

## CASE 10

### Youth as Change Agents

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#### BACKGROUND

*Two to three months before, I used to know there is violence, a youth problem in my area... Mum used to work in hospital as Aaya (Helper). So my elder sister was at home, me and Preethi were in other room and then man came and scolded, owner of rent house where we stayed. And he told: "You are doing very stupidly..." He beat us, he beat us for no reasons. When mother came in evening, when I was not there, she said: "What did you do to my daughters?" He did wrong way and all, and scolded very badly and my mother scolded very badly and said wrong words and all... then the man pulled her hair and took my mother outside... he was shouting and she was screaming and he was not leaving... mum fell down on the ground. And elder sister, she is pregnant, she came outside and said: "Do not beat my mother, why are you beating?" I think what man is doing, this is wrong. He beat on her also and she (mum) was hurt very badly, she said: "Do not do..." she got hurt very badly hit by him, and wheezing. Mum went to hospital because it was so bad. And the police and everyone came. This happens everywhere and in the street. It happened to me, it happens to youth, the police for many days they have not come because of the number of complaints to them. Some fathers, husbands, some boys now in jail. But problem remains the same.<sup>1</sup>*

– Anjali, age 13, Government School

Dr. Thriveni, MBBS, Urban Health Action Research Project Lead and Faculty at the Institute of Public Health (IPH), frowned deeply, her brows knit in concentration. The atmosphere of the KG Halli field office was loud and boisterous – kids were sprawled out on the ground, reading books from the small library. In the room next door, she heard the clattering of keys, of young girls clothed head to toe in black, working on completing a 3-month computer certificate course. Silently, she recounted all that she and the rest of the Urban Health team at IPH had done over the past three years. Perseverance and persistence was required to advocate on behalf of the local youth, and shift focus onto their issues, putting them in the spotlight. Certainly, over the years, she and IPH had formed a strong relationship with the youth, and they in turn had proven themselves to be truly passionate about championing their issues and improving conditions for the youth. However, there was so much more that could be done for and by them. The drive was there. She breathed out slowly, suddenly realizing she had been holding her breath. It was clear that more support was needed though, and resources were limited. Hearing the shriek of a

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<sup>1</sup> All quotes from personal interviews by Jenna Paulson, June 2-18, 2014.

group of children, walking in their school uniforms, she glanced down at them from the window two stories above, and remembered the solemn words of one of the boys who had participated in the street plays last month:

*The whole experience made me feel that it is possible for children to say something like adults. We can change it. If we try. We are the future of the country. Even children can bring in some changes if they want.*

– Zahir, age 17, Private School

### **KADUGONDANAHALLI: THE URBAN SLUM**

Kadugondanahalli (KG Halli), ward No. 30, is a poor urban neighbourhood in the city of Bangalore, India. It is one of 198 wards, and is represented by nearly 10,000 households and a population of 44,500 people.

Residents of KG Halli are faced with a multitude of problems. Navigation of and access to various services in the health care system are complex and fraught with barriers and challenges. The health care system itself is pluralistic, with a few doctors trained in allopathic medicine, and others in alternative types of medicine (i.e., homeopathic, ayurvedic, and Unani).

Services are not integrated. There is a poor referral system for patients seeking secondary and tertiary level care, resulting in a system that as a whole lacks continuity and is far from cohesive. Quality of care is poor, and there is a lack of emphasis on patient-centered care by medical practitioners. In addition, strong power dynamics at the state and country levels influence and sustain the fragmented nature of the public/administrative health system structure, where work is often done without cooperation and coordination. Along with other health issues, the prevalence of chronic conditions, mainly Type 2 diabetes and hypertension, is high in KG Halli residents. People incur high out-of-pocket expenditures for chronic disease and outpatient care, and many are either on irregular medication or none at all, as they cannot afford care. Youth in particular have very challenging living conditions. Child labour, early child marriage, tobacco use, gutka (chewable tobacco), alcohol abuse, and domestic and sexual violence are among some of the issues they are confronted with on a daily basis.

### **DR. THRIVENI, MBBS**

Dr. Thriveni received her medical degree (MBBS) in India from Mysore Medical College in 1997. Some years later, she decided to return to school to obtain her Master of Public Health (MPH) in the United Kingdom, from the University of Wolverhampton. In 2009, she joined the Institute of Public Health Bengaluru as the project manager and took the responsibility of leading the project in 2012. She also works as Director of Sarvagna Health Care Institute, manages a dialysis unit with 10 beds, which provides free service for poor patients and runs a diabetes clinic, seeing up to 40 patients from the KG Halli community on a weekly basis.

