SWASTHYA SWARAJ NEWSLETTER

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What's inside this issue:

TIME FOR REFLECTIONS

EDITOR : RAKSHIKHA

The last six months saw the transition from a intense winter to a blazing hot summer with infrequent bouts of rain. SSS's activities and the patient visits as usual were in tune with the seasons of the nature- a learning from the lifestyle of tribes. The new members in the team brought with them a new zeal to learn and work with us. How can I miss out on our new Gurkha?!

We had two batches of medical students who visited us as part of STEP. They were absolutely delighted and equally disturbed to witness healthcare delivery in one of the remote parts of the country. The schools health camps and the tulsi clinics went in full swing.

While so much happened in the last six months, this issue of the newsletter would be a dedicated series of reflections from the field.

CROSS CULTURAL PRACTICE OF MEDICINE IN A TRIBAL AREA

DR AQUINAS EDASSERY

It is a well-known fact that the tribal population in India lag behind others in almost every health indicator, including health care coverage, access to care, and life expectancy.

For a doctor trained in the academic setting of medical college and tertiary care hospitals disconnected from the community, with no understanding of the tribal culture, the tribal people's values and perception of disease and ill health, their poverty, their day-to-day hand-to-mouth existence, silent and inexpressive and passive nature, may all seem strange and sometimes frustrating. This is more so when the patients do not reveal their problems fully even after repeated questioning. They underestimate their problems and the duration of illnesses.

Culture is defined as the beliefs and attitudes that are learned and shared by members of a group. Most clinicians lack the information to understand how culture influences the clinical encounter and the skills to effectively bridge potential differences.

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For a treating physician, understanding and respecting a people's culture, values, traditions, belief systems, food habits, environment and behaviour patterns is important to arrive at a diagnosis and effectively treat the patient.

culture, values, traditions, belief systems, food habits, environment and behaviour patterns is of importance to arrive at a diagnosis and effectively treat the patient, advise the patient and family etc.

For many tribal patients it may be their first visit to a hospital setting and they feel out of place seeing the crowd, strange faces, and methods of treatment. A woman coming to the hospital carrying her sickly child in the sling may have walked 5-6 km to reach the hospital. If the child has a high fever or is not able to suck the breasts is perceived as a serious illness. But in the hospital when the child is advised admission, they refuse to stay. For them, the priority is their unfinished work in the donger (hills) which they depend on for the survival of the whole family. The baby may be suffering from pneumonia with respiratory distress or diarrhea with dehydration or severe malaria etc. but the parents not willing for admission. They would like to get one magic injection that will cure the child and then go back to their traditional healers which will restore the baby to health. In such situations, the health team feels helpless, angry and upset, but finally, we have to give in to their decision.

