 10 % of them were HIV Positive. The persons visiting them may be married men staying away from their wives, unmarried young men, college students staying in hostels, and even schoolboys. Men spread it to their wives, and the pregnant women to their unborn babies. That is why the disease is rare in people over 60 years, high in adult males, much less in adult women, and seen in children only if their mothers have the disease or if they have received lots of blood transfusions.

What are the other ways in which it can spread?
Since HIV is in the blood, it can spread through blood.

- ✓ If a person who is HIV Positive donates blood to another person, the person who receives it can become HIV Positive. This does not happen if the blood is tested for HIV before the donation.
- ✓ It can spread through syringes and needles that were used on an infected person. But today most hospitals use disposable syringes that are thrown away after a single use.
- ✓ It can spread from one drug addict to another. Some drug addicts inject the drug straight into the vein, and they share the same syringe. If one of them has HIV, the others can get it.
- ✓ It can spread from a pregnant mother to her baby through the blood.
- ✓ It can spread through breast milk.

Can I get HIV by shaking hands with a person who is HIV Positive?
Mother Teresa's nuns have been looking after HIV Positive patients for a long time now, all over the world. The patients usually come to them only when they become seriously sick with AIDS and are rejected by their friends and family. During their last days they may be having severe vomiting and diarrhea and cough; they may be unable to look after themselves, and they may have to be bathed and washed and fed by the nuns. Yet these nuns have never become HIV Positive! So the good news is that you cannot get the HIV by casual contact. You cannot get HIV from a person who has HIV by

- ☺ Shaking hands with him
- ☺ Sitting at the same table with him at a hotel

- ☺ If he sneezes or coughs
- ☺ Standing next to him in a packed bus
- ☺ Staying in the same house with him.
- ☺ Staying in the neighbourhood (it cannot spread through the air)

Can I get HIV from mosquitoes?

You cannot. One would think that the mosquito should be capable of spreading most serious infections, as the germs are usually present in the blood. But when the germs from a sick person enter a mosquito's stomach, the mosquito's immune system *immediately* kills them, as the germs that can attack mosquitoes are different from those that attack human beings.However there are a few diseases where the same germs can attack both human beings and mosquitoes (e.g. malaria, filaria etc.). In these diseases, the germs or parasites enter into the mosquito's stomach, cause an infection, grow and multiply there for days, and then travel to the salivary gland. When the mosquito bites a person, it injects a little of its saliva into that person, and some of the germs or parasites too are injected into the person whom the mosquito bites.

We are indeed very fortunate that HIV cannot infect mosquitoes, which has been proved conclusively.*If mosquitoes could spread HIV, the disease would be seen equally in males and in females, and at all ages.* But as we discussed earlier, HIV infection is extraordinarily common in CSWs. It is mainly a disease of sexually active males. The incidence is astonishingly low in the elderly and in children of healthy parents. If a child has the disease it can invariably be proved to be due to maternal infection or blood transfusions.

Is there a vaccine to protect against HIV?

No. Many people are under the false impression that there is such a vaccine!

Are there drugs for the treatment of AIDS?

Many drugs are now available in the market. The treatment consists of a combination of three drugs. They slow down the progress of the disease, so that the HIV Positive person can live a healthier life, and for much longer. The person will continue to remain HIV Positive even while taking the drugs, though he may be less infective to others. The drugs can prevent a baby from getting infected from its mother.These drugs are very costly, but the Government now provides free treatment for HIV in all Government Medical Colleges.

I have seen advertisements by people claiming to be able to cure AIDS

Many quacks place advertisements in newspapers declaring that they can cure the disease. They prescribe some "secret herbal medicines" or "ancient ayurvedic medicines", charge thousands of rupees each month, and after some months they say the person is probably cured. The patient is so relieved that he never gets his

blood checked. (He is afraid of what he will find if he tests his blood). If he does the test, and finds that he is still HIV positive, the quack just tells him that he needs to take stronger (and more costly) medicines for a longer period of time. The patient suffers while the quack makes lakhs of rupees.If I could only discover a medicine that totally cures HIV, I would not bother to treat patients with it. I would sell the product to an international drug company for a 100 crore rupees, and live happily ever after. AIDS affects over 4 crore people worldwide, a large number of whom live in the wealthy developed countries, and are willing to spend gigantic amounts of money for treatment.

If a pregnant woman is HIV Positive, can she do anything to prevent her baby from getting infected?

There is a 30 % chance that her baby will get infected. Yet by following certain rules, the risk can be reduced to just 2 %.

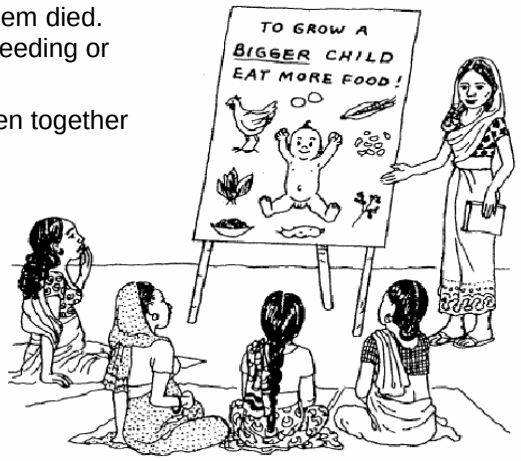
1. Ensure that the pregnant mother is well nourished, and give her iron and Vitamin A tablets. Malnourished mothers are more likely to transmit the disease to their babies.
2. Deliver the baby by Caesarian Section before the labour pains start and the fluid escapes. During pregnancy it is difficult for the HIV to infect the baby, which is well protected by the uterus. But during normal delivery the baby's body is in close contact with the mother's body from the moment it starts to leave the uterus till it comes out, which takes many hours.Give a drug against HIV to the mother during the last few months of pregnancy. It is safe, but only moderately effective.
3. Give a drug against HIV to the baby after birth.
4. Avoid Breastfeeding. HIV can spread through breast milk.
5. There is no need for the mother to avoid the baby. She cannot spread the baby to him by carrying him, bathing him, kissing him etc.

Story Telling :
A technique to assist health workers learn

Dr Janet Parameshwara,
Kidwai Memorial Institute of Oncology, Bangalore

Janaki and Saraswati: a story from India*

Once upon a time, not long ago, there was a young health worker named Janaki, who lived in a small village called Mumabundo in northern India. After making a list of the health problems in her village, Janaki realized that one of the biggest problems was that women did not eat well during pregnancy. They ate too little, and were very thin and anemic. As a result, many babies were born small, thin, and weak. Many of them died. Some of the mothers died too, from bleeding or infection following childbirth.