As a part of the Urban Health Action Research Project, one of her main goals is to decrease the fragmentation inherent in the healthcare system, and bring all providers from various clinical backgrounds to the same platform, increasing overall quality of care for residents in KG Halli. Since the project began, Dr. Thriveni and the rest of the Urban Health Action Research Team (consisting of another clinician, Dr. Mrunalini, and three Community Health Assistants (CHAs), Nagarathna, Leelavathi, and Tabassum) spend a great deal of time in the community. They have strengthened the relationship with the slum residents, the local Community Health Centre (CHC), and the referral system itself by networking with some providers. In KG Halli, IPH has also helped to set up an overhead tank, running water facility for the toilets, and a drinking water facility at the public primary health centre, and a communal water basin for the community in KG

Halli. These small successes have not come about without naysaying critics, however. Dr. Thriveni has worked diligently to network and build relationships with some allopathic clinicians; it has been challenging and some even censured her, telling her: "You are wasting your time doing this. You are wasting the knowledge you have gained in medical school. Are you really a doctor?" Despite this, Dr. Thriveni has stuck to her vision, and has continued to work tirelessly with her Urban Health Team and colleagues at IPH to improve the quality of care in the area and influence public health in a positive way.

### **THE INSTITUTE OF PUBLIC HEALTH**

The Institute of Public Health, a not-for-profit organization, was founded in Bangalore, India, in late 2005. It was the brainchild of Narayanan Devadasan and his wife, Dr. Roopa Devadasan. With the help of his friends, all of whom were doctors and other allied health professionals, IPH had a solid core team that it could build upon. Prior to starting IPH, Dr. Devadasan worked at the World Health Organization, India, where he came up with the idea of IPH and contacted his close friends to support him in his endeavour to get his project up off of the ground. Some of these friends/colleagues became the governing members and founding team of the early Institute; they all had similar ethics and values systems and were committed to working collaboratively to do a good job. During its first three years, IPH was headed solely by Dr. Devadasan, IPH Director, and a small, close-knit support team. Three years after its inauguration, in early 2009, IPH started expanding by taking on new projects, forming partnerships, and acquiring people and other resources.

Because IPH is not a self-sustaining enterprise, and receives funding on a per-project basis from various organizations, it has grown in number with each new project. Depending on the requirement of the specific project and the salary available, IPH slowly started increasing its staff. When Dr. Thriveni joined in 2009, there were less than ten people employed at IPH. Within the span of five years, that number grew to around thirty-two. Outside of project teams, the rest of the IPH staff was permanently stationed in the human resources, finance, and administrative sectors of IPH. In the early days, Dr. Devadasan focused on teaching, consulting, and training others. This work helped to generate some of the initial revenue for IPH, until the Institute started to take on major projects and engaged with donors and new partners, who were able to support IPH for specific projects.

The IPH main office is based in Girinagar, Bangalore, India. IPH, however, works in other states of India, where it provides consultation, conducts research, and supports other professionals and enterprises in the health sector. IPH's main office is in Bangalore; however, they have worked in the states of Gujarat, Chattisgarh and Kerala. There is a community centre in Kadugondanahalli (KG Halli) and an external office in Tumkur, which is used as a meeting space for staff members to discuss various projects.

Over the years, IPH has successfully formed partnerships with various enterprises all over the world, including the Sir Dorabji Tata Trust (SDTT), NRTT India, World Health Organization (WHO), WHO Alliance, EU Projects, Institute of Tropical Medicine (ITM) in Antwerp, Belgium, Misereor, Germany and Medico International, Germany. In the early years, the ITM, whose mandate is to provide for and support institutions in public health research and training, provided heavy support to IPH. Since then, the fruitful partnership between IPH and ITM has generated the resources necessary to undertake major projects to benefit public health in India thus far. Among these are action research in Tumkur, e-learning, specialized training and modules, and other short courses for IPH staff and other professionals in the health sector. In addition to the projects they take on, IPH employees may also pursue consultation work to offset the costs to run the institute (i.e. utilities).

### YOUTH PROJECTS

IPH decided to get involved in youth issues for two reasons. First, one year after starting work in the KG Halli urban slum, IPH realized that there were many youth issues in the area, and that as a part of the integral development they had committed to, IPH should also pursue youth issues as a project focus. Second, the youth represent a future generation and they needed better support. Medico International, who had backed previous IPH initiatives, contacted IPH to advise that they would provide support for a youth activism project. One of IPH's representatives, Roopa, met with Medico International in Germany, and finalized the partnership.

