

SWASTHYA SWARAJ NEWSLETTER

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New year, Same crisis

EDITOR: DAANISH SINGH BINDRA

It is the time of the year when we all make resolutions and changes for the next year to better ourselves, however, year after year, the Adivasi identity remains at the same level of social, economical and political isolation.

If we all work together, we can overcome all scarcities and move towards a world which is more equal and happier, so that maybe one day, even the poorest individual can hope for change, and not be stuck in a cycle of hopelessness.

Ask how far will you go for love and you might hear replies like "to the moon and back". Ask how far will you go to impart education and provide Basic Healthcare needs and all you hear is grave silence.

Addressing an acute need of the Tribal areas

WRITTEN BY ANANYA PANDA AND PINKI BURMAN

The image of a school all of us have is a big school building, well laid out child-friendly classrooms, well dressed students in school uniform and school bags, healthy and cheerful children and so on. But sadly the reality of school in backward areas especially in tribal areas is entirely different. There are only Govt schools accessible to the poor. The schools in these areas wear an abandoned look; you do not see children with their loud laughter; the teachers only occasionally visit their work places. When you spot children there, they are in dirty or torn dresses, they are undernourished and unhealthy, not the joyful children we expect to see. The schools which are meant to be symbols of unity, harmony, nation building, instilling values in students, discipline, civic sense, responsibilities etc do not come up to anywhere near these expectations. The schools in these hard to reach areas reflect the poverty, deprivation, ill health, undernutrition prevalent in this area.

The education intervention which Swasthya Swaraj has initiated in 14 Govt Primary schools in 2 Gram Panchayats of Thuamul Rampur Block focuses on improving education outcomes along with health & nutrition outcome of the children as all are integrally related and have to be addressed together. This is the concept of Health & Nutrition Promoting Schools. We collaborate with District Education dept and Health dept.

'Nukkad Natak' to create awareness on the importance of education and mobilise the community to make the schools functional again were done in most of the villages where the schools are located. Activity based teaching and learning method is used helping the children to bring out their talents.

Through this programme we are covering 1000 - 1300 children across 14 Government Primary schools of Kerpai and Silet GPs through this programme with active participation of parents, teachers and village communities. Obstacles are many; it is not an easy task to reach the primary school- age children who are used to roaming in the hills and fields and not attending the schools. Lack of roads, of safe drinking water, of electricity, no toilets and no water to maintain toilets, no play grounds, teacher absenteeism, lack of motivated teachers, monotonous teaching methodology, rampant superstitions in the village communities, frequent illnesses, extremely poor quality of mid day meal programme- all these contribute to the children not attending the schools. There are no quick fix technological solutions for improvement of this situation in tradition-bound tribal areas. We try to follow WHO's Global School Health Initiative aiming to strengthen health promotion and education activities. We hope to influence behaviours and nutrition promotion of individual students and thus the children becoming agents of change in tribal communities.

Where deaths are not mourned!

WRITTEN BY DR. RAMYA MURUGESH

I joined Swasthya Swaraj recently as a Tribal Health Fellowship Medical officer and in my initial days I stumbled across a peculiar experience which I would like to share. Death of a family member is the greatest loss for a family. For me loss of a puppy due to parvovirus was so traumatising, and I remember mourning that for a long time. But here in the tribal area where Swasthya Swaraj works, the adivasis (indigenous people) see birth and death as just two events of life and nothing major or minor.

Dr Sameeksha my companion and myself went to a remote village Uper Nehela to do a detailed verbal autopsy and find the cause of the four mysterious deaths which had happened within one month in this village of 40 households. All the four who died belonged to age group of 16- 24. Three of them had died in one week; none of them had sought any medical attention other than the guru guniya (traditional tribal healer) who had diagnosed the problem as Bidoro basanto based on a peculiar ritual on urine and had forbidden them from seeking any healthcare for one week till the evil spirit leaves them. So nobody could convince them or bring them to hospital. They succumbed to death during the period. The fourth one was a young mother of two children who had indeed come to hospital after her prescribed period of guru guniya restriction was over. She was advised admission. But she refused admission and went home and within one week she died.

Meanwhile four young ladies were admitted with acute febrile illness from the same locality and three were treated for Scrub Typhus and one for Enteric fever and all recovered.

Our team which went to the village to conduct verbal autopsy on the deceased consisted of two nurses conversant in kui language, Dr Sameeksha and myself. After detailed enquiries we could only gather that all who died had an acute febrile illness along with pain abdomen. All of them had been to guru guniya and while that treatment was on they died. 'Bidore Basantha' was the diagnosis of the condition by the local people. Not all the family members were aware of the suffering and symptoms the deceased underwent before he or she died, which we feel could be because all of them are daily labourers in their patches of land in the hills and they go to the jungles and hill early morning leaving behind the sick people at home. The season from October to December is the time of very busy work in the fields with harvesting, threshing etc. In one of the houses we had to take history from a six year old girl who was present at the time of her sister's death. In another house they told us that the girl died because the god of her same age married her and she now lives in heaven.