Janaki began to call pregnant women together on Tuesday afternoons to teach them about nutrition. She explained the different food groups and the importance of getting enough to eat. She told the women about vitamins and minerals, and which foods contained iron that would keep them from becoming anemic. To make the meetings more interesting, Janaki used flash cards and a flannel-board, and even had the mothers bring different foods from their gardens and the market.

But as the months went by, nothing changed. Pregnant women continued to come to the Tuesday meetings. And they continued to eat poorly.

One night, one of the mothers who had regularly attended the Tuesday meetings gave birth. She had become more and more anemic during pregnancy, and from the loss of blood following childbirth, she died. Her baby died, too.

Janaki felt partly to blame. She decided to go talk to Saraswati, a wise old woman whom everyone went to for advice. Saraswati also practiced *ayervedic* medicine-the traditional form of healing.

Janaki explained her problem to the old woman.

Saraswati put her wrinkled hand on Janaki'sshoulder. "I think your problem is this," she said. "You started with what you were taught in your health training, instead of with what the women in the village already know. You must learn to see things through their eyes."

"How do you mean?" asked Janaki.

"You have been telling the women that eating more during pregnancy will make their babies weigh more at birth. But mothers here are afraid to have big babies. Sometimes, if a baby is too big for her hips, the mother cannot give birth. So women have learned to eat little during pregnancy, in order to have smaller babies."

"No wonder my teaching failed!" said Janaki. "Why didn't they tell me? I tried to encourage them to express their ideas."

"Maybe you spoke your own new ideas too quickly and too strongly," said Saraswati. "The women do not like to contradict you."

"Then how can I teach them?" asked Janaki.

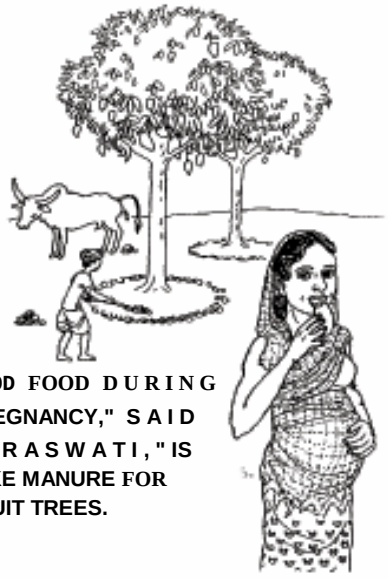
"Begin with what they know and beleive. Build on that," answered Saraswati. "For example, talk to them about dhatu. According to our tradition, dhatu is a substance that brings strength and harmony. It is related to eating certain foods. Pregnant women are not interested in gaining weight or having larger babies. But they are interested in strength and harmony for themselves and their babies, when this comes through dhatu. "

Janaki invited Saraswati to come to talk with the women about dhatu at the next Tuesday meeting.

When everyone had gathered, Saraswati started by telling a story about a family whose mango crop failed because they did not fertilize their trees in time. She asked, "Near the time of harvest, if the fruit looks weak, is that the time to think of adding manure to the ground?"

"Oh no," said the women. "It is too late!"

"So it is with giving birth," said Saraswati. "A difficult birth is often caused by weakness of the mother and child, because they lack dhatu. Since a mother must share her dhatu with her child, she needs to eat plenty of dhatu-producing foods. But dhatu takes time to be made. Foods that make blood and dhatu need to be eaten all through pregnancy."



"GOOD FOOD DURING PREGNANCY," SAID SARASWATI, "IS LIKE MANURE FOR FRUIT TREES.

The women were excited and began to discuss what they knew about dhatu-producing foods. They begged Saraswati to come back and talk to them again.

The following Tuesday Saraswati did not go to the meeting. But before it began, she talked to Janaki about ways that Janaki might interest the mothers in eating foods with iron. Saraswati reminded her that redness of the body and blood is considered a sign of health. In Mumabundo, pregnant women are said to be in danger of 'impurities of the blood',and iron is traditionally used to protect and purify the blood in times of danger. Also, teas made from iron-rich plants like fenugreek and sesame are given to girls when they begin to menstruate and before they marry, to strengthen blood and increase beauty. Saraswati suggested that Janaki build on these traditions, to help the women realize the need for iron-rich foods during pregnancy.

So Janaki discussed these customs during the Tuesday meeting:

"When one of us is 'impure' during menstruationor after childbirth, or when lightning flashes, or someone has fits, we hold a piece of iron in our hand or throw it in front of the house. Why is that?"

" lt is to protect us from sandhi-the evil spirits."

"When a chicken dies suddenly, we cook it with a piece of iron in the pot. Why?"

"To purify it from visha-poison."

"Yes," said Janaki. "We all know iron has guna-the power to protect and purify. This is also true inside the body. Iron makes the blood red and strong. We can see by the red color of our tongues and fingernails that our blood is strong. If the blood is weak, these are pale, not red."

The women began to examine each others 'tongues and fingernails. Soon they became concerned. "Some of us have very weak blood," they said. "We need guna to purify and protect us. Should we hold a piece of iron?"

"Iron will help," explained Janaki, "but only when it is inside us. There are plants that are rich in iron. What plants do we give in tea to girls when they begin to have monthly bleeding, or before marriage, to increase their blood and beauty?"

"Fenugreek and sesame seed!" said the women.

"Yes," said Janaki. "These plants are rich in iron. So we should eat them during pregnancy, to strengthen our blood."

"What other foods are rich in iron?" the mothers asked eagerly. Janaki had already told them many times. But this was the first time they had shown real interest and asked for the information themselves.

As the weeks and months went by, more and more women came to the Tuesday discussions. Each week they examined each others'tongues and fingernails. And changes began to take place. They had discovered that the guna in the iron-rich foods strengthened their blood. They also had begun to eat more so that they and their babies, through dhatu, would gain more strength and harmony.

Today, eating well during pregnancy has become part of the tradition in Mumabundo. Babies are born healthier. And fewer women die in childbirth.

DISCUSSION FOLLOWING STORIES

A story like this one from India can be useful for helping health workers or instructors think about appropriate ways of teaching.

After telling or reading the story to a group, you can ask, "In terms of health education, what important points or methods are brought out in this story?"

The group might make a list of ideas similar to the one below. (Before you read our list, think of as many points as you can. Then compare your own list with this one. Did we miss some important ideas?)

Important points brought out in the story:

Know local customs. Before teaching about health, it helps to be familiar with local customs and beliefs. Make sure that your teaching does not conflict with them.

Build on traditions. Teaching is more effective if you respect people'straditions and use them as a basis for introducing new ideas.