### HEALTH RALLY

The first youth-focused activity the IPH organized was the Health Rally (see Exhibit 1). It was not an activity in itself, however, its role was to make noise, spur a following, and raise awareness to bring people out to the Health Exhibition, which was scheduled for the following week. The Health Rally was used as a communication device, through which people would learn about a bigger event that they could attend, free of charge, and increase their knowledge about issues that would impact their health and overall quality of life.

To spread the word, the IPH Urban Health Team visited schools to invite children to be a part of the Health Rally. IPH wanted children from different schools to attend, so that they would get to know each other and word of the event would be more likely spread. Six schools were chosen, and about one hundred children from every school attended. Right before the event, they assembled outside the KG Halli IPH field office in four lines, and were given banners and snacks so that they would have enough energy to walk with signs, make noise, perform in the street plays (which would take place at various points along the Health Rally journey), and attract the attention of the community. Some of the youth brought instruments and noisemakers, such as drums. The energy was palpable. A huge banner was made and schoolchildren all took part in creating signs, placards, flags, and posters, all in bright, saturated colours. Some of the children drew pictures. Most importantly, all of the health issues that were broadcast through the medium of the Health Rally were chosen with the children's input. According to them, the most commonly cited major issues of the area were:

- Garbage (children playing in it and becoming sick);
- Tobacco use;
- Alcohol abuse;
- High frequency of domestic abuse and violence;
- Child labour;
- Child marriage;
- Early dropout from school; and
- No encouragement given in schools to "At-Risk" children.

The CHAs field coordinator helped the kids create the signs. After the materials were completed and youth were assigned roles to carry banners, posters, and flags, play music, make noise, and readied to perform street plays during Health Rally "intermissions", they headed out into the community on their pre-assigned route. The preparatory work for the Health Rally had been an arduous and difficult process involving applying, following up, and re-applying with the local authorities and police force, to obtain permission to carry out the Health Rally and its involved activities. A route had to be mapped out and strictly adhered to. Thankfully, after some back-and-forth, the activity and route were approved and IPH was lucky enough to capture the attention of a local TV station in Bengaluru, which would broadcast the events of the Health Rally on television. After the Health Rally, there was a lot of coverage on

the event in print media; the journalists were sure to highlight the upcoming Health Exhibition. They also covered the Health Rally at the Press Club Bangalore, where IPH representatives did a press release. During the event, the police escorted the group and ensured that only activities that had been communicated to them were put into action.

The youth took the main road in KG Halli and travelled almost 5-7 kilometers, stopping intermittently to perform street plays, in which children acted out a skit that they had practiced, on a topic of their choosing. Some of the topics called attention to tobacco and gutka (chewing) use, alcohol abuse, addiction, child marriage, child labour, and domestic violence. Through the Health Rally, IPH successfully raised awareness in the community and in the children and spread news about the upcoming Health Exhibition. Hundreds of people attended the Health Rally and even joined the group in marching through the city, making noise, involving the community, and allowing the children to take the spotlight in highlighting such provocative and serious health issues. In addition to leading the procession, the youth also strategically planned with IPH to not block traffic by carrying out street plays whenever it was appropriate to do so. This attracted more people and created a buzz, with people asking, "*What is it that these children are doing? Why are they doing it? What is this event all about?*" The community members were reading the signs, asking questions, and listening to the children; they stopped and watched the procession, and stood rapt as the children acted out colourful and realistic street plays that they could relate to. It was very exciting for everyone involved.

### HEALTH EXHIBITION

The Health Exhibition took place from September 5-8, 2012, one week after the Health Rally (see Exhibit 2). The Health Rally had done its job to help raise awareness of the event and increase the likelihood of a greater turnout. A local elected representative was contacted and asked to act as host for the Health Exhibition, and introduce the street plays, which would be happening within the exhibition space. IPH also communicated with local doctors from the government and private sector to ask them to speak as guests at the Health Exhibition, as this was an inaugural function for them, and they wanted it to be as successful as possible.