One lady explained to us how she tried to stop the evil spirit near her door but it still killed her friend. In the house of the fourth patient who died, they had a get-together where all the men drank too much alcohol to forget their grief and they were laughing and trying to discuss with us as if there was no death in their house. Many questions come up in my mind. Is it because these poor people have seen and gone thru' so much hardships in their lives from the time of their birth, seasonal starvation, illness, maternal and neonatal deaths and so on that they have become numb or indifferent to suffering, or so strong hearted and have no more tears left to mourn now, or have these simple people attained the highest spiritual maturity?

Illiteracy, lack of transportation and communication facilities have made them stick to traditional healers and strong superstitious beliefs even now. In our long discussions with the families we also realised that not one family had a death certificate of the deceased and also that the date of birth and names of the deceased were wrong in the aadhar cards revealing the perils of illiteracy and ignorance of the poor unknown and unimaginable to outsiders.

Outcome of the verbal autopsy:

1. We concluded at the end of our verbal autopsy that the deaths were due to Scrub Typhus and one of them due to Enteric fever. The patients who were admitted from the same village in the Swasthya Swaraj health centre following the series of deaths were diagnosed as Scrub Typhus and responded to treatment and one of them was diagnosed as Enteric fever and responded to treatment. Considering that all had acute febrile illness and living in forest fringe villages and that scrub typhus is often undiagnosed and so untreated, and the peak time of this disease' incidence is September to November, we concluded that there was a small outbreak of Scrub Typhus or Enteric fever in this village. Both the diseases are easily treatable and curable. We feel so sad that four young people lost their lives due to a preventable and curable disease and without seeking any medical attention in this 21 st century.

2. Response of Swasthya Swaraj: The team organized the following trainings immediately:

a) Training of Staff and Swasthya Sathis on signs and symptoms of scrub typhus and early referral of the cases.

b) Training of guru guniyas in two groups in Kaniguma and Kerpai health centres on seasonal communicable diseases and outbreaks other than malaria. The guru guniyas explained the concept of 'bidoro basantho' which we often hear in the OPD, taught them about the seasonal and sporadic communicable diseases, and we also discussed about working in harmony and about referral system.

We are trying to make the community participation in primary healthcare more meaningful and not to 'look away' from the disturbing realities..



Why did Bijra Majhi Die?

-Lessons from a maternal death review

WRITTEN BY DR. VANSHIKA GUPTA, SUNITA SAMAL, NAPPA MAJHI AND DR. AQUINAS EDASSERY

Maternal death is defined as a death anytime during pregnancy or within 42 days after delivery due to any cause. Death of a mother is an irreparable loss to the family, to the society, and the nation at large. Good health, high rates of survival and well being of pregnant mothers and new born children are few essential indicators necessary to measure the strides of development a country is making for its people. Hence the death of even one pregnant mother due to avoidable causes has to be analysed and remedial measures have to be taken promptly by the Healthcare providers, Government and Society at large.

Bijra Majhi was a young woman who was pregnant with her 4th child. She was a mother to 3 living children and all of them were delivered at home uneventfully. Her expected date of delivery was in June 2021, but she died in April 2021 during her 7th month of pregnancy. Swasthya Swaraj team undertook a maternal death review four months after her death in the village.

The deceased woman Bijra was not diagnosed as a High risk pregnancy. She had a Mamata card issued by the ASHA and had planned to deliver in Thuamul Rampur CHC. But in mid April she started experiencing severe pain in abdomen and bleeding from vagina for which she was taken to CHC where she took her last breath. On further investigation the probable cause of death was ruled to be Abruption placenta (accidental detachment of placenta because of its location lower down in the uterus ahead of baby's head).

Was this death avoidable? Yes.

Bijra had demonstrated warning signs- occasional spotting (minimal bleeding) which she did not consider serious enough to inform any one and had kept quiet about it. Poverty, illiteracy, not knowing the importance of antenatal care, habit of underestimating their health problems and always preoccupied with hard work in the hills- all these led to her not considering the symptom as a problem and not revealing it even when she attended ANC clinic. Ultrasound examination by a competent person (which is not available in a tribal area) was necessary in diagnosing correctly the condition well in advance.

But there are many low-lying fruits. **a)** Addressing the great need for health education not only to pregnant women but also to adolescent girls before they get married. **b)** Educating the health workers repeatedly to identify danger signs in pregnancy. **c)** Improving the quality of antenatal care. Detailed evaluation and examination are important. **d)** Educating the girls. Illiteracy and ignorance of mothers lead to avoidable mortality and morbidity. **e)** Responsibility of the ASHAs and Swasthya Sathis in following up high risk pregnancies in their areas. All these points, Swasthya Swaraj has decided to address seriously and immediately.