Avoid imposing outside ideas. The use of teaching aids and a 'dialogue'approach is not enough to gain open participation in group discussions. The health worker needs to be sensitive to the beliefs of the group, and not try to impose her new knowledge on them.

Admit your mistakes. Janaki was honest enough to admit her failure, and humble enough to seek help from someone with little training but much practical experience.

Old people are a valuable resource. Health workers can benefit from the knowledge and wisdom of old people and folk healers.

Set a good example. Saraswati taught Janaki by giving an example of a better way to teach.

A wise adviser stays in the background. Saraswati did not go to the second meeting. She helped strengthen Janaki's leadership rather than taking over.

Use comparisons. Saraswati and Janaki helped the women understand new ideas by comparing these with things that were already familiar to them. (For example, they compared nutritious food for pregnant women with fertilizer for fruit trees.)

Encourage a questioning attitude. The women did not remember Janaki's lessons until they themselves asked for the information. Only when people begin to question, will important changes begin to take place.

Stories can be tools for teaching. The whole story is an example of how stories can be used as teaching tools. They help bring ideas to life.

STORY TELLING AS A TOOL FOR TEACHING

An example from Nigeria

There is a saying in Lardin Gabas, *One head can't carry a roof.* It refers to the need to lift heavy thatched roofs onto the walls of the huts. This requires the effort of many villagers lifting together. Local health workers build a story around this saying to help people realize the need for cooperative action in solving health problems.

An excellent example of how traditional forms of learning can become the basis for health worker training comes from Lardin Gabas, Nigeria. The Lardin Gabas Rural Health Programme has been described as follows: *

"The unique feature of the training programme is its **extensive use of** *parables,* * * **drama, songs, and riddles,** the traditional methods of learning among people who still depend heavily on the oral traditions. **These techniques are used both in teaching the course and in teaching in the villages.**

"Teaching in the village is often laughed at or simply ignored if it conflicts openly with current beliefs. For this reason, **stories are constructed to include the traditional knowledge or belief and to move, through the means of the story, to an action which will help solve the problem.**
Customary ways of telling stories in the village are imitated as much as possible. The instructors must be sensitive to the differences in patterns and customs among the various villages, as those differences are reflected in the form and content of the traditional stories."

In Lardin Gabas, even clinical teaching, which has a heavy emphasis on prevention through changing health practices, is based on story telling:

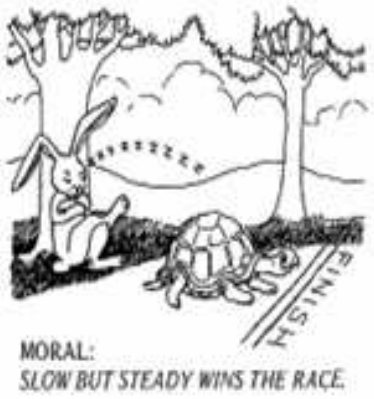
"The diagnostic method taught is based on symptoms. Each set of symptoms suggests a disease about which health workers will teach their fellow villagers through story telling, taking into account the traditional beliefs and taboos.

"Use of simple medicines is taught in practice clinics with real patients. Brief history taking and a physical examination are followed by a story conveying the knowledge of what factors contributed to these symptoms and what actions could be taken to alter the development of this health problem.
Teaching through stories avoids confronting the patient directly with his inadequate knowledge, and allows him to identify with the story character who finds the solution to the same problem. Finally, the appropriate medication is given."

DIFFERENT WAYS TO TEACH WITH STORIES

1. Parables-or stories with a moral

Some stories teach a lesson, or *moral,* which is stated at the end. These can be make-believe stories with animals (fables), imaginary stories about people (tales), or true stories.



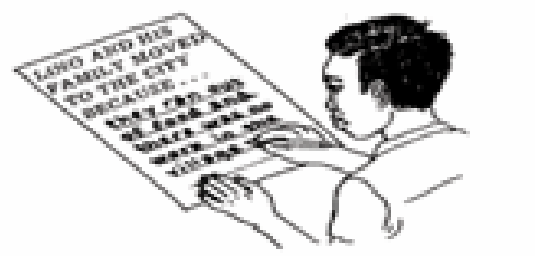
2. Stories that help people think about local problems

Some stories do not give any simple answers or morals, but instead point to existing problems. An example is "The Story of Luis" on page 26-3. This kind of story can help get people thinking about and discussing social issues.

At first, it is often easier for a group to discuss the problems of imaginary people in a story than to talk about the real problems in their own lives and community. But if they begin by looking at the problems faced by the people in a story, this may help them to reflect on their own difficulties.

3. Stories that students help to write

A community literacy program in Mexico has the students learn to read stories about social problems that are related to their own lives. Parts of the stories are left blank, for the students to fill in themselves. This way the students take part in creating the stories and will relate them more to their own situation.



The best teaching stories often are those the students tell or complete themselves-based on their own experience.

STORIES TOLD WITH PICTURES

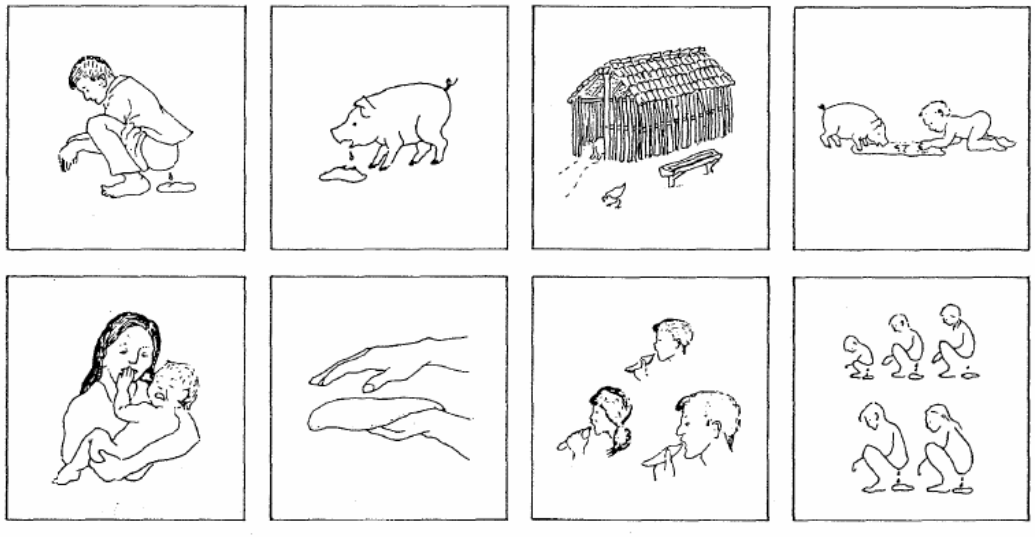
Using pictures with story telling helps in several ways:

Pictures let people 'see'what is happening in the story.