IPH had three goals with respect to the Health Exhibition. The first was to create awareness of the health issues in the area. Second, IPH intended to use the Exhibition as a health-themed spectacular, and showcase the work that IPH had done thus far in the area, which was a part of their promise to the community and a testament to their growing relationship with the community. Third, in their pact to give back to the community, IPH wanted to let them know their future directions and activities, which would demonstrate the use of community feedback. The Exhibition itself took place at Bismillah Shadi Mahal, a venue that was well-known to the community members and general public. It was in a central area of KG Halli, on KG Halli Main Road. The Urban Health Team had worked hard to make the space as inviting and visually interesting as possible. The general idea of what an Exhibition ought to be like was quite different for the IPH Team and community members, however. On the first day, many people attended, expecting fun and games, foods to snack on, and a carnival theme. The reality was very different, though, and demonstrated that IPH was willing to break new ground, twist expectations, and make a powerful statement. Inside the cavernous warehouse-type space, there were stalls focusing on various health topics. Cutting straight through the centre of the room was the dominant Pill Display. It was, in Dr. Thriveni's eyes, a "super-duper" hit among kids and adults alike. Along the far wall of the space was a massive stage, where the youth, clothed in day-glo green and pink costumes, performed street plays on various health topics based on scripts that they themselves had written as a group, with the aid of the drama teacher, Mr. Srikanth. Originally, there had been a small space for a video show to take place, but later, it was moved indoors because the space proved to be unsuitable. Once it was moved

to the new space with a few chairs, there was a greater turnout. Everyone was interested in watching the video, which was all in Hindi, about generic medicines, garbage management, and other health issues such as domestic and child abuse. At its zenith, the Exhibition was all energy, bustling bodies, incessant querying, and wonder. All about the huge venue, there were large and colourful banners proclaiming the inaugural event was by courtesy of the Institute of Public Health. It was an exciting time for IPH and the response from the community and children from local schools was astounding.

The planning phase for this public event was demanding. It was completely organized by Dr. Thriveni, Dr. Roopa, Field Coordinators Amrutha and Munegowda and the Community Health Assistants (CHAs), Nagarthna, Leelavathi, Tabassum, Josephine, and Nageena. Exhibits needed to be planned, roles had to be assigned and divided amongst the Team, children had to be contacted to do the street plays at their schools, and somebody had to invite healthcare professionals to be a part of the events. One of Dr. Thriveni's colleagues, Roopa, came up with the idea of the Pill Display, which proved to be the standout of the Health Exhibition over the three-day period. It clearly showed the pills that were taken at different critical points across the lifetime (i.e. newborn, child, preadolescent, adolescent, adult, and elderly). It was striking because the entire exhibit was the length of the warehouse (about half a football field long), and was comprised of pills encased in plastic squares, paper mannequins representing individuals at different points in their lifetime, and on a raised platform just a few inches above the vast stretch of plastic squares, various vials and bottles of medication and pills. It was visually arresting and the source of much surprise over the course of the Health Exhibition. In order to create this exhibit, IPH had to borrow some of the medicines, list all of them, and ensure they had the quantity they needed. They had to buy other medicines from generic stores and keep them at Roopa's house while she painstakingly sewed over fifty plastic squares together and shut so they would safely hold the pills and medication. Few staff went to Roopa's house to help and the community centre in KG Halli was used for a couple of days before the exhibition for more hands and space to complete sewing with Roopa.

Not only was IPH designing and running exhibits, it had also invited some of its partners and non-governmental organizations (NGOs) that it had worked with in the past. IPH needed to ensure an NGO's attendance, and gather the required resources to run the particular exhibit. There were exhibits and stalls run by Foundation for Revitalization of Local Health Tradition (FRLHT), the nearby CHC, Greet India, Action for People with Disability (APD), and local teachers, among others. In addition to the Pill Display, IPH organized several other stalls on its own, which were focused on tobacco use, the Urban Health Action Research Project (UHARP), addiction, and other health-related activities (i.e. the Health Rally, street plays, and body mapping activity).

The three-day Exhibition was overall a great success; however, on the first day, not many people attended. IPH suspected the reason was because the concept of an Exhibition always involved play, games, fun, and snacks, similar to a carnival. What they had organized was entirely different – it was focused on health and raising awareness through creative health communication and knowledge translation techniques. To track event attendance, IPH kept a book at the entrance of the Health Exhibition for children to share their feedback. What they found was that the Exhibition was especially helpful for girls; many of them had questions about pregnancy and pill-taking across the lifetime. After their exposure to the Pill Display, they were more sensitized to their choices pertaining to their bodily and sexual health and what kinds of pills had to be taken at different points in their life, and the sheer amount of things that needed to be consumed all at once, at multiple times, and sometimes even concurrently. Certainly, family and friends of the youth who attended were very supportive of them attending

the Health Exhibition, participating in it, and learning things that they could apply to their own lives to promote their good health.

