



Healthy Youth-Healthy Nation: Role of Young Social Workers in Developing Healthier Communities

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Abstract:

The recent COVID-19 Pandemic has forced us to make major adjustments to how we think and thrive and compelled to set new priorities in developing healthy ecosystem. Health has been regarded as integral human right and included in Sustainable Development Goal-3 (SDG-3) and as a 'nation-building strategy' (Dr. Margaret Chan, 2013). Despite the global focus and national policy development on health, Indian healthcare scenario presents spectrum of contrasting landscapes. The challenges include lack of awareness; lack of accessibility to health infrastructure; shortage of human resources; issues of affordability and accountability; legal, social, ethical dilemmas for health service providers and users etc. These psychosocial implications of healthcare are what social workers are trained to address.

Social work education provides an important entry point for human rights practice for youth. Fieldwork being important part of social work training, provides the opportunity to blend theory into practice and integrates the understanding about people with methods of helping them. Generic social work training at post-graduate level usually includes fieldwork placement of students in tertiary care hospital. Medical Social work is a specialised field where the social workers work in cross functional teams in health sectors to overcome the psycho-social and economic challenges along with physical/mental ailment. Based on micro-research by authors, The paper intends to explain how the social work students at master's level are implementing different methods of social work while helping individuals, groups, and communities in their fieldwork placements. The paper also tries to perceive the understanding of the budding social workers about the administrative flaws, unethical practices, and the areas of improvement in the health sector in general and their fieldwork agency. With the pandemic creating bio-psychosocial and economic challenges and increased vulnerability for the people, it becomes even important for young social workers to exhibit their role in developing healthier communities with their efforts in analysing and acting in different fieldwork situations. The opportunity to present the experience of students in medical social work field will help the authors gain newer insights from learned audience.

Keywords: *Fieldwork, Health, Medical Social Work, Social Work Education*

1. Introduction

1.1 COVID-19 Pandemic- Call for Resetting Priorities

Coronavirus disease (COVID-19) pandemic has become one of the biggest challenges to global health and economy affecting crores of people across more than 200 countries. The virus spread rapidly and affected the whole world with epidemiological features such as rapid transmission, increasing prevalence in short time, extensive incubation period and the ability to infect the people of all age groups. The Pandemic is a global phenomenon due to which people faced Bio-psychosocial and economic challenges. It did not only become the crisis of Health, but also the crisis of confidence

amongst the people of the world requiring policy level interventions. There are growing concerns about access to healthcare facilities, fear of exposure to COVID-19, mental health challenges, fear of loss of livelihood, instability and insecure financial backups, social exclusion, lack of access to education, supply chain disruptions etc. The policy makers' foremost priority in tackling the pandemic have been to overcome health emergency. Several measures have been developed to prevent and mitigate the transmission and mortality due to COVID-19 including Lockdowns, rapid identification of suspected cases, rapid testing and isolation, contact tracing, quarantine, restrictions on travels within and outside national boundary etc. The interventions were not limited to have been done only by policy makers. There are number of examples of intervention by individuals, institutions, civil societies, healthcare staff, social workers extending support to work at grassroots to make healthcare accessible by which showing exemplary 'Social Cohesion'.

As now is the time when the crisis is abating, the lessons from the pandemic have been learned by all people from individual level to the governance level. Individuals become more proactive on taking care of their health, enhancing immunity, taking regular vaccine doses at preventive level to approaching healthcare delivery system for the cure of their illness. Needless to mention that the **Pandemic called for resetting the priorities and primary of all is 'Health'**.

1.2 Health

The focus on Health has been resonated across the globe since many years. The World Health Organisation (WHO) in 1948 defined, "Health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity." In the year 1986, WHO made further clarification considering Health as "a resource for everyday life, not the objective living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities." To understand, Health is not considered as an end itself, but a key resource to support the individual functioning in the broader society. Health, Human Rights and Development represent interdependent set of values, aspirations, and disciplines.



The era of concern over Sustainable Development, health goal in Sustainable Development Goals (SDG) is broad: 'Ensure healthy lives and promote well-being for all at all ages.' The SDG declaration emphasises to achieve the overall health goal, 'we must achieve universal health coverage (UHC) and access to quality of healthcare. No one must be left behind.' The SDG-3 or the health goal is a contributory to and beneficiary of Sustainable Development. Achievement of SDG 3 largely depends on how well the healthcare delivery systems functions and strengthening of the same. It also represents unique opportunity to

promote health through integrated approach to public policies across different sectors requiring multidisciplinary partnerships. Dr. Margaret Chan, Ex Director-General of the World Health Organisation said, "**Health is a nation-building strategy**" while delivering convocation address at AIIMS, New Delhi in 2013. The promotion of health, nutrition, family planning and mental health is a part of social development and social welfare in India. Health has also been considered as an integral Human Right globally and in India. It is an important factor of human life intertwined with the achievement in all the other aspects of life.

