

SWASTHYA SWARAJ NEWSLETTER

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It is not over yet!

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It has almost been a year since the first Coronavirus case was identified in Wuhan, China, and while the general public might display otherwise, the devastating effects of the virus, lockdown and economic shutdown can still be felt even in the most inaccessible places.

Whilst social-distancing has been the norm, it is the constant support from the community that has kept us going, and we have not shut our clinics for even a single day during the pandemic, and hope that it remains the same in the foreseeable future.

As goes for the newsletters, we have decided to make them shorter, but more frequent, which will hopefully reduce the weight of digital content which one has to consume in the age of the online workspace. Also feedback, comments, and thoughts are always welcome and please write to us at swasthyaswarajindia@gmail.com !



Clashing of Guru Guniya tradition with modern medicine

WRITTEN BY GHASIRAM MAJHI

Mali Majhi was a young man of 25 years age, hard working and respected by all in the village, not used to alcohol drinks unlike many other youth of his age. He is married and father of one month old baby.

He started with fever and as usual village custom goes he consulted the guru guniyas. Almost 70% of the tribal population do so and it used to be much higher percentage earlier. So strong is their faith in this tradition that even now for the majority the first port of call in any health situation is the guru in the village. In the tribal tradition there are female and male "gurus" which is a sign of gender equality among tribals, and people hold them in high respect..

In the case of Mali the guru could not succeed to make him alright. They consulted second and third guru, but to no effect. They did sacrifice hens after hens as the guru advised, but to no effect. The fever continued and patient becoming worse day by day. Another guru was brought from a far off village who was known to be very effective even in hopeless conditions. He advised buffalo pooja and they readily sacrificed a buffalo. But patient did not improve.

I asked Mali Majhi and his family members many times, 'let's take him to Swasthya Swaraj for treatment'. But the people kept delaying hospitalisation for one reason or other; so strong was their faith in this tradition.

As Mali Majhi's condition deteriorated, I went to the house again and forcefully took him on the bike. Patient was brought to the health centre in Kerpai. The travel was risky as patient was delirious and not able to sit or stand, he was deeply jaundiced and vomiting and high fever. He was made to sit on the bike sandwiched between two people and I rode the bike along the risky mountain path. We had to travel almost 11 km to reach hospital.

As soon as we reached the health centre, patient was attended to in the emergency room. Malaria was ruled out. Dr Aquinas told me that patient's condition is serious and that he has infection in the brain and in the blood and that he needs urgent lumbar puncture (taking fluid from spine) and other more elaborate blood tests and has to be taken immediately to Kaniguma. She herself took him in the jeep to Kaniguma and did the investigations and started on treatment.

After nearly 3 days of treatment he improved little and started eating, but still continued to be sick. On 4th day he was taken in the hospital jeep to Bhawanipatna 55 km away for chest Xray which showed pus collection in one lung and the relatives were told about the need to insert a tube in the chest to drain the pus. But after returning from Bhawanipatna, they refused to enter the hospital. Patient's mother insisted that he be taken home and consult another big guru and do some more elaborate pooja. Nobody could convince him and change the mother's decision. They arranged a relative and took the patient forcefully bike to his home- 70 km away. They did the pooja again, but Mali Majhi finally died after one week.

In the village no one questioned the folly of the family members. No one accused them for bringing the patient back from hospital against the advice of all. If I were not educated like the villagers, I too would have probably supported them.

There is a yawning gap between the traditional faith healing tradition and modern medicine. Gurus invoke spirits and heal people and it has been existing in tribal areas for centuries; people even today in their helplessness go to them again and again. They do not exploit the people, they are empathetic to the people; they do not go round with an air around them. They struggle like others for their livelihood.

Modern medicine is made available in tribal villages only now and it will take long time for people to have faith in it. Both the systems are in two different poles. How can we reconcile the two streams? How can we make our people believe in the modern medicine? How can we make quality healthcare available to all? These are the questions in my mind as I still try to grapple with the loss of Mali Majhi whom I knew well.

Daring to Dream

WRITTEN BY NITHIN.P. I

I asked "This place is beautiful, but our people are in great difficulty, we live hand to mouth, there is no education, no roads, no hospital or doctors. That is why I want to become a doctor. I want to support my family, and work for my people." That was the first time I was chatting with Lanji Majhi- a newly appointed, 17-year-old field animator of Swasthya Swaraj who dares to dream.

