



"I slept and dreamt that life was joy. I awoke and saw that life was service. I acted and behold, service was joy."

- Gurudev Rabindranath Tagore

(Celebrating 153rd birth anniversary of Gurudev)

This children's newspaper is part of a Media and Information Literacy Initiative of Gurudev Rabindranath Tagore Foundation.

This issue focuses on Child Health.

Editorial

When health is in a dilapidated state...

"A flower bloomed already wilting. Beginning its life with an early ending."

(R.J. Gonzales)

In 1993, Kevin Carter won the Pulitzer Prize for capturing a heart wrenching picture in the region of Ayod in Sudan during the 1993 famine. It showed a hopeless toddler dying due to exhaustion and hunger, while behind her, a hooded vulture waited for her impending death.

Four months after this picture was taken, driven by guilt, Kevin Carter committed suicide. Twenty years have passed since then, but the issue of children's health remains unresolved.

According to a report by World Health Organization (WHO), 75 per cent of death in children occurs due to neonatal causes, Pneumonia, Diarrhea, Malaria, HIV/AIDS and Measles. Alarming still, malnutrition contributes to more than a third of deaths among children.

The death of each child is a loss to humanity. We stand accountable for every shriek of pain and every tear that is shed. We are to be blamed for the death of two-year old girls in Africa due to AIDS. We should be ashamed as many children around the world are forced to eat food that is thrown away into trash cans. The dilapidating health of children is testimony to our ignorance, selfishness and negligence.

Now is the time to act. One act of awareness can save many lives.

Let us teach children around us to wash hands using soap. This simple act can act as a deterrent to a number of serious diseases. Always remember, success is achieved by taking baby steps, one at a time.

The Peace Gong raises the issue of child's health in the hope that someday, these write-ups will stir compassion in someone's heart. Someday, someone will fight the plethora of diseases mainly through steadfast hard work.

Someday, the children of this world shall enjoy an illness free childhood. As a writer aptly wrote, "An angel in the Book of Life wrote down my baby's birth. And whispered as she closed the book, "Too beautiful for Earth."

Syeda Rumana Mehdi

Reality Check stresses on need to tackle key health issues

Report on the field Study cum Reality Check Prog on Child Health by 'SUROVI' at Chapaidang and Rajabari villages of Chandrapur Development Block under Kamrup Metro District, Assam on February 9, 2014.

The Peace Gong Bureau, Guwahati



Notwithstanding efforts at streamlining maternal and child health facilities, serious problems continue to affect the condition of children in several marginalized areas of Guwahati, Assam.

Members of the Surovi Shishu Panchayat, as part of their regular programmes, conducted field studies-cum-reality check on child health in two villages – Chapaidang and Rajabari in Chandrapur Development Block under Kamrup Metro District, Assam.

Villagers, community leaders and anganwadi workers were interviewed as part of these reality check exercises. The team was led by Bhiyanka Devi, President, Surovi, Shishu Panchayat. Other members of the team included Priyanka Chetry, Radha Sharma, Riya Akhtar, Ainal Ali, Islam Ali (volunteer), Junu Biswas (volunteer) and Tahura Khatun (volunteer).

The village, Chapaidang is situated behind the Sunchali Hill over the southern bank of the Brahmaputra and comprises of about 95 per cent scheduled tribe population. Arun Boro, a local community leader spoke to the Surovi team about the hazards and health problems of the village. He said the children in the village and adjoining areas were greatly affected by diseases like black fever, jaundice, malaria, tuberculosis, different types of skin diseases, etc. He expressed concern that these diseases are mainly caused due to the rising numbers of brick industries in the area.

Speaking about the poor living standards of the people, Mr Boro informed that about 70 per cent of the total population lives below the poverty line (BPL). The major problems affecting maternal and child health in the village are: poor literacy rate; poor transport and communication facilities; lack of primary or community health centre and emergency management facilities;

and finally poor access facilities of government schemes and other minimum basic facilities for the people living in the village.

The Surovi team also spoke to Ms Makani Kalita Basumatary, an anganwadi worker of No-2 Kharghuli Chapaidang Kendra under ICDS Scheme of Government of Assam who has been serving since the last 23 years. According to Ms Basumatary there are five anganwadi kendras functioning actively in the village.

Ms Basumatary said that since her joining as an anganwadi worker, she has been trained only twice till date and none of the food, nutrition and quality control officials have been actively helping her in providing services to children in the area. She said for the past one year she has been trying to renovate the shed of her Kendra, but unable to do so.

As part of the SABLA scheme, only one sewing machine has been offered between the five Kendras about five years back for skill up gradation of adolescent girls in the village – this too has never been touched.