- A series of pictures can serve as a guide for the story teller.

Pictures can be used to help a group tell a story from their own experience.

Health workers can use flash cards or flip charts in discussing health problems with groups of villagers, letting the group try to explain what is happening in the pictures. This way **students discover the health message themselves and tell it to the teacher** (rather than the teacher telling them).

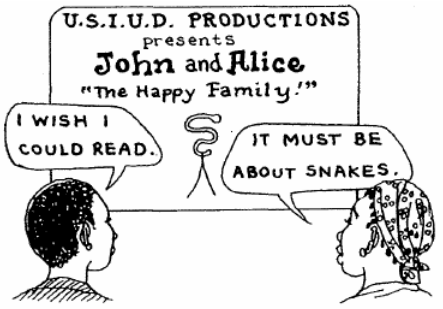


SUGGESTIONS FOR TEACHING WITH PICTURE STORIES

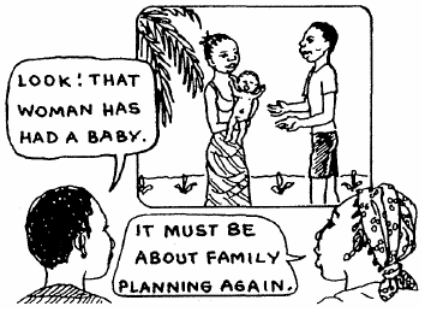
(flash cards, flip charts, filmstrips, comic strips, or photonovels)

- Keep the story simple and clear. Make one or two main points,
  Be sure that both pictures and words relate to the lives of the local
- people.
  Make every effort to respect and build on local traditions.
- Make the first picture one the audience will understand. If most of the viewers cannot read, start with pictures, not written words.

LESS APPROPRIATE



MORE APPROPRIATE



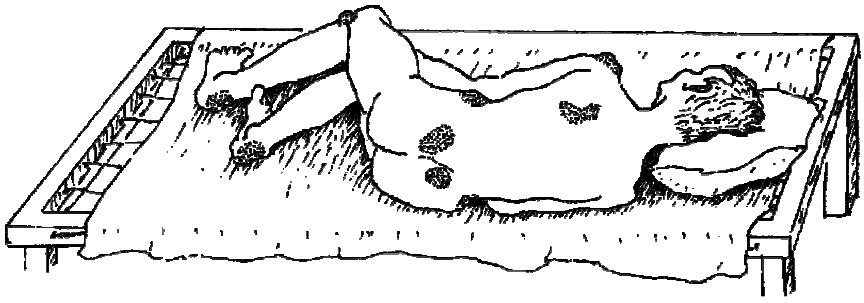
- Each picture should tell a story, or carry the story forward.
- Keep the pictures simple, so that the main message comes through clearly.
  Avoid complicated details. But make things look as real as possible- especially the people.

- Use some pictures that show the whole scene, but also include plenty of close-up scenes. Close-ups are good for emphasizing important ideas because they usually move people emotionally.

Bed sores (Pressure sores)

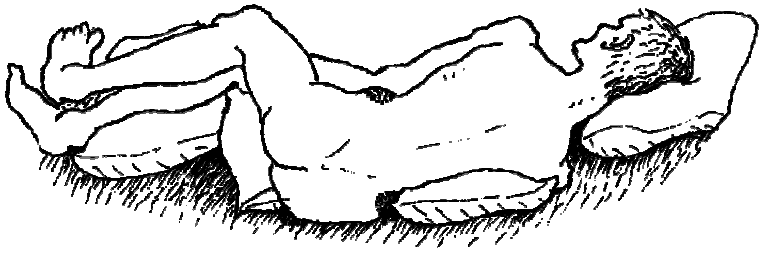
Dr Rajalakshmi , Physical Medicine and Rehabilitaton

These chronic open sores appear in persons so ill they cannot roll over in bed, especially in sick old persons who are very thin and weak. The sores form over bony parts of the body where the skin is pressed against the bedding. They are most often seen on the buttocks, back, shoulders, elbows, or feet.



How to prevent bed sores:

- Turn the sick person over every hour: face up, face down, side to side.
- Bathe him every day and rub his skin with baby oil.
- Use soft bed sheets and padding. Change them daily and each time the bedding gets dirty with urine, stools, vomit, etc.
- Put cushions under the person in such a way that the bony parts rub less.



- Feed the sick person as well as possible. If he does not eat well, extra vitamins and iron may help .

- A child who has a severe chronic illness should be held often on his mother's lap.

Treatment:

- Do all the things mentioned above.
- 3 times a day, wash the sores with cool, boiled water mixed with mild soap. Gently remove any dead flesh. Rinse well with cool, boiled water.

Night Blindness

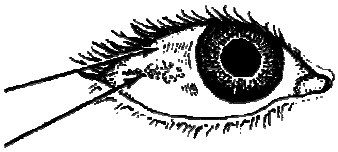
Dr Manjoo S Reddy , Ophthalmology

This eye disease is most common in children between 1 and 5 years of age. It comes from not eating enough foods with vitamin A. If not recognized and treated early, it can make the child blind.

Signs:

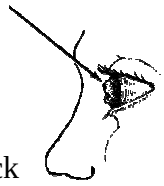
• At first, the child may have night blindness. He cannot see as well in the dark as other people can.

• Later, he develops dry eyes (xerophthalmia). The white of the eyes loses its shine and begins to wrinkle.



• Patches of little gray bubbles (Bitot's spots) may form in the eyes.

• As the disease gets worse, the cornea also becomes dry and dull, and may develop little pits.



• Then the cornea may quickly grow soft, bulge, or even burst. Usually there is no pain. Blindness may result from infection, scarring, or other damage.

• Xerophthalmia often begins, or gets worse, when a child is sick with another illness like diarrhea, whooping cough, tuberculosis, or measles. Examine the

eyes of all sick and underweight children. Open the child's eyes and look for signs of vitamin A deficiency.

Prevention and treatment:
Xerophthalmia can easily be prevented by eating foods that have vitamin- A. Do the following:

♦Breast feed the baby—up to 2 years, if possible.

♦ After the first 6 months, begin giving the child foods rich in vitamin A, such as dark green leafy vegetables, and yellow or orange fruits and vegetables such as papaya (paw paw), mango, and squash. Whole milk, eggs, and liver are also rich in vitamin A.