One of the greatest feats that was achieved through the Health Exhibition was the attraction of a local politician to the event. IPH's initial plan to have health ministers or directors attend the event was not successful. During the event, the Institute was able to form a great relationship with the local Member of Legislative Assembly (MLA), K.J. George. He was very interested in the work that IPH was doing with the local youth and in their other projects, and was willing to support them in their future endeavours. Since beginning work with IPH, he has donated computer equipment to the KG Halli IPH community centre, and has declared his wish to support the institution financially. Unfortunately, because of an Institute policy, IPH had to refuse the financial support that the MLA was offering, to his shock. Over the years, since connecting with him at the Health Exhibition, Mr. George's support for IPH-organized youth activities has endured. Their strong relationship continues today, and he has proven himself to be a true proponent of IPH ventures in KG Halli.

### STREET PLAYS

*I feel good participating in the street play... it gives something meaningful to peoples. Advantage of skit is, if we say, the people could not understand; they could not pick up it, some, some parts they miss. If we show, as an act, they'll understand it soon...*

– Navid, age 15, Private School

*What we did to practice was we made a circle. First we did a round circle, and chose some girls and boys. He [Mr. Srikanth] knows who will act properly. That is why he chooses some girls and boys and not others to do longer parts that are more important to do well. [A] politician came. We did child marriage. One scene we are doing. Daughter will ask her father: "Why are you doing?" Her friend tells her to be careful because father is drinker. Mother had to marry her daughter with him. They called the police and there were telling: "Child marriage is going on and police will come here." What happened in the family was done. All neighbours were watching and must tell, child marriage is illegal and is going on. We must stop this. In ending, he will tell: "Child marriage is not allowed in India. We have to punish you. Justice is served."*

– Preethi, age 16

The first street plays took place during the Health Rally and Health Exhibition (see Exhibit 3). The children started preparing and practicing for their performances in late August, 2012. The drama teacher, Mr. Srikanth, taught the kids about drama and prepared them for their performances. IPH bought material and found a tailor to fit the children with uniforms and costumes to wear during the street plays so they could be easily distinguished. Boys and girls wore different coloured uniforms, boys in green and girls in pink. As part of the preparation for the street plays, the IPH team used the guidance of the CHAs and children to identify six locations in the KG Halli area where they and most of the community frequented.

IPH's aim in doing the street plays was to put the youth in the spotlight, as leaders in spreading knowledge about health issues that were prevalent in the KG Halli area. They wanted to train the youth so that they could return to their schools and teach their peers, and to their families back at home, and influence them. They felt that children were easier to change than adults as they are more impressionable and ready to take up knowledge than adults with their deeply

ingrained habits. The children were more than willing to share their ideas. They were also eager to contribute, and let the drama teacher and IPH staff know what they saw as youth issues in their community. As a group, they created and came up with the scripts and the topics for each skit. IPH used the input of the youth and allowed them to collaborate freely, which resulted in colourful and relatable skits that would be dramatized for the public. A few children proved they had a natural talent for acting and were given more central or leading roles by Mr. Srikanth, who recognized their skills. As a whole, the youth were trained and demonstrated a willingness to play the roles they were required to fill. They were all the more convincing because they themselves had come up with the stories, or had been through the scenarios themselves. Even children who were shy became quite enthusiastic over the prospect of performing in front of a large group. Their energy and desire to change things through an art form and be known as local champions for their communities was clear.

Hundreds of people attended the street plays. It seemed as though the child actors captured and kept the attention of the community, of people of all ages, and across all walks of life. The youth felt that by acting rather than telling, people took notice and were more receptive to the messages, because they were not being forced, scolded, or lectured. Learning was active rather than passive because children were a part of a real-life scenario that community members could relate to. The children expressed their desire to do more street plays in the future, and on a more regular basis, so that people are continually reminded about important issues pertaining to their health. They wanted to cover other health topics, too, such as Street Cleaning, De-Addiction, Daily Intake of Fruits and Vegetables, Domestic Abuse and Violence, Second Hand Smoke, What Happens to Children after Discontinuing School (Consequences of Dropout), and heavy responsibilities on youth in caring for elders. They were sure that the response from their audience was positive, too, especially since the local MLA, K.J. George, was so encouraging in his feedback to them. It made the children and their families proud.

Even though the street plays were a grand success in the community, and the children were empowered as a result and looked upon by their community as unified, change-driven, and possessing a real "voice", there were some goals IPH failed to achieve. Despite their most trying efforts, the Institute was unable to reach out to policymakers, and those capable of making changes at the macro-level. Dr. Thriveni and her Team had worked tirelessly to invite health department officials, bureaucrats, government officials, the deputy director, and program officers, to no avail. To their great disappointment, not a single representative from the Bruhat Bangalore Mahanagara Palike (BBMP) attended the events.