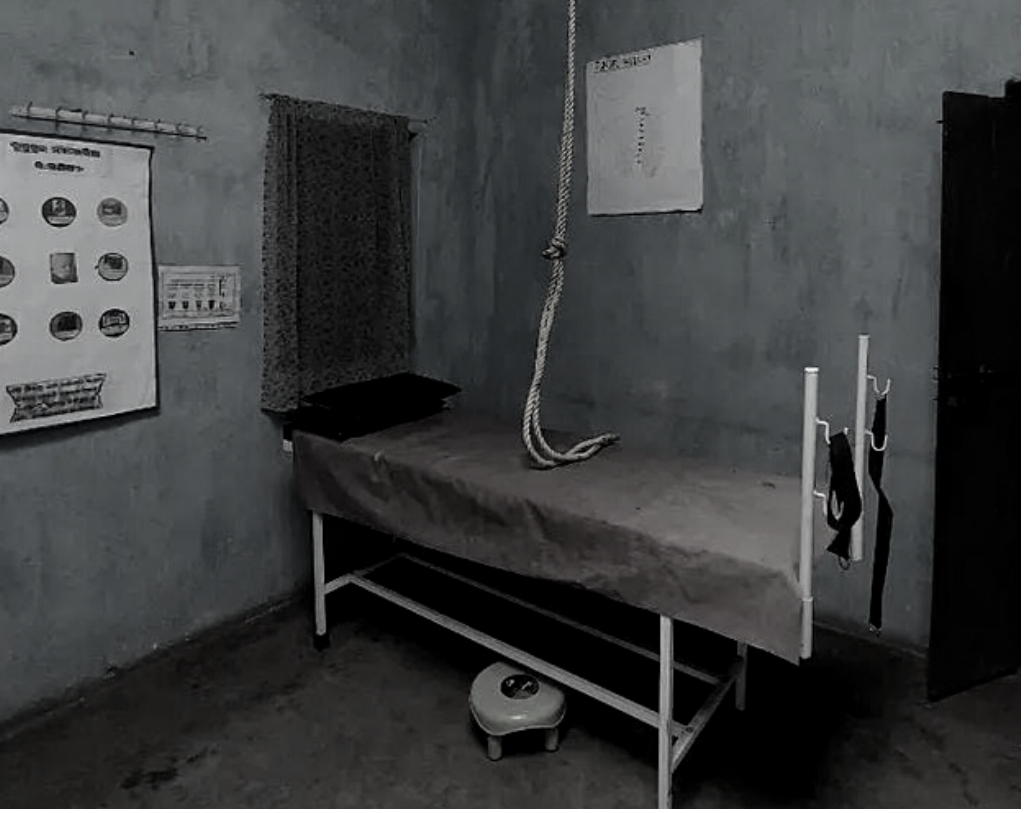
Health seeking behaviour of tribals vastly differs from that of non-tribals. The majority of them go to guru guniyas (traditional tribal healers) first when they perceive that the illness is serious. They may have consulted more than one guru for the same illness. When the guru says that the patient has to be taken to hospital they immediately bring them. Staying away from their home and familiar surroundings is unthinkable for them.

Many tribal patients coming with serious illnesses attribute their problems to 'Noshti' (casting evil eye by someone else). Witchcraft and “fixing” (i.e., casting spells to cause illness) are widely accepted but seldom discussed openly. As the root cause of ill health is seen as these, the cure is seen as eliminating the effect of the evil eye which the traditional healer does by invoking spirits.

Slowly, over the period of 8 years of respectful dealings with the tribal communities and many levels of their trainings and empowerment, their health-seeking behaviour is changing and we have gained their trust. Administration of medicine especially to children is another concern. Tribal mothers are in the habit of not coercing their children for anything and so they do not force them to take medicine too. These gentle, silent women cannot be strict with their children!

Whenever a referral of the patient becomes unavoidable and that is communicated to the family, they invariably refuse to go- the first reason they bring is 'No money'. We explain that the transportation and treatment are free and not to worry about it and we will take care of any extra expense etc. but not able to convince them easily. It is difficult for us to understand the situation from their perspective who live on a day-to-day basis. More than the money, it is their fear of going to the town what they fear and the fear of disrespect they experience in the Govt hospitals.

New strategies are required to expand medical training to adequately address culturally discordant encounters among the physicians, their patients, and the families, for all three may have different concepts regarding the nature of the disease, expectations about treatment, and modes of appropriate communication beyond language.



DELIVERIES IN TRIBAL AREA AND TRIBAL HEALTH CENTRE

EXPERIENCES OF A JUNIOR DOCTOR (TRIBAL HEALTH FELLOW) - DR SAMEEKSHA

The practice of deliveries in tribal villages is unique and is practiced either by self or by trained birth attendants in the majority of cases. Home deliveries is the rule in the tribal pockets as delivery is perceived as a natural process and not something to be medicalized. The woman will be working usually in the donger (hill) involved in her agricultural work or collecting firewood etc and when the labour pain starts, she goes to the backside room in the house and delivers the baby. The birth attendant (phoolbudima) of the village may attend the delivery but she only provides moral support to the woman in labour by massaging the back during uterine contractions. Body fluids is considered taboo and not to be touched at all. They never give fundal pressure as usual midwives do.