1.3 Healthcare Challenges- Are we doing what it takes?

The inclusion of Health in SDGs, Nation Building initiatives and scientific advancements have given rise to the growth of medical technologies. It has helped improve the quality of life to many people, however the advances in technology have also raised costs of healthcare and introduced legal, social, and ethical dilemmas for individuals, families, and healthcare providers.

The modern-day hospitals functions as the institutions only for curative care, detached from larger social, economic, cultural, political context of the people's lives which largely determines their health. By this the holistic concept of health is somewhere ignored by the present health delivery system. Unfortunately, even this curative care has come unaffordable to many common people due to framework governing health sector in the country. Public healthcare sector shall continue to have its significance for a long time in order to reach out healthcare to majority sections of the marginalised and weaker sections in developing countries such as India.

Despite the global focus and national policy development on health, Indian healthcare scenario presents spectrum of contrasting landscapes. The challenges include lack of awareness; lack of accessibility to health infrastructure; shortage of human resources; issues of affordability and accountability, deficient infrastructure, unmanageable patient load, high out of pocket expenditure etc. These psychosocial implications of healthcare are what social workers are trained to address.

1.4 Medical Social Work

Social work education provides an important entry point for human rights practice for youth. Professional Social work requires classroom instructions and fieldwork experience. Fieldwork being important part of social work training, provides the opportunity to blend theory into practice and integrates the understanding about people with methods of helping them. Supervision and Guidance are the tools for developing professional self, capable of creating professional relationship with the client. Fieldwork is a continuing interaction between socio-educational goals of the profession and the selection of meaningful experiences on the field.

Medical Social work is a specialised field of social work where the social workers work in cross functional teams in health sectors to overcome the psycho-social and economic challenges along with physical/mental ailment. The main objective of medical social work is to use medical facilities for making it more fruitful for person suffering any physical/mental ailment and to solve psychosocial conditions creating hurdle in medical health.

Medical social work intervenes at the mental and social aspect of the patient resulting from the effect of illness. The medical social worker intervenes by performing following functions: (1) Study the patient's socio-economic information; (2) Find out the socio-psychological background of the patients; (3) develop self-determination of the patient; (4) help in rehabilitation of the patient; (5) develop independence in the patient to be able to deal with problems on its own; (6) provide support to the patient and their caregivers to skilfully utilise the available resources with their optimum capacity; and (7) becoming bridge by informing the administration about the need and problems of the patients.

Generic social work training at post-graduate level usually includes fieldwork placement of students in tertiary health care hospital. The pattern for fieldwork in schools of social work offering 4-semester generic course, plan health placement in 3rd or 4th semester. It is usually concurrent where the students are expected to work 15 hours a week. However, every school of social work may follow different practice for fieldwork, recording, supervision and evaluation.

2. Methodology

The paper is based on the micro-study conducted by authors with the young and budding social work students who have undergone or presently having fieldwork placement in the health setting in tertiary

care hospitals. Young people have unique potential, as well as the energy, enthusiasm, optimism, and creativity to collaboratively seek solutions to complex challenges. Being involved in organizing and in the practice, provides an important sense of validation and empowerment regarding their own lives and their community surroundings.

The **objective** of the study is to explain how the social work students at master's level are implementing different methods of social work while helping the individuals, groups, and communities in the different departments of fieldwork placement in health sector. In addition, it also examines the understanding or the voice of young social workers about the administration flaws, unhealthy practices, areas of improvement and unethical practices in health sector in general and in their fieldwork agency.

The study is **descriptive** in nature as it describes the experiences and understanding of the students about their health fieldwork placements. The data is collected from 18 post-graduate social work students belonging to Vadodara district, Gujarat, India using **questionnaire** containing **open-ended questions**. The students voluntarily participated. The finding of the micro-study is explained below.