### **BODYMAPPING**

*With our teachers, we came to know as a class why it is important to learn and as we have become adults, it is all important for your futures and your life and all. Usually we cannot ask anything deeply to our parents, so they said to us we can share here. That made me feel good.*

*– Preethi, age 16*

The first Bodymapping workshop took place in the new school year of 2011 (see Exhibit 4). It was the first time the IPH Team was going to work with the youth in the schools. First, the Urban Health Action Research Team visited all the schools in the KG Halli area, both government (public) and private admission schools. They needed the informed consent of the headmaster or headmistress. The Team was required to write a letter explaining what would be taught, their intent in doing the sessions, and how long a typical session would take. Obtaining the school headmaster's or headmistress' permission to do the workshop was not an easy



task, and some schools were not very welcoming; they thought the subject matter was wrong and should not be taught. However, IPH persisted and started training the CHAs on how to lead the workshop and increase their level of knowledge and confidence with the topics to be discussed.

After the schools agreed to the activity, the CHAs accompanied Dr. Thriveni, the workshop leader, to the special Body mapping workshop and health awareness sessions for the students and sometimes Dr. Roopa also accompanied the CHAs. This workshop was an important part of the building process of the relationship IPH had with the local youth, and with the schools, for future events. Despite two schools' outright refusal for the team to carry out the sessions in the schools, all others were open and willing. Initially, some schools seemed more wary than others and were keen to assign the students' teachers to sit through the workshop. Each Bodymapping session lasted a half hour but was packed full of activities to teach the children. The ultimate goal in doing the Bodymapping workshop was to get the youth to know themselves, and understand the processes within the male and female body that cause important changes. It was meant to raise their awareness of issues pertaining to their sexual and overall bodily health, so that they could make more sensible and reasoned choices to positively impact their state of health and quality of life. Sessions were conducted in Hindi, Kannada, or English. At first, separate sessions were held for girls and boys, and then later, the groups were brought together for a mixed session.

At the sessions, the general focus was on teaching the children about the anatomy of the body of both sexes, with a focus on the reproductive system. Each workshop began with an introduction of the purpose of the session, and was followed by a drawing exercise. The children were asked to draw the bodies of a six, 12, and 20 year-old boy and girl, and label them. Amusingly, the team found that great effort and painstaking detail was put into sketching the eyes, hair, nose, mouth, fingers, ears, bellybutton, and limbs, however, the reproductive organs were nowhere to be found! From the start, the team knew they had an uphill battle in getting the kids comfortable and receptive to the session material. After the bodies were drawn, the workshop leader moved on to a discussion of the reproductive organs of boys and girls. For the female anatomy, the group spoke about the uterus, and explored a model to enhance their learning. Many children were shocked to learn about the various parts of the model and had no idea what all the parts were, that they had different roles, and did different jobs. Most of the children laughed, giggled, and teased each other at first, but as they became more comfortable, they expressed gratitude for what was being taught. Throughout the session, children were allowed to talk and ask questions. Depending on how many questions the kids had and how engaged they were in each session, workshops would range from 30 minutes to an hour, and sometimes beyond that. As a group, the students realized that knowing this information was beneficial for them. Many of the students felt as though this kind of session was a blessing to them, and would benefit children all over India if it were mandatory in schools.

At first, when a school faculty member was appointed to proctor the session, the IPH team noticed that the students tended to become much more reserved, quiet, and shy. With their teachers stationed in the room for the duration of the activity, they became closed off. So, the IPH team requested that the teacher not be present for the session, in order to make the most of what little time they had with the children. In order to make it easier for the children to open up, the IPH team also placed a large question box in the classroom, so they could submit questions. This was especially helpful for shy students. When it came time to open the box and answer the questions, all students listened eagerly. During the question-and-answer period of the session, most children were incredibly curious and wanted to know about sex, how the

baby forms inside a woman, and STDs, especially HIV. They wanted to know if it was transmitted through touch, or some other means; their curiosity was clear as they had never had an opportunity to ask questions of this nature. Also surprising was the fact that many of the CHAs were unaware of issues pertaining to their sexual and reproductive health, and most of these women were mothers and had delivered children. It was clear from the feedback of the youth that teachers often refused to discuss these things with them, out of embarrassment, shame, or simply not knowing the answers themselves.

In doing the Bodymapping sessions, it came as a huge surprise for the IPH team that, in fact, most teachers were completely unaware of certain critical things pertaining to bodily and overall sexual health, puberty, menstruation, menstrual hygiene, and reproduction. Many times, Dr. Thriveni wondered to herself whether IPH should have organized a separate session for the teachers, but with limited time and resources, the youth were the audience that the messages needed to get through to. In KG Halli, and the rest of India, early child marriage and pregnancy were highly prevalent youth issues, and doing this workshop could teach the kids to make more sensible choices about their bodies and think twice before engaging in activities that could impact them negatively in the future.