Among all the unique things one of the major differences is the birthing position which the mother takes- it is standing and squatting unlike the lithotomy in the general population. It has been found that the number of obstetric and anal sphincter tears are at a lower rate in vaginal deliveries with the standing position compared to lithotomy position which is a conventional method of delivery. The episiotomy during normal vaginal deliveries is

ONE OF THE MAJOR PROBLEMS ASSOCIATED WITH PREGNANCY IN TRIBAL COMMUNITY IS ANAEMIA. AS THE NUTRITIONAL STATUS OF WOMEN FROM CHILDHOOD AND ADOLESCENT STAGE ITSELF IS VERY POOR, THERE IS A HIGH CHANCE OF ANAEMIA.

restricted while managing labour in tribal health setups. In Randomized trials comparing restricted episiotomy and conduct of episiotomy, it was found that the restricted episiotomy cases showed less severe perineal tears compared to the other cases in whom episiotomy rates were high.

The mother and the tribal TBA patiently wait for the spontaneous placental separation after the birth of baby. Till this happens the baby will be lying on the bare cowdung floor being attached to the cord and the cord will be cut only after the placenta separates. Cord cutting will be done either by the woman herself or by the TBA if she is present. We get often distress calls to come and deliver the placenta as the placental delivery may be delayed for hours. Our nurses immediately set out with all the necessary obstetric care items in their emergency bag. Occasionally a woman is brought to the health centre on bike sandwiched between two people, crossing streams and broken bridges with retained placenta, hours after delivery. . Ride in our Thar jeep has often a therapeutic effect in accelerating delivery and in placental detachment and it has witnessed many such events!

One of the major problems associated with pregnancy in tribal community is Anaemia. As the nutritional status of women from childhood and adolescent stage itself is very poor, there is a high chance of Anaemia. The adversities due to anaemia in pregnancy will not only lead to low birth weight babies and preterm deliveries but also increases the risks of abortions, stillbirths, intra uterine growth retardation and Post partum haemorrhage.

India has the second highest Sickle Cell Disease burden in the world and within India it impacts socially, politically and economically marginalised groups, especially scheduled tribes. Hence considering anaemia in pregnancy and also prevalence of sickle cell disease in tribal community, it is important to screen for sickle cell disease all the pregnant women in tribal community.

Health providers in tribal community should also consider social and cultural factors which play a major role in the time taken to reach the hospital and identification of the need for hospitalization.

In a study conducted on husbands' knowledge about complications of pregnancy and maternal health in pregnancy in a tribal population of Maharashtra it was found that 50% of the men did not know anything about the complications of pregnancy. It is important to educate the men about pregnancy to improve the outcomes and care of mother and child.

1.Elvander C, Ahlberg M, Thies-Lagergren L, Cnattingius S, Stephansson O. Birth position and obstetric anal sphincter injury: a population-based study of 113 000 spontaneous births. BMC Pregnancy Childbirth. 2015 Oct 9;15:252. doi: 10.1186/s12884-015-0689-7. PMID: 26453177; PMCID: PMC4600206.
2.Carroli G, Mignini L. Episiotomy for vaginal birth. Cochrane Database Syst Rev. 2009 Jan 21;(1):CD000081. doi: 10.1002/14651858.CD000081.pub2. Update in: Cochrane Database Syst Rev. 2017 Feb 08;2:CD000081. PMID: 19160176; PMCID: PMC4175536.

MY REFLECTIONS

EXPERIENCES OF A TRAVEL FELLOW - KALAIDAS

On April 14, after an unexpected celebration of Ambedkar Jayanthi with the children of Kerpai and Kachelekha, we returned to OPD. As we were about to break for lunch, we were informed of the arrival of one pregnant woman in labour.

This was her first pregnancy. The baby was delivered normally. The active management of third stage of labour was done.The placenta was intact. But to our horror, the bleeding didn't stop. I checked for mucosal tears and sutured. Bleeding still continued like water from an open tap. We gave all medications possible in a primary care setting – High dose Oxytocin drip, Misoprostol PR, bimanual compression- all in vain.