Moreover, the team found that there are no facilities for children with disabilities. Also there are no schools for children, even though the number of brick industries is growing each day in the village. There is only one Chapaidang Lower Primary School.

The team also met Ms Droupadi Kalita, local community health worker under NRHM Assam in the village. Ms Kalita has been serving her community of about 300 households since 2008. According to her, a large number of child birth in the village and adjoining areas take place using the traditional methods. "Due to poor communication facilities and hilly topography of the village, pregnant women with labour pain are mostly unable to make it to nearby hospitals," she informed.

Meanwhile in Rajabari village, the team found that there was no health centre. According to Ms Geeta Biswas, the local community health worker, an auxiliary nurse mid-wife visits the village once a month. The education level of the people in the village is also quite low.

One of the concerns the team felt was the nine brick industry that has come up in the village. Though it gave livelihood to the local villagers, the pollution that these were spreading is posing health hazards to not just children, but also elders in the community.

STUNTED HEALTHY GROWTH...

Nishwa Naim, Class IX
with inputs from Astitva Rathor, Class V
(Moradabad)

"A sound mind rests in a sound body"

Moradabad has been gripped by pathogens many times. In 2010, seven children had died and over 35 taken seriously ill. After several tests, influenza B virus was found to be the cause of the illness. It was called 'Moradabad fever', which also spread to other western districts in Uttar Pradesh, such as Agra and Saharanpur.'

Dr Shahroz Jamal, a gynecologist talking about the concerns of child health in rural areas of Moradabad said, "Though there are a number of schemes for the mother-child benefits, but still the condition is worsening day-by-day. Pregnant mothers are anemic and as a result of which the child suffers from innumerable disorders. Due to poor nutrition and no care of the pregnant woman, there is even the risk of losing the child at the time of delivery. Stunted growth, wasting and underweight are some common problems found in children from birth."

Health in the area is major concern especially amongst younger children who are affected by number of serious health issues including typhoid, diarrhea and obesity. The underlying reasons behind these health issues are their lifestyles, consumption of unhealthy foods and no physical activity.

Dr. M. Athar, a surgeon, focuses on the need of proper nutrition, hygienic practices, timely vaccination and proper sanitation for healthy growth of the child. Jaundice, diarrhea, anemia, constipation, malaria, fever, cough, are some common problems faced by children due to lack of proper care. A number of children in the area are gripped by these ailments.

He emphasizes: "Awareness of masses especially the mother before and after the birth of the child is essential in the marginalized areas. Proper implementation and regular check of government schemes such as ICDS, JSY, etc. needs attention. Government hospitals should be well equipped for any complication arising during the delivery, since maternal mortality rate has been found to be very high in the area."

When asked about the care to be taken, both the specialists stood on similar principles – 'prioritize your health!' They were unanimous in their reflection: "Firstly, we should eat a nutritious and balanced diet. It will help us in developing a strong immune system, which prevents us from infections and diseases. Secondly, take care of your surroundings, keep them clean! Maintain hygiene. Physical exercise is also essential in order to enjoy good health.

The role of parents and teachers should be to guide the children and take proper care of them. Along with appropriate physical exercise, adequate amount of sleep is also necessary for a healthy body and mind."

MANTRAS FOR A HEALTHY CHILDHOOD

Kerala is known for its health competency and its health standards are at par with developed nations. The role of the Community Health Centres plays a vital role in promoting the child – mother health of the state. In a freewheeling interview, Ms Soumini KK, junior public health nurse, Community Health Centre, Panamaram tells Navya K Chandran, Class X, Waynad.

Q. A large number of children are obsessed with fast food. How does this habit affect their health?

A. Consuming too much fast-food creates health problems for everyone. Children in all parts of the country tend to consume more fast-food. As a result they become victims of obesity. This could lead to heart diseases and diabetes.

Q. What is the mandatory measurement of medicine given to children?

A. From age 1 to 5: 200 mg; from age 6 to 10: 250 mg; from 11 years onward: 500 mg

Q. It is said that the child of a person with strong smoking habit may have psychiatric disorders. What could be the reason?

A. We can't say if it is 100 per cent true. The main cause is from the parent's habit of smoking while the baby is still in the mother's womb. During the initial 3-4 months the child undergoes physical development, if the mother smokes or otherwise a passive smoker during this time it could cause health problems. This has been proven by scientific research.

Q. Which are the vaccines to be given after a child is born?

A. Hepatitis B is the vaccine administered on children at birth. This is to safeguard against severe jaundice at child birth. This is given even before removing the child from the labor room after birth. Another vaccine given immediately is BCUT. This is given to prevent meningitis.