Maternal death review also points to the great need to improve transportation and communication facilities in remote villages which would have saved a lot of precious time in making healthcare available to the deceased. Availability of and accessibility to emergency obstetric care is an important factor to be considered seriously in remote tribal areas.

Whenever a maternal death happens, no one can be just an onlooker or wash off their hands saying that we have no share in it.



Disturbing faces of undernutrition

WRITTEN BY DR. AQUINAS EDASSERY

Undernutrition is a silent emergency. It kills more number of people than any civil war or pandemic on a day to day basis. The following are some of the faces of undernutrition which we usually see in the area of our work:

- A young anaemic pregnant woman during her pregnancy gaining minimum weight and giving birth to an underweight (LBW) baby who later faces developmental delays
- An anaemic adolescent girl who got married at a very young age and became a mother giving birth to a very low birth weight (VLBW) baby who has extremely poor chances of survival
- A child who never reaching full height, remain stunted due to poverty, and limited access to nutritious foods at home.
- Mothers who do not mourn over their young children's deaths
- A child who is dull in studies in the school and drops out of school
- A child who develops night blindness due to vitamin A deficiency
- A desperately thin and wasted child, at imminent risk of death
- A child whose mother died of TB and has now signs and symptoms of TB
- A child who is being managed for severe acute malnutrition and chronic diarrhoea.
- A mother who is a migrant labourer who helplessly watches her child dying due to pneumonia or diarrhoea.

Nearly half of all deaths in children under 5 can be attributed to undernutrition. This translates into the unnecessary loss of about 3 million young lives a year.

Only a fraction of these children die in catastrophic circumstances such as famine or war. In the majority of cases, the lethal hand of malnutrition is far more subtle: it stunts children's growth, deprives them of essential vitamins and minerals, and makes them more susceptible to disease.

Malanti Majhi was admitted to Swasthya Swaraj with extreme general weakness after being sick at home for more than one week. She was 4 months pregnant and had not attended any antenatal clinics. This was her 4th pregnancy of which only two are alive. According to the history elicited from the patient (who was too weak to talk) and from the neighbours, she had fever for which she had consulted the traditional healer (guru-mei who is the female guru in the tribal tradition).

On examination, Malanti was emaciated, pale, with sunken eyes, unable to sit up or talk. The baby in utero was alive. After investigations we arrived at a diagnosis of pregnancy with starvation. She was successfully managed and in 3-4 days' time she was up and walking about and talking well.

While the mother was in the hospital, Malanti's youngest son was brought by her husband to the hospital. The child was found to be suffering from severe acute malnutrition (SAM). The boy was wasted, severely anaemic, gloomy and refusing all foods. The eldest daughter who is seven years old could not come to hospital as she was managing the household and their livestock which consisted of one goat and few chicken and the small patch of land they cultivate in the hills. The father of the family himself was undernourished and emaciated, always carrying the sickly boy. The boy improved fast and started eating well.

Before completing one week, the family went away from the hospital without even waiting for being reached in their village by the hospital vehicle; they went walking some 8 km to their village. As we are used to tribal people's hesitation to stay in the hospital, we were not surprised; but felt sad and helpless. For them the priority is the cultivation in the small patch of land up in the hills, not their health or survival.

Later, Malanti had a preterm delivery at home in her seventh month. The baby died in one hour.

Managing the undernutrition and making the individual patient well again does not complete our responsibility as healthcare providers. The responsibility is not just towards one individual patient but to the entire family and the community he or she comes from.

We feel helpless at the enormity of the problem of undernutrition prevalent in this area and feel upset and angry when we see the beautifully designed ICDS programme poorly functioning, the school mid-day meal (MDM) programme poorly functioning in remote areas like this where people need these very programmes more than anywhere else and anyone else....



From the under-five clinics

DR. SAMEEKSHA HEGDE

Torn dress yet warm souls!
They came running with torn dress,
Wearing a huge smile with eyes filled with happiness!
This is not my imagination,
But the site of a very small and most backward part of our nation!
You see the innocent faces filled with warmth,
Which the world is at its dearth!
They sleep and wake up with hunger,
Which makes us question with anger!
When they are striving to live thier daily life
We are more concerned about likes and dislikes
Even though underprivileged in many aspects
is privileged with precious hearts
They live with blinded eyes
By hiding their deepest scars,
Often lied with the promises
By giving instant gratifications
We often forget to acknowledge their sweats
And the abundance of nature preserved by their hands!!
Let us all accept them as we are,
Do as much as we can to empower!!



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. ”

To visit or contact us:

Swasthya Swaraj Comprehensive Community Health Programme
Swasthya Swaraj office, Mahaveerpada, MSA Chowk, Bhawanipatna,
Kalahandi, Odisha- 766001

Tel No:06670295476

Mob:7326874618

Email: swasthyaswaraj@gmail.com

Website: www.swasthyaswaraj.org

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