♦ If the child is not likely to get these foods, or if he is developing signs of night blindness or xerophthalmia, give him vitamin A. 200,000 units (60 mg. retinol, in capsule or liquid) once every 6 months . Babies under 1 year of age should get 100,000 units.

♦ If the condition is already fairly severe, give the child 200,000 units of vitamin A the first day. 200,000 units the second day, and 200,000 units 14 days later. Babies under 1 year old should get half that amount (100,000 units).

♦ In communities where xerophthalmia is common, give 200,000 units of vitamin A once every 6 months to women who are breast feeding, and also to pregnant women during the second half of their pregnancy.

WARNING: Too much vitamin A is poisonous. Do not give more than the amounts advised here.

If the condition of the child's eye is severe, with a dull, pitted, or bulging cornea, get medical help. The child's eye should be bandaged, and he should receive vitamin A at once, preferably an injection of 100,000 units.

Dark green leafy vegetables, and yellow or orange fruits and vegetables, help prevent blindness in children.

Social illustration - 1

Health Workers as political activists

Sreetharan V , Health Activist, ASHWINI

For health workers to stand up for the interests of the poor and to work toward changing the social causes of poverty, hunger, and poor health clearly involves a certain risk. The degree of risk will vary from country to country, and even from village to village.For this reason, the openness with which health workers work toward social awakening and change, and the methods they use, need to be adapted to each local situation.

Unfortunately, countries where the health needs of the poor are greatest are usually the same countries where repression and violation of rights by those in control is most severe. These are the countries where leaders of the poor and those who work for social change are in greatest danger.We urge planners and instructors of health workers, as well as health workers themselves, to move forward with their eyes wide open. Evaluate the possible benefits and risks of any approach or activity you consider, especially if it involves confrontation or conflict of interests. The risks of taking any particular step toward change need to be weighed against the risks of not taking that step: "How many people may suffer from repression if we take a stand on this issue? How many children will continue to die of hunger-related diseases if we don't?"

We know we are taking a chance-both for ourselves and for others who care about people as we do. We hope and believe that in the long run the benefits will outweigh the costs. But each person needs to consider the balance and make his or her own informed decisions.If those of us who share the vision of a more fully human future join hands and work together, perhaps “Health for all” will , in fact, someday be possible.

This article is about a tribal health worker who stood up for his people and made a difference. Parasu is a health worker who has also taken on being a political activist. Dr Gopal Menon (Intern, St John’s Medical College) conducted an interview to get a glimpse of his journey as political activist.

Mr. Gopal : What motivated you to take on being a health worker ?
Mr. Sreetharan : It was the year 1988. The condition of the local tribal people in Nilgris was terrible. The attitudes of people towards tribals were discriminatory. The health situation was pathetic. The nearest health center was 2-3 hours journey. People went to the hospital to lay down and die.I was working as a social forest worker in the Gudalur Panchayath (A Secure government job). An inner call to make a difference to my people made me join the team of people who were planning to make a health system for the tribals of Gudalur in Nilgris, Tamilnadu. Also I have had some experience in providing medical care.In 1986 there was a survey from Madras University about tribal health and I volunteered as helper and got an insight into the state of tribals health.

Mr. Gopal : Can you tell us a bit about your life ?
Mr. Sreetharan : I belong to the Moolakurumba tribe. I was educated till the 10th standard,
Which is a rare accomplishment for an adivari. Those days only the moolakurumbas were educated. In 1986, a survey from Madras University came to study tribal health in Nilgris. I joined them for 2 Months as a helper and became interested in health. Initially we began by taking to people about health and doing things like helping to stamp out illicit liquor brewing. In 1987 where a team of doctors started village visits,I joined them as a medicine carrier.

Mr. Gopal : What are the health issues and how has your team made a difference to your Community ?
Mr. Sreetharan : The killer diseases were diarrhoea in children, bleeding after delivery in
women, high blood plessure in pregnant women (PIH), anemia and malnutrition. A group of us with help from social activists, social workers,educationists and doctors have set up a community owned health system which has drastically improved the health situation in my commuity.

Mr. Gopal : At one point you had provided leadership in political achivism. Can you tell us about it.
Mr. Sreetharan : In Dec 1988, 10,000 adivaris marched through the town. I was actively involved in organizing the march. In 1997 a group of estate owners were exploiting the tribal labourers. We organized a protest and got remedial action taken. As a health worker, I have learnt that it is not always possible to stick to only medical related issues. Health is intertwined with a lot of social issues. The prominent ones in my community are attitudes of people,low self esteem, land grabbing by land owners, discrimination and alcoholism. In the course of my work I have had to deal with all these issues.

Mr. Gopal : What is your message for health workers involved in creating sustainable Health systems for their communities.
Mr. Sreetharan : Keep your eyes open. Look at the whole picture. Medical issues are as critical as social issues in creating well bring for communities.

Parasu with his team

Social illustration - 2

Teaching and learning together
The Health worker as an educator

Samy SA , Centre for Culture and Development

As you come to realize how many things affect health, you may think the health worker has an impossibly large job. And true, you will never get much done if you try to deliver health care by yourself. Only when the people themselves become actively responsible for their own and the community's health , can important changes take place.Your community's well-being depends on the involvement not of one person, but of nearly everyone. For this to happen, responsibility and knowledge must be shared.***This is why your first job as a health worker is to teach—to teach children, parents, farmers, schoolteachers, other health workers—everyone you can.***

The art of teaching is the most important skill a person can learn. To teach is to help others grow, and to grow with them. A good teacher is not someone who puts ideas into other people's heads; he or she is someone who helps others build on their own ideas, to make new discoveries for themselves.
Teaching and learning should not be limited to the schoolhouse or health post. They should take place in the home and in the fields and on the road. As a health worker one of your best chances to teach will probably be when you treat the sick. But you should look for every opportunity to exchange ideas, to share, to show, and to help your people think and work together.

This article showcases the experiences from an organization which has employed an novel method to create awareness about health related issues in the remote villages of India.

Centre for Culture and Development ("CCD") was conceptualized in the early 1980s and registered as a charitable trust under Indian Trust laws in the year of 1990.The primary objective of the trust is to render whatever possible assistance to poor and marginalized communities in the rural areas to promote sustainable livelihoods on a non-profit basis.

In India over 750 million people live in rural communities. The nostalgic view of rural life in India has always been that of a peaceful haven where people live simple, happy communal lives. This no longer reflects the harsh realities of day-to-day life. For the majority of rural people, rural India has become a living tale of hope less socio –economic situation, prevalent with disease, apathy, isolation and despair.We consider the role of cultural resources of people to play an important role in development process. Development requires not only the integration of the scientific,

technological, social, and ethical dimensions but also cultural integration. More over culture enhances the level of confidence to participate in a democratic way.