Q. Which organ of a child is seriously affected by diseases?

A. Lungs. This is because of lack of immunity. Disease causing organisms can easily enter into lungs. Also heavy food like meat, fish, and egg can be given after the child reaches one year of age. It is advisable to cook food at home, than buying from outside.

Reducing the pressure on children

**Anjana, Navya, Fayza, Akshay, Sabeena, Amal Dev, Febin, Anandapadmanabhan
(Class X), Waynad**

Overload of syllabus in schools and extreme pressure to meet deadlines of assignments and homework is affecting the mental and physical health of a large number of children. According to a survey conducted by The Peace Gong Waynad team, students observed that most of the teachers were unsympathetic and not empathetic when it comes to understand the pressure and distress of students.

The excess efforts needed to finish assignments were responsible for many students not getting enough sleep and as a result many also failed academically, the survey pointed out. According to many students interviewed, parental pressure for getting top ranks was another issue the children faced. This was the cause of mental distress amongst many children. Further the survey found that children with single parents face psychological trauma as they live in an imbalanced family environment.

The students also commented upon the way teachers taught in schools and how these added to increased anxiety amongst them. The majority interviewed pointed out, "Due to Kerala's peculiar political background, the change of governments too affect the children. As each government introduces new educational policies, the teachers are not in a position to teach properly, as they are not used to the new methodologies and this in turn add more to the mental worries of the students."



Health survey and discussions on child health taken up by The Peace Gong Waynad

The Care is NOT Enough

Asiya Baquar Naqvi, Class XII, Aligarh

The serious problem of malnutrition in the country can be gauged from visits to impoverished slums of Aligarh. Lack of nutrition, poor health facilities and sanitation is a grim reminder of the herculean efforts needed to overcome defects in child health system in India.

Amidst the glittery outlook of kids from financially secured backgrounds to having all the facilities, the fun image is marred by poor kids begging at the parking, selling flowers near temples and doing other odd jobs.

How many of us have ever bothered to even glance at their distorted faces, let alone think for them? Are we so taken over by the tasty snacks and fun that we deliberately overlook their severely malnourished state, chapped lips and cut bare feet bearing tales of years of neglect?

Malnourishment affects 1/4th of children in India. It not only hinders physical development of the child, but lack of nourishment retards mental growth as well. The average healthy calorie intake of Indian children is estimated as 2000 calories per day. The irony of the fact is that 20 million poverty stricken children in India do not get two square meals a day – a healthy calorie intake is a distant dream.

The Food Security Act (2012) implemented in the Indian Constitution is often referred to as the "The Right to Food". But it has not been implemented as per the requirements of the nation. Just ensuring every family is entitled to some rations of grains, doesn't ensure every child in the family gets adequate nutrition.

Still reports suggest that every fifth child suffers from malnutrition in India. This should be the alarming issue to be tackled up by the government keeping in mind that a child today is the human resource for the country in the future.

How can children develop stability psychologically and socially when they are deprived even of proper meals let alone other amenities? The need of the hour is not suggesting solutions to eradicate extreme poverty and malnutrition, but implementing policies that directly benefit our children. Special emphasis should be laid on providing free and adequate highly nourishing food to children in the age group of 0-5, because they need it most in their developing stages. For this, it is not just the government but the whole society, which need to put in their collective efforts.

I visualise that one day when just like polio, malnutrition will also be eradicated from India. But for that sincere effort from both the civil society as well as the political set up is a must to tackle the problem. Not to forget that media, which has a tremendous influence across cross sections of the society, must initiate a campaign to end this vicious cycle of malnutrition.

Health in the Hills!

**Sonam Yangdol & Samina Kausar (Class XI),
Athsum Fatima Khan (Class X), Ladakh**



Mr Javed Naqi, the Peace Gong Kashmir Coordinator and the National Core Group member having an interactive session with students on media literacy.

Ladakh is characterized by high altitude and harsh natural environment. Extreme cold weather conditions and dryness, high radiation and low precipitation are a challenge to ensuring good health of children. Due to the harsh weather, roads remain closed for more than six months. People do not get fresh fruits and leafy vegetables.

Also due to the difficulties in communication and travel, a large number of Ladakhis do not go to dispensaries unless there are serious cases. Most of the mothers are forced to rely on traditional systems of cure for general ailments, but if the situation aggravates, the patient is taken to a nearby hospital, which is quite far.

The reasons for infant deaths in Ladakh include low birth weight, lack of prompt monitoring, prolonged intervention period and delay in handling delivery. There is also a reliance on the traditional 'dais' (nurses).

