**ENHANCING SOCIO CULTURAL CONDITIONS FOR BETTER HEALTH IN RURAL KUMAON: APRIL-JUNE 2014**

Since the start of our project, ‘Enhancing socio cultural conditions for better health in Rural Kumaon’ in August 2013, we have completed a baseline survey and have started rounds of trainings as well as initiated intervention in our selected villages.

**Community Health**

**1 Baseline Survey**: The baseline survey was completed in November. It involved 15 randomly selected villages and 430 households from Okhalkanda Block. The villages covered were Paijaina, Dalauj, Kotla, Kafli, Tanda, Putgaon, Sakalwar, Patrani, Bhumka, Thushrar, Takura, Kotli, Baramdhar, Reekhakot and Soude.

**Major Findings**

* Most women (89%) farm for a living
* More than half (60%) of women have their first child between 19 and 21 years of age
* Half the women (51%) who are currently pregnant have not had an ANC (ante natal care) check up during their pregnancy
* 80% of babies are delivered at home, 58% of which are assisted by untrained TBAs (midwives)
* A majority (65%) of women facing complications in their pregnancy are not provided with treatment
* 46% of women made no prior preparations for their delivery
* Among the women who planned to deliver at home, more than half (57%) made no plans to save any money for their delivery (a critical measure in order to save time during emergencies in the mountains).
* Among women who planned to deliver at home, only 3% intended to deliver in their cowsheds (a huge cultural shift from practices 2 decades ago)
* Among women who already have a child, more than 80% have delivered at home and untrained dais have delivered more than half (58%) of the babies
* 76% of women are not given meat, eggs, fish or ghee (fat made from cream) after delivery and 65% are not given green leafy vegetables. Diet restrictions for lactating women vary in intensity in different areas but the practice is widespread and detrimental to the health of mothers.
* 80% of women breastfed their babies within 24 hours of delivery (a great cultural shift from earlier times when babies were not given vital colostrum or the first breast milk since it was considered bad for the baby).
* Among mothers, 69% give their newborn baby a bath within one hour of birth. This is not recommended, as bathing the baby will remove the white coating known as vernix, which acts as a first line of defence against infections. Bathing can also expose the newborn to hypothermia, which may result in Pneumonia.
* More than half of the women (61%) do not use any contraceptive method
* More than half (58%) of women wait to eat food after all other members in the household have eaten

**2 Smokeless Chullahs in Kumaon**

Our research in the energy sector has been driven by the need to improve the crude stoves and other methods used in the region to heat homes and cook food, using wood as fuel. On an average, women spend 2-3 hours every day collecting fuel wood in the Okhalkanda Block of Nainital District - our community health intervention area. The stoves are primitive and not only burn wood inefficiently, but also fill the house with hazardous smoke which, after a lifetime of inhalation, causes compromised respiratory function and early death.

In 2010, we started experimenting with 'Smokeless Chullahs' (improved cookstoves) in order to reduce the amount of smoke inside houses. We built 401 chullahs over three years, but on final evaluation, found that only 116 were in use. The rest were either destroyed or not being used, or had been modified inappropriately to suit women’s needs. Most of these chullhas had been built with guidance and training from a Pune based organization named the Appropriate Rural Technology Institute (ARTI). Deeper analysis showed a need for more education of the users, especially on maintenance of the stoves and on adaption to a slightly newer cooking method. The stoves themselves had been standardised by using a mould.

With the initiation of the next phase of our health project in the same region a year ago, we worked on training our masons again, on creating greater awareness of the users (mostly women) and on dedicated training on maintenance. This was followed up by continuous follow-up to check on the usage of the stoves and their maintenance.

The strategy paid good dividends. We have now built 84 new chullahs and out of them 77 (92%) are in use. Initial studies show a reduction in the consumption of firewood and a decrease in cooking time, as well as marked reduction of smoke in the house.

**3 Expanding the Health Program**

The Mobile Health Clinic services, a joint program of Aarohi and the government Uttarakhand Health and Family Welfare Services will be flagged off on 2nd July 2014. It will travel to villages Satoli, Lweshal, Mona, Karayal, Khansyu, Kalaagar, Patlot, Dholigaon and Bhidapani with a team consisting of a General Physician, Gynecologist, Radiologist, Nurse, X-ray Technician, Lab Technician and a Pharmacist. The camps will be conducted on the first 10 days of every month.

Aarohi was chosen to partner with the American Indian Foundation to study and implement strategies in improving maternal and child health care in the recent disaster-struck northern parts of Uttarakhand. This is the first time Aarohi is venturing out of the Kumaon region and into the Garhwal region and we hope to be as successful as we were in implementing our health program in Kumaon.

*‘A woman’s health is sacrificed due to the ardent desire for a son’*

*Thirty year old Khasti Devi lives with her husband, mother-in-law and four daughters in the village of Jhargaon where we run our community health program. Khasti’s husband is a daily wage labourer and Khasti helps with farm work. Khasti and her husband desperately want a son and for this reason Khasti has had eight pregnancies since she married at the age of 21. Her first three deliveries went well and she gave birth to three healthy girls at home. However, after the third delivery, she suffered many health problems. She chose to ignore them and her fourth delivery resulted in a stillbirth in hospital. The attending doctor told her that the cause was most likely her severe anaemia. The following year she gave birth to a baby girl who is blind and suffers from mental disabilities. In spite of this, she and her husband continued trying for a son resulting in four miscarriages of which the last involved heavy bleeding over a period of several months.*

*Khasti was clearly in need of care and support when an Aarohi health team worker met her during a routine house visit. Khasti was encouraged to take iron and folic acid tablets and explained the need to re-gain her health before trying for another baby. Our health workers explained to Khasti and her husband, the probable causes for her miscarriages and the problems that might arise if she were to fall pregnant again soon. We advised her on family planning methods and suggested admission to Aarohi’s hospital to recover from her anaemic condition. We even had philosophical discussions with Khasti and her husband on the necessity of a son!*

*Khasti’s life situation is typical of women of the region. Due to social pressures and the desire for a son, women often tend to sacrifice themselves to achieve that goal. Only with spreading awareness and better education for all, can we help improve the health and well-being of these women.*

**Curative Health**

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