Overall, the sessions were striking for the children, and all of the information was new for everyone involved. Girls and boys alike were surprised to know about the parts of the male and female reproductive systems, and the changes that occurred in a boy and girl over the years. The information on menstruation and female sexual health was particularly important and valued by the girls at the sessions; many of them had no idea what was happening with their sisters, mothers, and in themselves when somebody started menstruating or became pregnant. Girls did not know what ovaries were, nor that they produced eggs. What they learned astonished them, because nobody at home spoke about these things, as there was a lot of stigma around it. The youth often were scolded, or felt as though it was inappropriate to ask questions pertaining to sexual health to their parents or elders: it was taboo. Often, parents would brush it off; they felt that there was no responsibility or duty for them to teach their children, and nobody spoke openly about these sorts of things. The common attitude was that children would "find out later" and that it was "for elders to know." In fact, when parents of these children found out what their children were learning at the Bodymapping workshop, reactions ranged from skeptical, to grateful, to enraged. Many felt that if these things were learned, it would drive them to experiment. However, IPH counselled them and promoted the idea that if children know the mechanics of things, they won't experiment, won't harm themselves, and won't get involved in something wrong or harmful. And gradually, most parents came around to the idea that learning these kinds of things would help their children rather than harm them. The majority were thankful that somebody else could explain it to their kids, and warmed to the idea that now their children would be making better choices, because they weren't curious and diving into potentially risky activities.

### THE FUTURE

In the future, the children's recommendations on ways to improve the past IPH-organized events would be implemented. Because the workshops occurred on an ongoing basis, there was time to plan and incorporate their ideas to make improvements. According to the youth, most people are unaware or ignorant of youth issues. Worse, when a child leaves school to pursue work, their issues go unnoticed or become "invisible" or "unimportant"; they felt that the earlier a child leaves school, the greater the chances of getting involved in drugs, alcohol, tobacco use, and criminal activity. However, after being involved with activities like the street plays, they were convinced that events like these give the youth an opportunity to play a central role in communicating to the community; it causes everyone they are connected to to

question their own behaviour. Despite the success of the events they had been involved in, youth still felt that changing behaviour was hard. Politicians cast a blind eye and remained a challenge in influencing public health, and many people in the community were resistant to change and were unaware of the harms or were uneducated and unwilling to listen. The children ultimately conceded that the street plays were their greatest success. Not only was the information disseminated to the community, but the plays empowered the youth and made them feel like local champions, capable of making a difference, and able to positively affect public health in those in their immediate and broader social network.

As a part of its vision for the youth, IPH intends to organize more activities and events for them, but it all is dependent on donor support and available financial and other resources. Hypothetically, with ideal financial support from some of its partners, IPH could create a roadmap to influence public health for the better through the youth. For instance, at the KG Halli field office, Dr. Thriveni wants to have a full-fledged library with a librarian, because the children who visit the community centre everyday have created a demand for a bigger and better space. They use it communally, to share, learn, and interact with one another. At present, staff who work at the field office now have limited time and other commitments, so devoting more time to the library is very difficult for them. Similarly, the computer lab could be revamped, so that more training and learning could take place. Presently, for kids who are not in school, having a library and computer lab available to them at the centre increases their job opportunities greatly. Their chances of employment go up with the knowledge of computer skills such as typing. Right now, completing IPH's basic skills computer class takes about three months, with the child receiving a certificate upon completion of the course examination. Ideally, IPH believes in giving the children much more than simply the basics, because this is what they want and, importantly, what they deserve.

### THE YOUTH...THE HEROES

*Before I didn't think I could do anything. But being together all of us knowing what is a big problem is making us do something together. We can try to change things. It could change people's minds about how they do stuff.*

*– Srijan, age 15, Private School*

Youth play a dynamic role in successful knowledge transfer to the public, and their story is inspiring and worth telling. They have some fantastic ideas on how to improve society and overall quality of life in their communities, and are passionate about making a change for the better and positively influencing public health. They have shown themselves to be capable of raising awareness of serious and pressing issues that attention has not been paid to yet. Most importantly, when they acted in unison, with a singular purpose and message, they generated results, and even garnered political attention for their efforts. As a group, the youth have acted on behalf of their community, of their country, for the millions of voices that have not dared act out of fear, shame, desperation, or a sense of defeat. As a whole, they have the power to change people's behaviour, actions, and minds. They can influence the system.