There is one Government hospital in Leh apart from few other private hospitals. In Ladakh the role of ICDS (integrated child development scheme) is to reach the beneficiaries like children age group six months to six years. In our own district Leh it was first started in the year of 1980 with 35 Centres.

Now at present in Leh district there are total 676 sanctioned Anganwadi Centre out of which 462 are functioning, covering 7897 beneficiaries. The main objective of this scheme was to improve the nutritional and health status of children.

The National Rural Health Mission and Leh Nutrition Project are also working to create awareness among the general masses about the importance of child health. However, many villages are yet to get benefits of these programmes. Leh is progressing in all fields but a lot is still to be done in the field of health and hygiene.

Malnutrition – A Silent Emergency

Subhashree Ghatak, Class XI, Siliguri

The saying, 'A healthy mind resides in a healthy body', will only see the light of the day if issues related to a healthy life with nutritional diet is provided to all. But child malnutrition is considered to be among the biggest challenges that our country is facing.

According to the United Nations Children's Fund (UNICEF), under-nourishment is the main cause of children's death. About 40 per cent of the children in West Bengal are underweight, it says.

When asked about the state with the lowest incident of child malnutrition in India, one would definitely mention the name of West Bengal. But a recent report in Hindustan Times dated September 13, 2013 stated that "By 2014-15, all the 19 districts of West Bengal will come under the category of 'heavy burden districts,' in terms of malnutrition levels, the National Family Health Survey (NFHS), conducted by the Union health ministry, said."

A district is considered a heavy burden district, if the malnutrition level among children and lactating mothers is higher than other districts. Birbhum, Purulia and South Dinajpur were considered as the heavy burden districts in the year 2011-13. The sad part is that now even Burdwan, North Dinajpur, Cooch Behar, South 24 Parganas and Jalpaiguri districts have been added to the list.

Dr Apurba Saha, a senior doctor of Naxalbari Primary Health Centre of Darjeeling district observes, "Female education is a must because today's girl child is tomorrow's mother and if the mother is not aware and educated about health, how can we expect her children to be healthy?"

In his view, the only solution to this problem is the extensive spread of quality education to every home. The government has set up the primary schools with the provision of mid-day meals to eradicate malnutrition.

Dr Saha also points that a number of sub centers are working in the remote areas of Bagdogra and its adjoining areas and Tea Gardens to provide basic health facilities to the people. They work with the ANM (Auxiliary nursing and mid wife) and ASHA staffs.

They know all families in the area. On any difficulty, sub centers approach the centers for guidance and advice. The doctors of those centers are also trained to provide treatment to the patients for an immediate recovery.

Mrs Subhra Shyam Choudhury, an Anganwadi Worker of Boromohan Singh Jote, Rabindra Sarani Centre No 221 of Shivmandir area under Darjeeling District, opines that "ICDS does its work in spreading education and providing food to the rural children, but people prefer to send their children to private schools instead of Anganwadi centre due to their increase income of income level."

In order to address this acute nutrition problem, dedicated education and training programmes in nutrition will need to be put in place.

A HEALTHY APPROACH TO END THE VICIOUS CYCLE OF MALNUTRITION

*Rajnish Singh Rajput, Class X, Upamanyu Bhattacharya, Class X, Hrishikesh Nath
Class VIII, Suman Chetry, Class X, Anurag Paul, Class X (Tezpur Bureau)*

For children, good health is not only a state of being physically fit, but being mentally and socially fit too. But, how far is a child really fit? What are the reasons that are drastically affecting a child's health? Is it only doctors who can save a child? How far is it true?

We, the members of The Peace Gong Tezpur Bureau tried to do a reality check of children's health issues and facilities in Tezpur, Assam. From the National Rural Health Mission (NRHM) in Sonitpur district we found that although being a well developed place, its provision regarding child's health is not effective. According to Dr Nittyanda Nath, a medical in-charge of the Kanaklata Civil Hospital, Tezpur in spite of being a government hospital it has provision for only three doctors for children. Is it really the lack of doctors or is the government not interested in talking effective measures?

To know about these problems, **The Peace Gong** team interviewed **Dr Subrata Kakoti**, a noted child specialist of Tezpur, Assam and asked him about the concerns of child health in Assam.



PEACE GONG- Sir, since you have a long time experience of treating children, what is your opinion on the importance of children's health?

Dr Kakoti- India has a population of 1.2 billion of which 40 per cent are children. So, the improvement of children's health is definitely important for a developing country like India. Moreover, we all know that children are like the backbone of a society. If the backbone remains strong then the society will prosper. Therefore, if a child is healthy then the family and then the society and then the country will also develop.

PEACE GONG- What are the most common problems affecting children's health?