The role of performing folk media is known as the poor people's medium and had played a role in the communication and promotion of new ideas and the adjustment to a new social order.Folk medium is a participatory medium that encourages two way communication process. It helps the people develop a sense of their own identity, self-confidence and community consciousness. The operational qualities such as simple form and techniques and the customs are added advantage to this medium. The folk form has evolved gradually and whenever they are flexible they retain their appeal to the local people.

Since folk media have sociological roots their utilization could be related to local events and their function in the local communication strategy could be properly assigned. The folk medium is consistent with the needs of the social environment and related to the customs and beliefs of the local communities. It provides the people with recreation and attracts their attention and ensures their participation in developmental activities. We have used the folk arts as a medium to communicate about the health problems of the children in the villages near Madurai in south India.
Every development communication program has a specific message or objective to be delivered through the medium adopted to bring out a change among the people. Health issues are one of the important areas among the rural communities to be addressed in different methods. Awareness building is one of the primary tasks in preventive education among the rural people disease control and cure process. The implementation of this project had different stages.

Message designing was the first step in which the folk artists and social workers came together to understand the health issues like hearing impairment and ear discharge . The facts collected through case studies and field survey were presented to the artists to design a message to address this problem .The objective of the message is to educate the people on causes for ear discharge and detection and preventive and cure methods.

The next step was the production of plays with the story line where the message is being brought out in such a way that it is delivered in simple and understandable language and guiding the people to learn about the issues. For example the story line incorporated the key issues as a message in the play

With the above mentioned points the story is created for performance. Before the performance is taken to the field final rehearsal was conducted with feedback from doctors.They carefully watched and corrected the play with the exact technical input and guidance. Once it was approved by them the artists went to to the village stages to perform the play where all the sections of the people came forward to watch the performance. Drummers who went around the villages attracted the attention of the villagers and announced the event to the people .

The participating folk arts were Karagattam ,villupattu, Drumming , which was effectively blended to create an vibrant form to educate the people . each art has its own unique features to contribute in the performance with storytelling ,dance and music . It gave them entertainment as well as awareness on the particular health issue. The next day the a team of students guided by the doctors did an impact survey among the villagers with the questionnaire to evaluate how far the message has reached them. the final study revealed that it has enhanced the level of understanding about the problem and also cleared the misconception of the issue at different level.A

Folk artists performing at Madurai

through evaluation of this unique project was done by the team of the doctors who concluded that the folk arts as a medium of creating health awareness is proved to be effective and should be encouraged. Since the folk artists are physically present in front of the audience it creates a personal relationship and the communication process is enabled easily, whereas in mass media the media products are delivered without the direct participation of the producers. Folk artistes are from their own community who speaks their language and share their worldview in bringing up changes needed without disharmonizing the community. We have learned through this project that all the developmental messages can be addressed through folk medium to educate and entertain. It also help the traditions to survive and continue by providing livelihood to the millions of poverty ridden folk artistes of the country. For further details contact samyindian @gmail.com

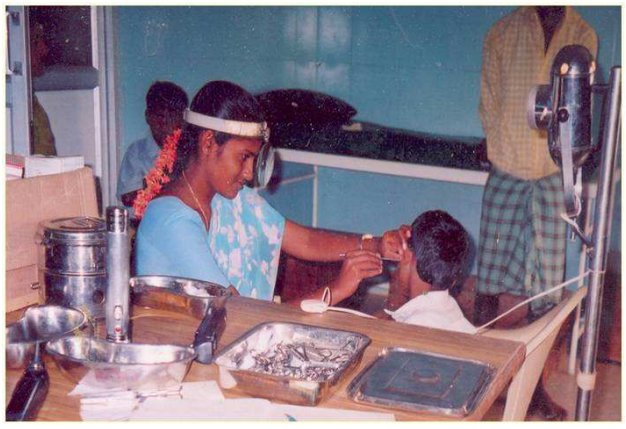
Health Worker as a Professional

Ms Nagapoornima, Audiologist, ASHADWANI

Dear Health Worker . Sometimes we are awed by the technical of medical personnel. The fact is that anyone who is committed can learn some of these techniques and make a difference to a large number of people in the community. This is the story of Bharathi who works in a community ear care program and has learnt to perform a highly skilled technique of otoscopy (Examining the ear with an endoscope) and also perform procedures like microsuctioning the ear , removing foreign bodies and wax from the ear. She had received formal education in Kannada medium upto 12th class. She could not complete her education due to domestic issues. Following this she worked as a school teacher in a village school.At this time an opportunity to get trained as a primary ear care worker came at St John's Medical College Hospital . She had a lot of trepidations to take up this challenging task. This was further compounded by constraints on the family front. But today 8 years later she feels proud to be able to handle most of the ear , nose and throat related issues of her community. The illustrations below show her performing an otoscopy and removal of a foreign body from the ear. These are technically intricate skills. The representatives of the World Health Organisation who had come to evaluate the ASHADWANI primary ear care program were astounded to see the capabilities of these primary ear care workers.

This goes to show that a committed worker can learn technically difficult medical skills and benefit their community.

Bharathi performing an Otoscopy



Bharathi removing a foreign from a child's ear

Education for livelihood programme

Sr Josephine Selvanagayam DHM , Project Co-ordinator
Parangipettai, Cuddalore, Tamilnadu

I remember the Chinese Proverb "Give him a fish and he or she will eat for a day but teach him to fish as he or she will live for life". As a social worker, I had been engaged in different development work but nothing compare to ***Education for livelihood programme*** (EFL) which I was implementing in the past three years in the rural villages at grass root level in Cuddaore District. I had covered 900 illiterate women belonging to poor socio-economic back ground who are enrolled in SHGs and 30 villages had been covered by these activities. Every facilitator had been trained to teach 30 learners within the time frame of ten months to one year and the syllabus, curriculum as well as weekly guides based on these had been well designed to implement the programmes successfully in the past years. Just giving loan and providing the economic opportunities are not sufficient but educate them to educate themselves from their own situations and experience are something different to make the women to be sustainable through EFL. The following narrative is my experiences with implementing the program.

Project vision

Empowerment of the most vulnerable section of the society especially women through equipping them for better quality of life, life skills and livelihoods.

Project Goal

To impart functional literacy and numeracy skills to enhance livelihood preparedness, create awareness on rights & entitlements and the importance of health and nutrition to the illiterate women in 10 villages of Parangipettai block of Cuddalore District.