Hearing a shriek from a group of students on their way home from school brought Dr. Thriveni out of her reverie. Despite all this inspiring introspection, a nagging worry roiled her. Though the children have proven themselves to be capable of taking the reins, leading activities that benefit public health, and are passionate change agents for their community, IPH was not a self-sustaining enterprise. Its activities were project-driven and depended heavily on donor support and financial backing. Dr. Thriveni recalled the most inspiring street play that had been performed in the middle of the dirt roadway of Vinobha Nagar Kadugondanahalli Road. It had

been amazing, and made her tingle with excitement, just recalling the zest and enthusiasm of the young actors and actresses. The children were so eager to show their community how hard they had practiced and making their voices heard -- they wanted to be change agents. They wanted to improve conditions for youth in their community. They were full of ideas and recommendations. Dr. Thriveni wanted to bring the recommendations of the youth to fruition and create real and lasting changes that best served them.

A cacophony of riotous laughter made Dr. Thriveni turn to see what was going on along the winding and crisscrossing streets below. A group of children were playing Kho Kho, darting and running about. There was so much activity. Babies were running around bare-bottomed. Mangy dogs basked in the hot sun on their bellies. Women in patterned, colourful saris queued up with water jugs balanced on their heads, along the side of the blazing cement wall of the opposite building as the communal pipe gushed water for the first time in two weeks. Uniformed boys and girls walked in groups of two to five with backpacks snugly fitted to them; some were in shoes, others in bare feet. Men in collared shirts zoomed across roadways on their motorbikes and scooters nearly missing cows slowly meandering across the road, some trickily balanced three to four people on a single vehicle, each person tightly holding onto the next. All of this activity and organized chaos made Dr. Thriveni look away momentarily – something had to be done for the youth, by the youth. With such an eager group of children, all of whom had such exciting and rich stories and ideas of their own, how could she persuade her team and IPH's external partners to jump on board and support a new youth-focused project? What should her next step be? Time was limited, resources were scarce, and the youth needed to be allowed to champion their ideas again.

Youth and public health were of the essence.

**EXHIBIT 1**  
**Health Rally**



Source: The Institute of Public Health, Bengaluru, 2012.

**EXHIBIT 2**  
**Pill Display at the Health Exhibition**



Source: The Institute of Public Health, Bengaluru, 2012.

**EXHIBIT 3**  
**Street Play**



Source: The Institute of Public Health, Bengaluru, 2012.

**EXHIBIT 4**  
**Bodymapping**



Source: The Institute of Public Health, Bengaluru, 2010.



## INSTRUCTOR GUIDANCE

### Youth as Change Agents

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#### BACKGROUND

Kadugondanahalli (KG Halli), a neighbourhood within the urban slums of Bangalore, India, is riddled with barriers and challenges to navigation within the healthcare system. Residents, faced with a multitude of problems, including chronic conditions, primarily Type 2 diabetes and hypertension, have poor access to healthcare services and are, thereby, faced with high out-of-pocket expenditure. The youth, especially, are confronted with extremely challenging living conditions. Healthcare services at KG Halli are not integrated, quality of care is poor, and these trends are perpetuated by the strong power dynamics that exist at both state and national levels. For the past three years, Dr. Thriveni, Urban Health Systems project manager and Public Health Specialist at the Institute of Public Health (IPH), has been advocating on behalf of the local youth to improve their living circumstances.

#### OBJECTIVES

1. Generate awareness about local health issues in KG Halli, the role of the IPH, and future directions.
2. Diminish the inherent fragmentation of the healthcare system by bringing all providers from various clinical backgrounds to a common platform.
3. Reduce the prevalence of youth health issues by providing tailored support for future generations.
4. Facilitate access to quality health education programs targeted to the youth population.
5. Empower youth as leaders in spreading knowledge about health issues affecting KG Halli.
6. Encourage youth to achieve more sensible and reasoned choices regarding their health status and quality of life.

#### DISCUSSION QUESTIONS

1. What are the knowledge translation tools/devices used in the case study?
2. Brainstorm the advantages and disadvantages or drawbacks of each of these.
3. Consider some of the differences of using each of these in a different cultural context. What might you need to keep in mind to ensure the successful 'transmission' of the messages?
4. In what ways can IPH potentially increase the spread of its health communication to the community and youth?

#### KEYWORDS

Youth; health; awareness; community; slums; health rally; health exhibition; street plays; bodymapping; Institute of Public Health; Urban Health Systems Project; barriers; advocating.