She was still bleeding. Hemoglobin had dropped to 6.8gm/dl from 8.5 gm/dl at admission. Clinic jeep was arranged to shift the patient to the nearest Govt facility (CHC) in Kashipur 25 km from the Kerpai village. Then came the bad news- "The woman's family is not agreeing to take her to Kasipur".

I was feeling like getting pulled and torn by two sides. On one side woman bleeding continuously, on other side family not agreeing to go outside for referral. Fatigue started creeping in all over my body. The word HOPE lost its meaning and sounded just as four letters...

THE WAY THEY WERE TREATING THE PATIENT DISTURBED ME.

IT DOESN'T SEEM RIGHT. I KNOW THE PRIORITY WAS TO MAKE BLEEDING STOP, BUT TOLERATING WHAT?

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I was shaken out from my thoughts on hearing a man reasoning with the family members saying that it is her life which is at stake and they should readily take her to Kasipur. Her husband and family members were getting ready with one bag and a bowl of mandiya page (ragi porridge). *Oh…my hope was revived.*

With no delay, we quickly shifted the patient. We tied the IV fluid and synto bottles on the roof top of our thaar gaadi. Two other medical students accompanied us in a two wheeler. On reaching the Kasipur GH, I rushed and explained to the duty doctor and in no time she was shifted to the labour room.

Suddenly, the old crippling fear or the lack of hope took hold of me. The way they were treating the patient disturbed me. Without her consent, she got stripped. Forceps were put inside to check for bleeding. I could see them around the mother giggling and sneering while they treat her. *One look at her face and her gaze was piercing right through me. My temper was hitting my head.*

I was fighting with my thoughts in my head. It doesn't seem right. I know the priority was to make bleeding stop, but tolerating what? Yet I was fully aware that I cannot change human behavior stemming out of privilege. My mind was now brimming with frustrations and resentment. Please stop thinking. Slowly it dawned on me. If not money, what was stopping them? Now I know. The hesitation the family had made complete sense.

The nurses informed that the bleeding has stooped. *Relief.*

I came outside and told the relatives that she is little better now and looked at her husband. I could imagine what's going on in his expressionless face- a silent request to take them home.

I requested the doctor to check Hb (Hemoglobin) again. The machine was not working. The Doctor took a break from their fun and said "We are referring her to Rayagada District Hospital." I went and informed her husband that. I went and told to her husband that they are taking her to Rayagada. I enquired hime noticing his clueless face - "Do u need money?? No". "Do you have money? No"!!!!!!!

We quickly pooled in some money and gave him. Ambulance was arranged. As we were waiting for the ambulance, it was getting darker and colder.

I was numb and shivering inside. My body was refusing to function normally, refusing to cry, refusing to inhale air.. My mind was crowding with thoughts. I am reasoning hard with my mind to stop!

Fortunately, ambulance had arrived and she was shifted inside. As the ambulance inched away from us, I looked at her through the window. A smile dawned on her face!

The entire ride back, thoughts were flooding my mind. I was very tired and exhausted – physically and mentally. I came back to the room and crashed on my bed. The time was 10.15 pm, 14th April. My eyes fell upon the photo we had used in the morning. Ambedkar was smiling in that photo!

SUMMER CAMP 2022

PINKY BURMAN

I am sure all of us will have a very fond memory of summer camps from our childhood. With the aim of recreating this fun and space environment for the children of Kerpai and Silet GPs, we had arranged a Summer Camp for three days. A total of 380 out of the 500 students from all 14 schools particpated in the 3 days summer camp program.

Creating a safe space, where children can come out from their comfort zone, socialise with children from other villages and have fun was our top most priority. We had carefully curated the programmes for the camp keeping this in mind. The camp was packed with games that they absolutely love, sports, cultural activities and movie screening. We had kept in mind to create spaces to enable the children from different villages to interact and make friendships. Tribal children tend to be very soft spoken and shy. All of the team members ensured that we gave special attention to the children so that whenever possible we make space for them to talk more freely in front of a crowd.