Objectives

1. To upscale the social and economic positioning by capacitating the women in basic literacy, knowledge, doable skills and positive attitudes through Community based learning centre.
2. To offer choices to the Community for better life, life skills and livelihoods thus leading to their holistic development and empowerment of the vulnerable community.
3. To facilitate the target community to understand various livelihood options available and the processes of accessing the basic required services / resources

Implementation experiences

First Batch 2007 to 2008

The Education for livelihood project was implemented as a pilot project in 10 villages of Parangipettai block for a period of 11 months in 2007 to 2008. Initially the plan was for six months (I phase) then it was extended for another five months (II Phase) to achieve the end goal.

Second batch 2008 to 2009

The second batch was introduced with same strategy for 9 months in 2008 -2009. During both years the networks were created with various stakeholders and resources were pooled in from wherever possible to make the project successful. Making the learners attend the classes with full concentration was a big challenge faced by DHM during the initial months; this was overcome by adopting suitable strategies. Most of the learners were able to come up successfully with what is expected out of them. Educations has widened their knowledge, build their confidence levels, gave them a sense of pride, made them perform better in their daily life and influenced the decision making in the family level.

A suitable platform was created for the learners to interact and learn from their fellow women from the other centers in the form of exposures, special programmes and co-curricular activities. The EFL project enhanced the learners to be effective in their bargaining in marketing and day today in their lives. The capacity building and the ToT training programmes helped the facilitators to develop their personalities, to improve their self knowledge, skills and talents which helped them to cope-up with all the challenges of EFL activities.

Now we have working experience with four types of people - Fisher folk, Scheduled Tribal, MBC (Muslims) Scheduled Caste and all these people were affected by Tsunami. It was understood from these associations that people from SC was open and willing to learn thus all the learners were regular thus benefited from EFL. The fisher folk community had a lot of expectation for material help than coming to the learning centre. Muslims showed a lot of personal interest to learn and it induced self development. The ST community was little indifferent toward literacy and self development and it was very difficult to motivate the women to come to the center. EFL has an impact in the lives of Tribe with an improvement in their behaviors and approach. The Tribal communities need more attention with personal care to motivate them towards self development and education.

The EFL curriculum and methodology which was adapted to the reality of the women at their disposal was very appreciating and inspiring too. Our NGO had learned to new approach to literacy for the women related to their daily lives. The NGOs capacity to work as a partner with CARE India had been increased, remarkable and edifying. The way of functioning in a systematic way had been learnt and adopted through this EFL Programme.

Project relevance and demand

India is one of the developing countries and everyone is aware of the globalization and its effect on the people.However as development is taking place the rural women's life style and her functioning in the family and the society needs a greater attention today. The number of NGOs, GOVT and likeminded people are involved in the development of

people particularly the rural women and they had succeed in bringing about an attitudinal chang in the lives of the poor women.

The women are given a lot opportunity but it is not utilized properly. There are many schemes available for the women's group and women who are capable, educated, empowered and having self confidence take over the other illiterate women and at times they are exploited in a different way. The EFL Progrmme had been an eye opener to many women who were empowered, gained knowledge about literacy and numeracy. It had great impact in the lives of women .Their role as a house wife; mother, sister and a woman has been appreciated and respected.

EFL programme had been welcomed by the women in the villages as they realized the basic Literacy and Numeracy .Along with other educational awareness programmes we help the women to function effectively in the family society and in the wider role. The EFL programmes will enhance every woman who is willing to learn and spare extra time for her self.

I have taken a lot of interest to work for the development of women and I continue to search for more insights to work for the betterment of Tribal in Cuddalore District, Tamilnadu..The following is the narrative of Chitra who benefitted from EFL.

"I WILL BE A TEACHER ONE DAY SAID, CHITHRA

Social background

I, Chitra 22 years of age belong to Irula community, living at Kalaingar Nagar. The people of my tribe were bonded slaves of the local landowners. Their traditional occupation was catching snakes and fishing. My village had no civic facilities. I got married to Mr. Thangam when I was 19 year old. Three years have passed after my marriage and I have one and half year old girl child. My parents are illiterate and we are three children for my parents. I have two brothers one is younger and another is elder. They both are illiterate too and fishing is their main occupation. While I was studying 3rd standard, my parents were used to staying in the forest for the work so I happened to take more holidays from the school and finely I stopped going to school.
Now, I was a member of a self help group (SHG) for past two years and six months before our SHG leader went away from the village and nobody was willing to take in charge of our SHG. I decided to take-up the responsibility as a leader with little hesitation because I did not know literacy, Numeracy and accounts to write SHG notes . I paid money to write my SHG notes and accounts to the person who did the job for me.

During the month of May and June Mr. Moses and Roshni staff had arranged meetings for all the SHGs at Kalaingar Nagar and they had explained about the Education for Livelihood Project, its benefits and how it is going to be useful for our livelihood

activities. All the CARE livelihood beneficiaries were motivated to join in this educational programme. I felt it is a great opportunity to join and to improve myself to be effective in the SHG and in my family. The challenge was to come to the class with my child, but I used to carry her and attend the class regularly, my husband also encouraged me a lot to study. There were many comments from my neighbours but I did not bother about them and went to the class every day.

The main reason for joining the education for livelihood was to manage my SHG and to know about the other information I am attending the classes regularly and for emergency I take leave. In the beginning I felt very difficult to learn but now I participate in all the literacy, numeracy as well as project work thus I am learning slowly.The teacher taught me what is needed for my day to day life and I am also applying it in my life.I never thought that I can improve myself like this but now I have a hope in learning and improving by attending the classes regularly thus I also can be a knowledgeable and skilled person in future.

I am very confident in leading my SHG and I started reading and writing. I am learning to understand SHG account and my teacher helps me to give the wages to the members those who work at the poultry shed and write wages accounts with the help of her.However as soon as possible I will learn it myself. I have learned to spend money according to my family income and started saving little from my in come.

Day by day I have become aware of things and I noticed that my relationship with SHG members and other officers have improved. People appreciate me because I am able to organize my SHG after started coming to the EFL class. It has given me a greater identity and others feel that I am eligible person for doing any common activity and leading groups. Even my husband had never appreciated me for anything before but now he is very proud of me and feels glad about me.
My self-confidence has increased and it gives me inner pleasure about myself. I also make decision for my family and SHG and they accepted it because they have confidence in my decisions .I believe that my Personality and my hope had been increased by this EFL programmes and gives me courage to perform better in future too.