Lanji is not a typical entrance repeater you find in mushrooming coaching institutes across the country. He lives in a village with no mobile connectivity or electricity. He is a first-generation learner, who went to a school where teachers will come only for one day in a month.

He was helping his family in their slash and burn agriculture when his urban peers were attending online classes from renowned faculties. He has been told a countless number of times that- "no matter what you do in school, you will probably end up farming and rearing cattle for the rest of your life.

For me, Lanji is already an inspiration. The 50% marks he scored in class 12th with his only tutor being an Odiya - English dictionary shows his intelligence, the way he supports his family financially is heroic and the four hours he spent studying every day despite his busy schedule is motivating. Lanji is determined to squeeze out through the bottlenecks of poverty and lack of quality education, and his new job and our guidance may provide the necessary lubricant.

Even after more than 70 years of independence from the colonial masters, we continue to live off the dignity and soul of the people with no opportunity. These people are systematically ignored. No amount of reservation could provide them with an equal opportunity which most of us are privileged to be entitled to by default.

As is the case with Lanji's dream, poverty and lack of quality education, along with political apathy are the limiting factors for all dreams in Kalahandi and our dream of freedom in health is no exception. Being a Gandhian, secular and women-led organisation working towards health for all at the grassroots level in tribal villages sitting over bauxite rich hills, we have to dare to dream every day and work relentlessly towards making it come true. In our dreams, we see a utopian place free from exploitation, where everyone has the freedom to stay healthy, where everyone has equal opportunities, where kids don't have to succumb to malnourishment, where mothers don't have to die out of pregnancy and more importantly where people don't have to be so daring to dream.



Perils of pregnant women in tribal areas

WRITTEN BY DR. AQUINAS EDASSERY

The health centre in Kerpai village is functioning in a rented building and it is surrounded by river and mountains beyond mountains with breath-taking beauty around. The health centre serves and reaches out to about 45 villages and hamlets in 4 GPs around.

Monsoon is heavy in this area and all the rivers, streams and rivulets get swollen and usually the poorly constructed bridges collapse during the time making movements very difficult and many villages getting cut off. In the month of July when monsoon was at its peak, at 6 am two bikes came to the health centre and announced that patient is brought. The patient got down from the bike, washed herself at the tap and came to the emergency room. She had delivered the baby (2nd baby) at around 8pm in the night at home, but placenta was not delivered. They waited for the rain to come down to bring her to health centre. At 3 am when the rains were little better her people arranged two bikes, one with two women, one carrying the baby and the patient behind, and the other bike with three people sitting behind.

They had to cross 3 rivers and some streams all swollen and one broken bridge. They carried the mother while crossing the rivers and the bikes also had to be carried! This was nothing unusual for them as they are used to these hardships in their daily life.

The woman was pale, but calm as usually tribal women are. Her vitals were steady. She had retained placenta for 10 hrs, but fortunately not bleeding. This patient had ideally to be managed in hospital with emergency obstetric care set up which means she has to travel again by road another 90 km to either Rayagada or Bhawanipatna district HQ hospital. We decided to manage this patient in the primary care setting of Kerpai. She was started on high dose of oxytocin drip and catheterisation of the bladder done. Patient and her people were calm all throughout as they trusted the health team, but we were so anxious and nervous about how to manage her if she starts bleeding and transportation will be impossible then. Fortunately after the drip was over the patient expelled placenta with minimum bleeding.

What about the baby? This baby was outside in the cold covered in some thin rags and not breastfed for almost 10 hrs. Baby was very weak. The nurses fed the baby with some sugar water to prevent hypoglycaemia. But the mother as all tribal women do, as soon as the placenta was expelled, got up, had a hot water wash and started breast feeding the baby. But we wonder whether this baby may have developed some brain damage due to hypoglycaemia. We need to follow her up and see her growth pattern.

This woman after 2 hours returned home to go back through the same difficult path she came here, her baby well covered with a baby blanket from the clinic and breast feeding.. It was still drizzling. That is the bravery of tribal women! But the proof of her bravery is in taking the trouble to come to the health centre - in pouring rain, crossing three rivers, climbing mountains and sitting on the bike sandwiched between two behind, one carrying the newborn baby and the mother with the undelivered placenta inside, not knowing what will happen to her!

This is the plight of pregnant women in tribal areas. They do opt for home delivery as they feel secure in their dingy home setting and more so because they have no other option. .





Gandhi's Talisman

“Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny? In other words, will it lead to swaraj [freedom] for the hungry and spiritually starving millions? Then you will find your doubts and your self melt away.”

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