The first day in the summer camp started with the registration of all children. It was followed by fun games, poster making competition (Theme: Save Nature) and movie screening. Day two started with skipping competition, notebook balance race, musical

chair race, running race, dancing and singing competition for all students. We had organised a rally on the last day from Kerpai to Pindapadar to bring awareness about the need for education in tribal communities. All our staff enthusiastically took part in the rally along with the students. It was followed by closing ceremony where Block Education Officer was the chief guest. The CRC of Kaniguma and Kerpai clusters, Sarpanch from Silet & Kerpai panchayat, school management committee (SMC) members, and our Executive director Dr Aquinas Edassery were also present in the ceremony. Few students gave speech on their Summer Camp experience. Gifts were distributed to all the prize winners. Kachilekha school came out to be the overall winner of the camp.

Since we started working extensively on education through Health & Nutrition Promoting Schools, student absenteeism has been our biggest challenge. We are hoping against hope that the summer camp helps children see the schools in a different light and instill in them an interest to come to school regularly.

FROM MY LITTLE BOOK OF HAPPY THINGS

DR RAMYA MURGESH

26 April 2022

It was around 3.30 am in bhawanipatna, there was a power cut and it was getting really hot. Along with my room mates, the three of us went to terrace with sleeping bags and pillows. We laid down there, it was much better than in the room. I looked up at the sky and it was a starry night! Whenever i see stars I can't help it but start singing ' Look at the stars look how they shine for you... they were all yellow'. Then in a few minutes I saw a shooting star!!!

In Kalahandi shooting stars are not a new thing for us but its seen in the villages more clearly. But for the first time I saw in bhawanipatna, could be due to the power cut there was no light pollution.

The excited me told my friends about it and they couldn't believe.

Moral of the story- Next time you have starry nights, sing Coldplay yellow song, make the stars happy and see them falling for you

STEP - A right step in understanding inequity in healthcare

EXCERPT FROM THE INTERVIEW OF SHABAREE, A MEDICAL STUDENT

Swasthya Swaraj Tribal Heath Exposure Programme (STEP) was borne out of the conviction that there is a need to provide opportunities for young medical students to explore and experience working in tribal areas. STEP aims to inculcate in medical students' the desire and motivation to work in badly underserved areas of the country. Since we kickstarted the programme in December last year, we have had 3 batches of medical students visiting us.
Here's an excerpt from the interview of a medical student, Shabaree from Hitech Medical College, Bhubaneswar.

- **After more than a week's time in Kalahandi, did the experience and learning surpass your initial expectations?**

It surpassed all my expectations. It was a big eye opener. Not only were we seeing patients and learning a lot, we were also exposed to the problems these people are living with. I will carry the experience throughout my life and learn something new everytime I reminiscence. We came back as kinder, more patient and empathetic people.

- **What is the key sentiment on development and primary healthcare that you took back from the STEP visit?**

Empathy, groundedness and patience. We absolutely cannot render proper service if we go with the mindset of "helping" those people as somehow it creates a feeling of us being better and superior than them. This blinds us to few of their struggles. We have to "be" equal to them. Understand their issues and do our jobs according to their needs. I feel it is our responsibility and not a favour we are doing.

Unsung women heroes of Swasthya Swaraj in the tribal villages

SUNITA SAMAL, CHANCHALA MAJHI

In the 79 Tribal-dominant villages and hamlets we have one tribal woman who was selected by the community and whom we train systematically every month with regular evaluations. These illiterate women are the invisible change makers in the neglected tribal villages.

This year on March 8, the international women's day, we honoured three best Swasthya Sathis out of all the 79 villages- in Kaniguma cluster (44 villages), Kerpai cluster (20 villages and Silet cluster (15 villages).