I am sure that I will be reading, writing, doing accounts and skilled with other information by training my self in this centre and will become a model person in the village .In future "**I will not be only the best mother but also a good teacher for my child at least during her primary education**".
I will teach her most of the lessons in the house after the school so that my child will have the best future. This dream will come true only through "Education for livelihood programme." I realize that **even my children may forsake me in the future but my education will never forsake me** and it will show the way for me always.
Thank you for CARE and DHM for giving me this golden opportunity

Educational Pamphlet

Pinworm, Threadworm, Seatworm (Enterobious)

1 cm. long. Color: white. Very thin and threadlike.

How they are transmitted:

These worms lay thousands of eggs just outside the anus (ass hole). This causes itching, especially at night. When a child scratches, the eggs stick under his nails, and are carried to food and other objects. In this way they reach his own mouth or the mouths of others, causing new infections of pinworms.

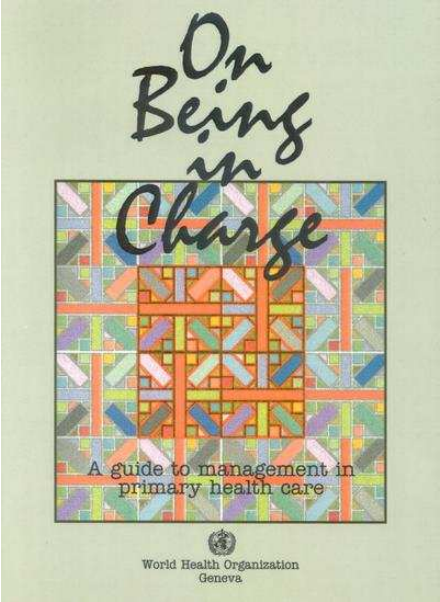
Effect on health:

These worms are not dangerous. Itching may disturb the child's sleep.

Treatment and Prevention:

- A child who has pinworms should wear tight diapers or pants while sleeping to keep him from scratching his anus.
- Wash the child's hands and buttocks (anal area) when he wakes up and after he has a bowel movement. Always wash his hands before he eats.
- Cut his fingernails very short.
- Change his clothes and bathe him often—wash the buttocks and nails especially well.
- Put *Vaseline* in and around his anus at bedtime to help stop itching.
- Give mebendazole worm medicine.Piperazine also works, but should not be used for babies.When one child is treated for these worms, it is wise to treat the whole family at the same time. For a home remedy using garlic.
- Cleanliness is the best prevention for threadworms. Even if medicine gets rid of the worms, they will be picked up again if care is not taken with personal hygiene. Pinworms only live for about 6 weeks. **By carefully following the guidelines of cleanliness, most of the worms will be gone within a few weeks, even without medicine.**

Book Review : On Being in charge (W.H.O)



The second revised edition of a popular training guide designed to help health workers, including nurses, midwives, and medical assistants, improve their managerial skills.

Acknowledging the close link between good management and good health care, the manual shows how a wide range of simple managerial tools can be used to stretch scarce resources, whether through more efficient use of time or less wastage of drugs.
Throughout the book, numerous exercises, practical examples, case studies, cartoons, charts, and sample forms are used to help readers adopt a problem-solving attitude and relate advice and suggestions to their own daily problems.

The guide features 14 chapters presented in four main parts, any one of which can be studied separately or as part of the whole, according to individual learning needs. The first part explains the general principles and functions of management. Part two, on personal relations, offers advice on how to motivate a health team, delegate authority, supervise, conduct meetings, and encourage high standards of work. The third and most extensive part describes problem-solving methods for the management of common problems involving equipment, drug supply, money, time, and space. The final part shows how the principles of good management can be applied to health care in a community.

"... the best management training guide for middle-level workers that we have seen ... an extremely useful book..."
- Development Communication Report

Sharing Back form

Dear Editor ,

My opinions and suggestions after reading issue no ……. of St John's Medical Journal are the following

Lead article section :

What new insight / knowledge did you gain after reading this article

1.
2.
3.

What kind of knowledge would you expect in the forthcoming issues under this section :

1.
2.
3.

Original work section :

What new idea / technique did you get after reading this section whch you intend to use in your community work

1.
2.
3.

What kind of knowledge would you expect in the forthcoming issues under this section :

1.
2.
3.

Review article - 1

What new information did you gain from this article which will be use for your day to day health related work

1.
2.
3.

What kind of knowledge would you expect in the forthcoming issues under this section :

1.
2.
3.

Review article - 2

What new information did you gain from this article which will be use for your day to day health related work

1.
2.
3.

What kind of knowledge would you expect in the forthcoming issues under this section :

1.
2.
3.

Educational article - 1

What new information did you gain from this article which will be use for your day to day health related work

1.
2.
3.

What kind of knowledge would you expect in the forthcoming issues under this section :

1.
2.
3.

Educational article - 2

What new information did you gain from this article which will be use for your day to day health related work

1.
2.
3.

What kind of knowledge would you expect in the forthcoming issues under this section :

1.
2.
3.

Health care Training

Mention the shortcoming of the training module
(Please use it for a session and give your feedback)

1.
2.
3.

Mention the areas under which you need similar modules

1.
2.
3.

Clinical illustrations

On what other topics do you want similar material

1.
2.
3.
4.
5.

Social illustrations

Do you have a story to tell which can inspire others to take on similar work

Information pamphlets

What deficits are there in the pamphlets which if rectified , will provide a more clear information on the topic addressed

1.
2.
3.

My name :

Qualifications :

Address :

Nature of your work :

Guidelines for contributors

(The charter in the contents page gives the scope of the journal)

Original work

This section is for articles on original research work focusing on healthcare in rural / urban poor communities . It should be written in the IMRAD format : Introduction , Materials and methods , Results and Discussion .Word limit : 3000)

Review articles

This section is devoted to review articles on topics which will be of relevance to primary care health workers (Word limit : 5000)

Educational articles

Articles in this section will focus on information about common diseases. A dialogue / conversational style is recommended.

Healthcare training techniques

Effective teaching and learning techniques in healthcare relevant for health workers will be the focus.

Clinical Illustrations

Literature in this section should explain the management of common healthcare problems by village health workers and detail guidelines for referral.

Social Illustrations

Case studies on activities of health workers in non healthcare related domains which has a significant impact on healthcare will be the focus of this section

Information Pamphlets

Novel , richly illustrated educational pamphlets will be accepted for this section.

Beyond Healthcare

Community development related social work case studies can be submitted for this section.

Stories to Inspire

This section will showcase inspirational stories about health workers .

Book Reviews

Reviews of books which will be relevant for health workers will be published in this section

Contents

Ball Pen Sketch: Dr. Dibyendu Majumdar (Dept. of Cardiology)