Dr Kakoti- I will put five points that affect child health: bad hygiene & sanitation, poor nutrition, certain infections, poor immunization and poor health education.

PEACE GONG- Have you faced any extreme cases like malnutrition?

Dr Kakoti- Every day we come across many children who are suffering from malnutrition. Out of 50 per cent child population, around the world 47% are malnourished. According to WHO, malnutrition is the single greatest threat on child health. Around 923 million children are malnourished all over world.

PEACE GONG- What according to you, is the main cause of malnutrition?

Dr Kakoti -Lack of proper diet. If the diet for children which includes protein, carbohydrate, fats, and vitamin is less or excess, then malnutrition

occurs. In case of diseases like diarrhea, there will be mal-absorbing of minerals and affecting the health.

PEACE GONG - What is the ideal diet for child?

Dr Kakoti- Ideal diet includes sufficient food which includes protein, carbohydrates, vitamin and minerals. One child requires 120-150kg calories per kg per day.

PEACE GONG - What are the factors which affect children in rural areas?

Dr Kakoti- In some areas, due to poor economic status, lack of good food leads to malnutrition. Also unplanned food may lead to malnutrition.

PEACE GONG- Do you think that there is any discrimination between the girl child and the boy child in terms of their health?

Dr Kakoti- Yes, sexual discrimination is present though in Assam it is not to so much extent. In other states, the girl child gets less food and may suffer from malnutrition.

PEACE GONG- What is your opinion about the facilities regarding child health provided by Government?

Dr Kakoti- The Government provides certain facilities but the implementation is not so adequate. The mid-day school meal scheme, intensive pulse polio immunization, the integrated child development scheme are some of the facilities. There are Anganwadi centers in rural areas.

PEACE GONG- What should be done to overcome the problems?

Dr Kakoti- Prevention is better than cure. There should be clean and hygienic surroundings. This reduces 30 per cent of problems. Next comes, good nutrition, good education, genetic counseling and also immunization. Immunization helps in fighting certain diseases like diphtheria, tetanus and chicken pox.

PEACE GONG- We found that the Kanaklata Civil hospital of Tezpur has a shortage of doctors for children, so don't you think that the government must provide sufficient number of doctors?

Dr Kakoti- Definitely there is a shortage of doctors in Kanaklata Civil hospital. Not only there, but also in the entire Sonitpur district there is shortage of doctors. There are only nine hospitals in Sonitpur district. Ideally the doctor-patient ratio should be 1:1000. But at present, it is 1:1800. So, now the government is planning to establish 200 medical colleges to bring out around six lakhs of doctors.

HLL Lifecare Ltd

HLL Lifecare Limited (formerly Hindustan Latex Limited), incorporated in the year 1966, is a Miniratna, Category I Schedule B fully owned Central Public Sector Enterprise under the administrative control of Ministry of Health & Family Welfare. HLL was set up in the year 1966 primarily for manufacture and supply of condoms for the National Family Welfare Programme of Government of India.

Commencing with a capacity of 144 million pieces of condoms per annum, the company has expanded its capacity to 1615 million pieces per annum. It has established itself as one of the largest manufacturer of condoms in the world. HLL also exports its products to more than 115 countries.

The company has entered into wide range of activities with manufacture of products ranging from contraceptives, pharma products, vaccines and hospital products while the services range from diagnostics, infra-structure construction and consultancy procurement consultancy, health facility management, day care centres and pharmacy retail centres etc.

HLL, through its trust, Hindustan Latex Family Planning Promotion Trust (HLFPPT) is also involved in control of population and spread of deadly diseases like aids etc, through their social marketing. HLL has also established a joint venture, Life Spring Hospitals for providing cost effective maternal health alternative. The company has also set up a subsidiary, M/S HLL Biotech Ltd. to establish Integrated Vaccine Complex for manufacture and supply of vaccines for preventable diseases and is in the process of setting up a Medipark aimed at bringing down the cost of medical devices and appliances which will in turn bring down the cost of healthcare.

Thus HLL is not only a contraceptive supplier but is a composite Health Care Delivery Company involved in major health programmes of Ministry of Health, Government of India and a globally respected organization.