1.*Panodei Majhi*, Swasthya sathi of Tadadei village, Kerpai: she is the mother of 5 children. One of her children died of severe malaria5 yrs ago as she delayed treatment going to guru guniyas and following their advice. Finally while she was carrying the child to the health centre, the baby died on the way. Her grief was uncontrollable. But she rose above the grief and decided that day, "I am responsible for my daughter's death by wasting precious time in saving her life; _ no single child will die of malaria in my village, hereafter". And it has been so thereafter. There has been no severe malaria or deaths due to malaria in her village. In the Antenatal-Underfive clinics which Swasthya Swaraj organizes every two months where underfive children and pregnant women are actively screened for malaria, the rates of positive tests dropped to zero and continues so. Any child with fever are brought to the health centre by Pano dei. She also brings all the pregnant mothers for the antenatal check up. Pano dei is hereself a gurumei, but today she is a transformed front-line healthworker – a real Swasthya Sathi. She never misses any trainings for Swasthya sathis, correctly detects danger signs in children and pregnant women and advice them and accompany them to hospital.

2. *Gurubariparabhoi* is the Swasthya sathi in Butriguda which is a remote village in Nehela cluster. This skinny woman in late fourties has assisted hundreds and hundreds of home deliveries. After she underwent Trained Birth Attendant trainings at Swasthya Swaraj, she follows all what is taught and assists all the deliveries not only in her village but in other villages too. She is on high demand by all. No single mortality in her hands. She not only conducts deliveries, she correctly detects danger signs well in advance during her antenatal visits and advises them to go to hospital and accompany them, gives the newborn care at home, educates the mothers on nutrition of children, attends all the trainings of Swasthya sathis without fail and communicates the training contents to other mothers in the village. She is indeed a hero and areal Swasthya sathi in her village.

3.*Nua dei Majhi*- Swasthya Sathi from Multipadar village in Silet GP is another person who has journeyed with us from the beginning of Swasthya Swaraj. She is indeed a sathi to her small village which is located on a river bank that gets cut off from the mainland in rainy season. She visits every house regularly, documents all data, communicates her learnings to other mothers using her reminder cards, motivates children to attend school and adolescent girls to attend trainings.

WOMEN'S DAY CELEBRATIONS

For the first time, we celebrated Women's Day in all the three clinics/sub-centres instead of in one place. The Sarpanch of respective GPs graced the occasion as Chief Guest. Swasthya Saathis and Tulsi Saathis from each cluster joined us in the celebrations. We engaged in fun activaities and games while also addressing the importance of taking nutritious food. We honoured their invaluable service with appreciation, gifts and specially honoured the best Swasthya Saathis of the year..

WORLD TB DAY

After a two years' break due to covid pandemic, we observed the World TB Day in 2022. March 24 world TB day was celebrated on 29th March in our Kaniguma Health Centre. All the TB patients past and present were specially invited for this event. . There was exhibition for health education, health check up for all TB patients -present and cured patients, special gifts for all, with a public meeting which was again a health education session. Our DCHP students put up a skit on TB which was appreciated by all. Sumptuous lunch was served for all. The students from St John's medical college Bangalore were also present.

IN OTHER NEWS

X-ray unit set up in the Kaniguma centre.

Heartily welsome to Dr Vishy Jagannath New Associate Director.

TULSI programme for the empowerment of 1500 tribal adolescent girls is supported by BRBNMPL. We kickstarted the programme in October 2021. We are in the process of conducting Tulsi clinics in the viallges. Empowerment of 1500 tribal adolescent girls. (details in next issue)

New android based pharmacy stock management app is finally live - AVNI developed by Samanway. The struggle to manage the stock in 3 centres located in areas with poor or no network is addressed through the app. The nurses are taught to manage this.

FOUNDATION STONE LAYING CEREMONY OF NEW HOSPITAL BUILDING

The land was granted to Swasthya Swaraj by the District Admin for which we are ever grateful. The long awaited foundation stone laying ceremony was graced by the presence of Mr. PradipKumar Dishari, MLA of Lanjigarh, Mr. Dayanidhi Majhi, the Chairperson of Th Rampur block, the Sarpanch and the Zila Parishad member. Th construction work is progressing steadily.

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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