

Thanarbaid Health Care Programme Christmas Newsletter 2001



God so loved the world that he gave us a Son. Christmas is the time when God came to the poor. Christmas is the time when He immersed in the problems and strife of life.

Happy Christmas to all our wonderful friends.

The last 2-3 months seem to have been particularly busy for the T.H.C.P.

Bangladesh held its five yearly general election on the 1st October. This coupled with the uncertainty of the international situation spurred us on to hold a two days seminar to plan and look at the future erection of our health program. Two representatives from each of the community health committees plus staff representatives from each part of the programme were present. Short reports from each committee and part of the programme were presented. Discussion groups were formed to look at such questions as - What are the main health problems in our area, difficulties in changing them, and what should be our aims for the Programmes future. We also identified and discussed the principle concerns for the Village Health Programme, Thanarbaid Clinic, Kailakuri Clinic, and Management, and whether the programmes compete or support each other. We then asked what is the main role of the Village Health Programme, and how it can be sustained when Sr. Libby leaves next year, what is the most important role of the Doctor, and the greatest needs for the whole Programmes future security.

Those present appreciated the opportunity to look at and air their views and concerns for the future. The biggest concerns are future funding and a replacement for the Doctor. The aim of health for the poor, was especially emphasized. Ordinary people must get good health care at low cost and this needs overseas financial support. An English language correspondent and fund raiser is an on going need.

Kailakuri Clinic continues to work and move towards independence by 2005. Rapidly increasing diabetic patient numbers require a corresponding strengthening of programme staff. The Diabetic Association of Bangladesh must be stirred to set up a national paramedic run diabetic programme. Sr. Libby thinks that the present management team put in place recently, is capable of running the

Village Health Programme, given a little more time to consolidate and practice problem solving under her guidance.

Strong staff and strong committees are necessary for the future of the T.H.C.P. - Thanarbaid Clinic, Kailakuri Clinic and Village Health Programme.

Recently much time has been spent on staff personal problems. Lets hope they only come in threes.

First was Bijon (Bormon -Hindu). He became estranged from his 13year old wife when she returned to her parents, claiming ill treatment from her husband and his parents. (*It is normal for the bride to live with her husband's family following marriage in the Hindu custom*) As time went by and no attempt to resolve the situation appeared to be making progress, Dr. Baker became concerned for all parties. (*Marriage is for life in the Hindu culture and the woman is not allowed to remarry should the husband die or the marriage fail*). The Doctor sort the advice and assistance of Borman staff members. It seemed Bijons parents accused Dipika, his wife, of being lazy, and both sets of parents became antagonistic towards each other. On further consultation the truth was that prior to marriage Dipika had never learnt to cook or care for a home and was totally ignorant of these matters. Her mother-in-law had neither the patience, or motivation to teach her. After much consultation with both sets of parents and the young couple, both by staff members and the Doctor, a solution was finally found that was agreeable to all parties. For one month the young couple are to live together in the staff accommodation at Kailakuri Clinic. While Bijon continues with his work there, Dipika travels to Thanarbaid Clinic each day to become a student of cooking in the Thanarbaid kitchen. So far this arrangement is working well. It is good to see the young couple looking happy again and both sets of parents accepting the

situation and each other more readily. Harmony has been restored again in that part of the village.

Momiron, (Muslim, aged 60) one of our longest serving staff members is no stranger to our Newsletter readers. Her often difficult life has been interwoven with the T.H.C.P. for the last twenty years. At present she is suffering from crippling depression. While bouts of this have occurred in the past, when her family problems have threatened to overwhelm her, with time out and the help of medication she has responded well. This time it is not proving quite so easy. For a few weeks Momiron was admitted to Thanarbaid clinic as an inpatient. While she regained her physical strength and some weight loss she remained depressed and longed to return to her family. The maximum dose of antidepressants produced unpleasant side effects without really lifting her mood. Momiron's four sons were arguing whether her small piece of land should be sold and divided now or on her death. This added to Momiron's distress. Finally a family meeting was called and the decision made to defer the land sale until Momiron's death. We are hoping and praying that now this added stress has been resolved, Momiron will soon realize her expertise at work is sorely missed. She is very experienced at feeding small babies and relates well to their mothers when teaching them to do the same. She is also an expert at treating diarrhoea and is the first person Doctor calls for help when he succumbs.

Hajera, a 35year old Muslim woman is one of the main cooks at Kailakuri Clinic. Her husband divorced her for another woman just on six years ago. Hajera has been left to bring up their 8 year old son and 1 1year old daughter alone. Her husband's new wife will have nothing to do with

the children of his previous marriage. After initial assistance Hajera appeared to managing fairly well until a few weeks ago. It was noticeable she was becoming more and more unhappy until finally she sort help from the Doctor. Her young son Harun, aged 8, was making life unbearable for her. She no longer had any control over him. He had been caught several times stealing from the local shops in their village, and now their owners wanted to drive her and her son from the village. It was soon obvious to the Doctor and Sr. Libby that young Harun who did not attend school was craving affection, attention and a father figure. Again key members of the staff were consulted. The decision was made that Hajera would transfer to Thanarbaid Clinic which was also to Dipika's advantage. They work well together and have become good friends. It also enables Harun to attend Thanarbaid school each day accompanied by Shuel. Shuel (15years old, Muslim male), is at present an inpatient at Thanarbaid. He is requiring much tender loving care and some time out to recover from the psychological trauma of being kidnapped on his way to school just on three years ago. He was then taken to Dhaka and confined in one room for two months, with 15 other boys of various ages. They were to be taken to India and sold for surgical spare parts. Fortunately Shuel escaped from the train in transit. He is responding well to having the responsibility of being Harun's 'minder'. This has lifted the total responsibility from Hajera and it is amazing to see the difference in these three people in just over a week. All are smiling again, Shuel and Harun have become good friends, and Hajera and Harun are also enjoying each others company again.



Christmas is the time for peace through the establishment of goodwill and reconciliation.

Christmas is the time of God's love and we thank you all for your love and empathy towards our people.

Very best wishes from Edric, Libby and all the Staff of Thanarbaid Health Care Programme.

P.O. Pargacha 1996

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Bangladesh

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