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My last dream

*Syeda Rumana Mehdi,
Associate Editor, The Peace Gong*

Last night, I had a dream,
I was floating on a cloud and eating ice cream,
Fairies flew all around me,
There was light everywhere as far as I could see,
The dream was so beautiful that I did not want to wake up,
Nevertheless, I was aroused from slumber as the doctor came in for my check-up,
In an instant, my wonderful dream transformed into a bitter reality,
I was in a scary hospital in a damp locality,
The chirping of birds had been replaced by the beep of machines,
How I hated the acrid taste of medicines, how I craved for the tangy taste of tangerines,
I flinch when I look at the needles inserted in my body,
I blink at those yellow curtains which seem very gaudy,
I look at the other children around me, moaning in pain,
I look at the helpless mothers trying to control their tears but in vain,
Suddenly, my nine year old self can't take this anymore,
Even the teddy bear beside my pillow is an eyesore,
I see light coming in from the window, illuminating the whole room,
It is absorbing in itself all my misery and gloom,
Is that a fairy sitting on the window sill?
Or am I hallucinating because of that sleeping pill?
I can see a cloud floating near,
The pain has vanished; there is nothing to fear,
I lie back on the pillow and smile,
For I get to dwell in my favorite dream for a long while.



Nepal: A Long Way to go in Child Health

*Apar Paudel,
Pokhara Pathshala Boarding School,
Class VIII*

Despite Nepal making progress in child health, there are still large number of Nepalese children living in different parts of the country especially in the far western region who do not have proper access to health services.

Although child mortality rate has declined drastically in Nepal, disparity among religions and ethnicity is growing. Another major problem is the poor nutritional status among the children of the country. Malnutrition is said to be badly affecting the growth and development of many children under five years of age.

In fact the Karnali region in the far western region of Nepal has very poor condition of child health. According to Min Bahadur, a health worker, "It is unfortunate that such a large number of infants die during birth; those who survive do not get proper health care and immunization". He further says that people of this region are still unaware of their health and sanitation issues. This is directly impacting the children, he adds.

Further there are many children who are who working in different odd jobs as child labours, where they do not get proper care in terms of food, nutrition. There are many cases of such children being affected with severe cases of malnutrition.

Preventive measures need to be adopted to ensure that proper health measures are adopted for children to provide them a better and healthy living. But it is a long run as of now.

LENDING A HELPING HAND

Prithwi Ranjan Das, Class- VIII, Agartala.

Child health is the most important thing for us. There are many children who are suffering from diseases, but people don't give any attention to them at all. However, my friends and I are trying to make efforts to help some of the abandoned children in our locality in Agartala.

We all raise funds for such children in the locality. We have to take care of these children. As many of them don't have food to eat, we get them food from the funds we collect.

I and my friends find pleasure in giving portions of our pocket money to the fund. Now the poor children get food and we are also trying to help them with basic learning's. At times we help them to go to the vaccination camps to get vaccinated.

When they fall ill do they have someone to take care of them and have enough money to buy medicines? The answer is - no! We children wherever we are should come together and try to help our friends who are in need.



Oh My Health!

I am just a little child,
I want to always smile and never cry,
Oh! My dear God don't make me ill,
That's what I don't want to feel,
Oh! My health, Oh! My health
Please be my friend,
I don't want to go to hospital
Because there I have to take injection.

And I am afraid of it
So my health, it's my request
Please become my friend
I can make my present and future bright
If my health will be fine
I can fulfil my dreams in life.

I am just a little child
I don't know what lies in my future
But I want it to shine.

If you will not be my friend
then how will I become a doctor,
And how will I cure the little ones like me?
I am just a little child
And I want to make my country proud
Oh! My health, so please become my friend.
Please become my friend

RAJNISH SINGH RAJPUT
Class X
Tezpur

TRIBAL SUPERSTITIONS AND THE STRUGGLE FOR GOOD HEALTH

The Peace Gong Kerala Bureau

The tribal population of the Waynad district in Kerala has access to limited health facilities. They are categorized into various sects like Paniyas, Kurichyas, Kattunayakan, Adiyars, Uraali and Kurumas. There are many who are affected by cancer and most of them are abandoned by their dear ones. The Adiya and Paniya tribe in Wayanad are very poor and victims of these kinds of diseases.

Though there are primary health centers, its services are very limited and not easily reachable. Advanced checkups and treatments are not available and affordable to the majority of the tribal people. Health education and proper sanitary amenities are far from them. The children of these tribal communities suffer the most due to this poor health facility.

The Peace Gong Waynad looked deeper into the tribal health status of Wayanad with special focus on their children. For this The Peace Gong team not only visited the tribal villages, but also interviewed two senior journalists who have working on tribal issues doing news reporting and making documentaries. These included **Mr Ratheesh Vasudevan**, Program officer, Darshana Television and **Mr Shameer Machingal**, camera person, Mathrubhumi.

PG: What are the general health issues seen in the tribal community generally?

Shameer Machingal: The tribes suffer from malnutrition, cancer, child mortality and other health related issues connected with alcohol consumption and usage of intoxicants. Besides they also suffer from genetic disorders like cycle cell anemia etc.

PG: What could be the fundamental reasons that lead to health problems among the tribals?

SM: The main reason for their suffering is due to lack of awareness. Even though they are introduced to various health schemes they generally do not take them seriously. Another equally important cause is their addiction to intoxicants both men and women consume alcohol. The disturbing signs of children also falling to this trap poses serious concern.

PG: What are the chief causes for their health problems, besides lack of awareness and negligence from the society and authorities?

SM: When the tribal populations were uprooted from their natural habitat, i.e., the forest, they lost their traditional medical practices, as all the herbal medicines are found in the forests. They had to depend on modern medicine, which is against their system.

Their life habits also play crucial roles. For example, at a very young age, the tribes, both

male and female start chewing tobacco, which causes cancer in the mouth. Certain tribal communities marry from the same family and this causes very serious genetic disorder cycle cell anemia. Their ignorance is much exploited as they are widely used to work in farms applying dangerous pesticides.

Since they do not know the side effects, they fall prey to these poisons. Unwed mothers are also a common reality among the tribes. Again, their innocence is exploited, and at a very young age these unwed mothers give birth to unhealthy children, who often die during childbirth.

Meanwhile Mr Ratheesh Vasudevan talking to The Peace Gong said: The reasons for their health problems are that they don't have proper education. Dropouts are a common factor in tribal education. At a very early age the children go for work and since they have access to money they start drinking and smoking, which cause health problems. The present day education does not respect the culture and uniqueness of the tribal community. Therefore, a methodology has to be developed based on their culture. Projects for them like 'Gothravelicham, Padanveedu and Ayalkoottam' in Kerala focusing on dropouts and backbenchers did not meet the target.



The Peace Gong reporters doing reality check on child health issues (L) and a group discuss in progress (R)

FACT SHEET

The Peace Gong Kerala Research desk scanned many news reports and would like to share with the readers:

- ❖ Wayanad district has the largest infant mortality and maternal death rates in Kerala. The state average of infant mortality is 13 per 1,000 but here it is 50 per 1,000. Last year, 86 infant deaths were reported of which 46 were from tribal communities. Similarly, of the eight maternal deaths reported, six were of Adivasi mothers.
- ❖ Again, Kerala may record the highest life expectancy for both men and women in India, but the average life expectancy of tribals in Wayanad is merely 45 years, equivalent to that of the poorest countries of the world. The prevalence of communicable diseases, malnutrition and anaemia is considerably high, as is the practice of giving birth at home. According to recent figures, Adivasi women in Wayanad constitute 85.1 percent of the total number of 'home deliveries' recorded.
- ❖ "The prevalence of anaemia among mothers and expectant women is very alarming. In many cases, the haemoglobin count is below four. When you see the poor health of pregnant women and mothers among the tribals, you find that the current rate of maternal mortality is in fact low," says Dr Santhosh Kumar, a pediatrician at the government hospital in Mananthavady.
- ❖ Recent figures set off yet another alarming signal. The prevalence of Hepatitis B is disproportionately high among tribals in Wayanad. In 2009, 13 cases were identified in the district hospital alone, with 11 being tribals. In 2010, the number of cases of Hepatitis B was 81, for tribals it was 47. "No study has been done with regard to this," says Dr Santhosh. "Men and women are being taken to estates in Karnataka as contract labourers. I assume this is the reason for Hepatitis B being rampant."

-Reported by Ms Shahina KK, From Tehelka Magazine, Vol 8, Issue 05

CREATING AWARENESS THROUGH VOLUNTEERING

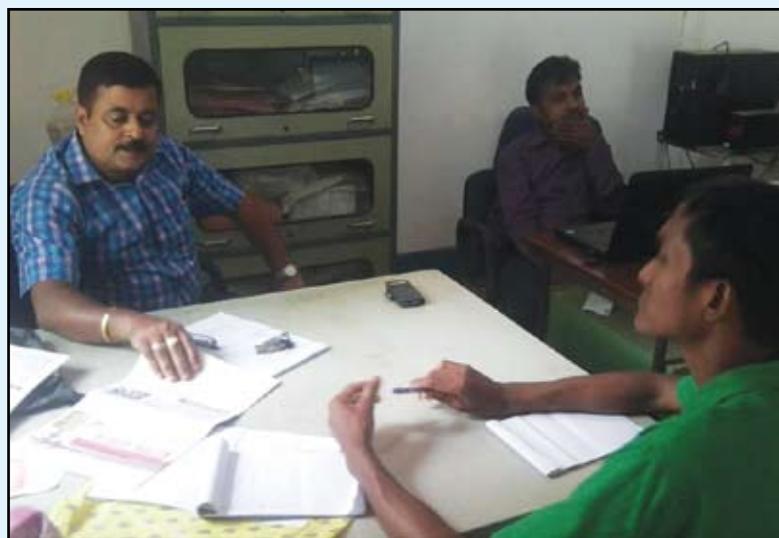
The Peace Gong Bureau, Guwahati

Several children in the Chandrapur area get affected by *Kala Azar* (black fever) disease and is responsible for child health problems. Talking to The Peace Gong, Dr B K Goswami, Health Educator, Panikhaiti Mini Public Health Centre, Chandrapur, Kamrup Metro, Assam underlined *Kala Azar* is mainly caused by migratory laborers coming from outside the state who come to work in the local brick industries.

According to Dr Goswami, the children and youth volunteers of groups like the Surovi Shishu Panchayat could take the lead in creating awareness on how different diseases are affecting children in the area. He felt the children and other volunteers could regularly interact with local auxiliary nurse midwives to facilitate the awareness campaign. "Reality checks which the Surovi team has been doing, not only helps children and youth understand the local concerns, but also helps to connect with many poor people in the area," he added.

Dr Goswami offered his services to be part of any Surovi Shishu Panchayat awareness campaign. He said the Surovi volunteers could reach out to other doctors in the area and involve them to find solutions to child health problems in villages like Rajabari and Sapaidang. Another area which young volunteers could explore was regular programmes in schools, he observed. "Doctors who are willing to give their time can be invited to the school programmes so that they can go and talk about health problems," he said.

Dr Goswami, talking on the poor reach of the health facilities in Chandrapur Block especially amongst those below the poverty line, Dr Goswami felt that lack of infrastructure and communication gaps plays important role in denying the people the facilities. Also he observed that superstitious practices many people not going to the health centres.



The Peace Gong reporter Islam Ali interviewing Dr B K Goswami

Addressing health problem in Drass

Ruksana Bano, Yasmeen, Shamima Akhter, (Class VIII), Drass, Jammu & Kashmir

Drass in Jammu and Kashmir is the second coldest inhabited place in the world. Due to extreme cold the children mostly fall ill. The most common among them is cough and common cold which many a times results in pneumonia. In Drass even today, sometimes girls are married at a younger age. This sometimes results in premature pregnancy that can prove to be fatal for both the mother and the child. It is found that in most such cases, both the mother and the child are malnourished.

The problem aggravates mostly during winter, since the roads as well as the highways are blocked, and, therefore, fresh fruits and vegetables are not available. This results in people being deprived of healthy foods. This is also the cause of health problems amongst children.

Now the Government has declared Drass Sub Division as Tehsil and we hope that the health challenges faced by the people of our region will soon get solved. We hope to see Drass will be able to focus on the health of the mother and child.

There is a general feeling that new avenues will be created considering the fact that the health of not just children, but also of elders have to be taken care of.

Poverty and low literacy rate challenges to child health in Kargil

In a freewheeling interview to Syed Kazim Aga, (Class XI), the Child Development Project Officer, ICDS of Kargil, Ms Parveen Akhtar, talks about the issues and challenges to child health in the region.



Q. What are the major child health problems in isolated cold desert Kargil?

Parveen Akhtar: Malnutrition is one of the serious concerns in Kargil. This needs proper mitigation response. Besides various ailments like poor oro-dental hygiene, respiratory infections, skin diseases, worm infections and anemia are also largely reported in children of border district of Kargil.

2. What are the various challenges in tackling child health issues?

Parveen Akhtar: The major challenges in improving child health issues in the region include: poverty, low literacy rate in mothers, poor coordination amongst different sectors, poor breast feeding, poor environmental and personal hygiene, harsh climatic conditions and lack of awareness among the mass.

3. How do you address such challenges and what interventions are made by ICDS in the district?

Parveen Akhtar: The programme extensively works on building awareness about good child health practices and educating mothers on importance of breast feeding. Establishment of Anganwadi centres in almost every village of the district have been a major intervention to tackle the challenges for good child health. An important step to improve the health of pregnant mothers and children in every village has been by providing free medicines, vaccination, healthy diets and supplements through Anganwadi Centres.

4. What needs to be done to improve the state of child health?

Parveen Akhtar: It is pertinent to mention here that awareness plays a vital role in responding to any challenge. In this context, health awareness and education is very important towards improving the state of child health in Kargil. Though illiteracy becomes a great hurdle, various media spaces and means needs to be used and created for building awareness among the mass. For example good impact can be achieved by using awareness campaigns in local languages through radio and other accessible media.



Members of The Peace Gong Kargil Bureau in Drass, one of the coldest inhabited town in the world which experiences subarctic climate

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