2.1 Results

Fieldwork placement Agency

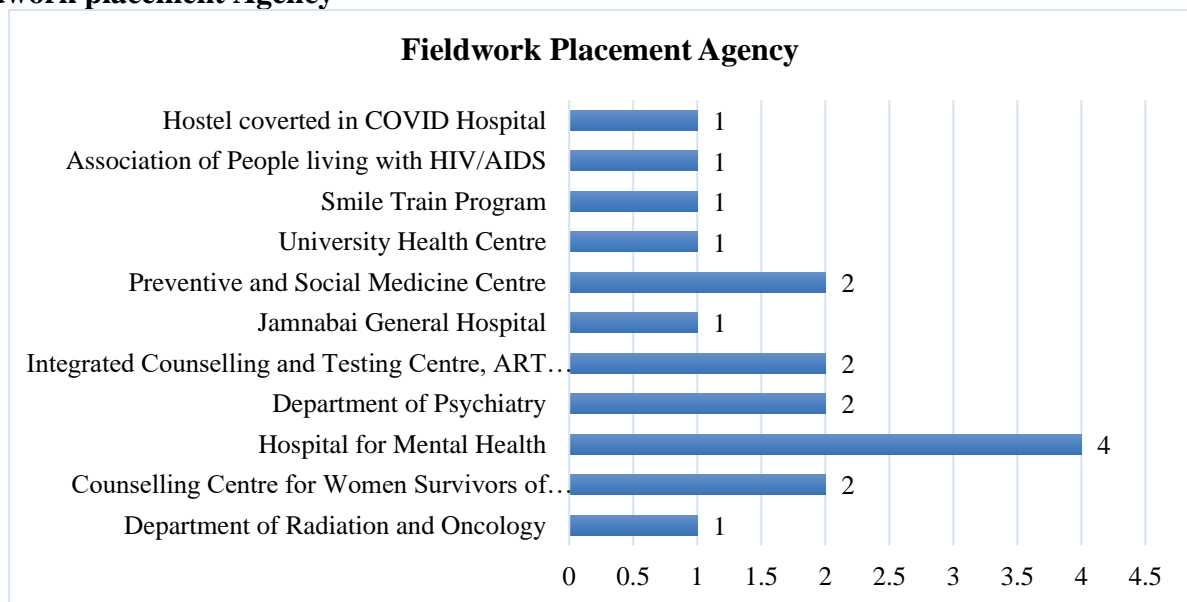


Figure 1. showing Fieldwork Placement Agency of Respondents

The students were placed in different departments 6 different tertiary healthcare delivery set-ups. Out of all the respondents, majority (4 respondents) were placed in Hospital for mental health, followed by Preventive and Social Medicine centre, Integrated Counselling and Testing centre, ART centre treating HIV/AIDS Patients, Department of Psychiatry and counselling centre for women survivors of violence where 2 students each have done fieldwork. Other fieldwork departments of the respondents were a Hostel which was converted in COVID hospital during second wave of pandemic, association of People living with HIV/AIDS, Smile train program working on cleft lip and cleft palate for children, University health centre, Jamnabai hospital and Department of Radiation and Oncology.

2.2 Application of Different Methods of Social Work

The students were asked about how they applied different methods of social work in which they responded following:

2.3 Social Case Work

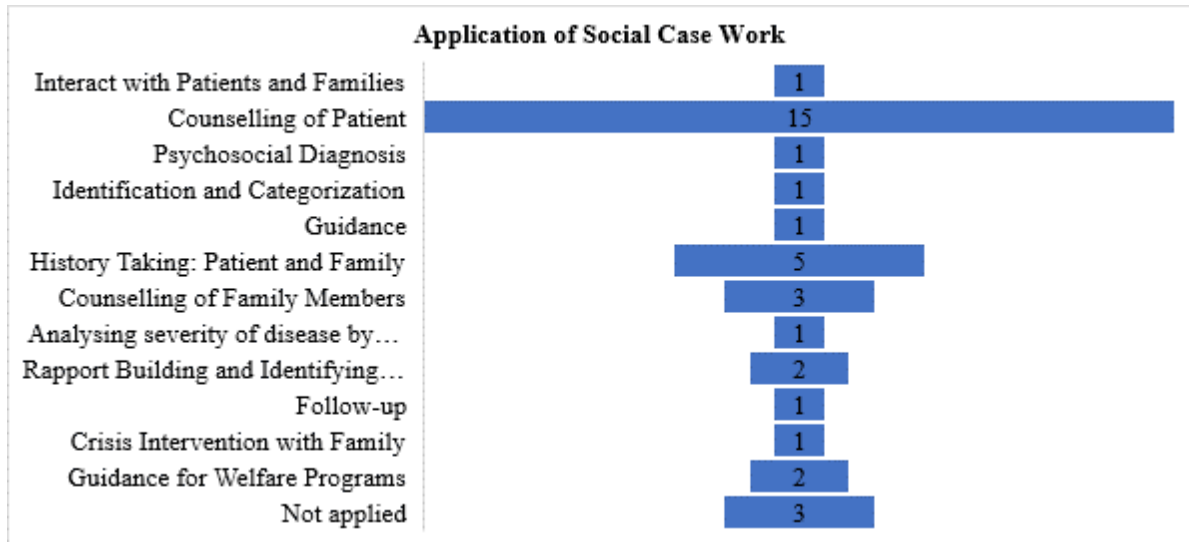


Figure 2. Showing Application of Social Case work by Respondents

Majority of the respondents (15 nos.) expressed that they have done counselling of the patient on different curative aspects in the majority of the cases. It included counselling of the COVID patients; pre-test and post-test counselling of HIV positive patients; counselling to the patient in hospital for mental health where the patient was not able to adjust to the setting, family not taking her back and she wanted to go back home; counselling to the patients in the cases of domestic violence etc. 5 respondents mentioned that they have done history taking especially in the cases of mental health related issues and violence against women. 3 respondents mentioned that they could not apply social case work in their health agency. Other case work interventions by the students included interaction with patients and families, psychosocial diagnosis, identification and categorisation of the violence, Guiding patients about different social welfare schemes, analysing severity of case by observing doctor-patient interactions, rapport building, crisis intervention to the family due to death of patients due to COVID, informing the family members about different schemes such as Widow pension schemes, MGNREGA; follow up of cases etc.

2.4 Social Group Work

Respondents mentioned that they have conducted focused group discussion and group activities with the patients (3 respondents each). The students have also conducted awareness session with pregnant and lactating mother who were victims of rape, burns, violence etc; educating the rural women about domestic violence and agencies and helpline numbers to contact; awareness session on maternal health; awareness generation on osteoporosis, dengue, chikungunya etc; HIV Prevention etc. One student also mentioned that they conduct support group meeting with HIV positive patients, where the patients are invited, providing nutrition kits, explanation about not doing extensive labour work, how to cope and deal with HIV etc. Student placed in Mental health setting mentioned that she provided Group therapy to schizophrenia and substance abuse patients. Skill training was also provided for rehabilitation eg. Cognitive development, motor development in mental health institution.

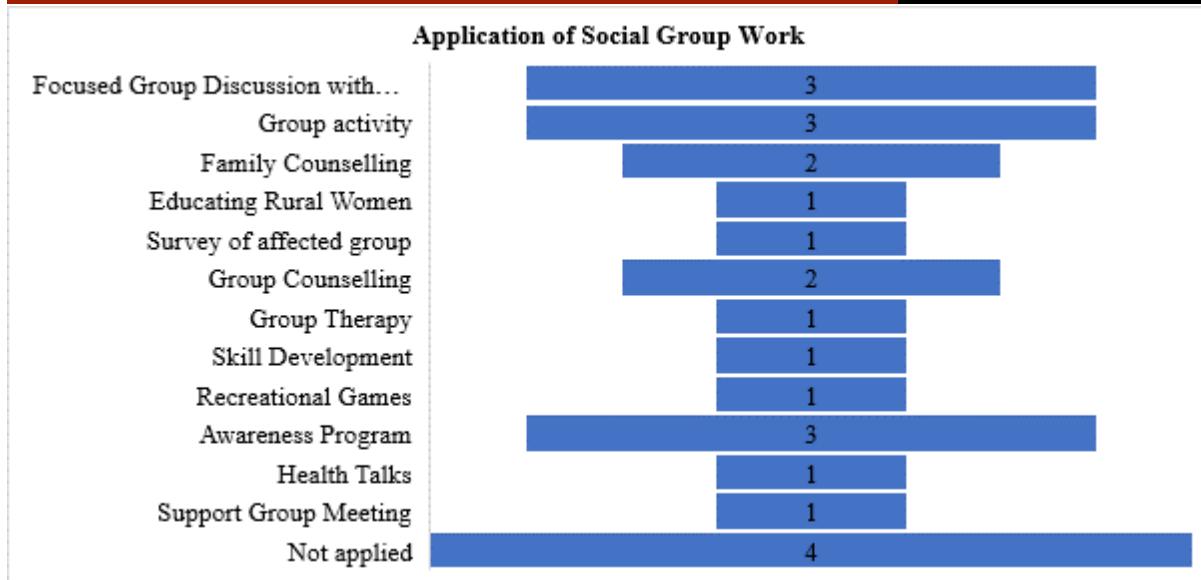


Figure 3. Showing Application of Social Group Work by Respondents

2.5 Community Organisation

Respondents were asked whether they have applied Community Organisation as a Method where majority- 9 respondents stated that they had conducted Community Awareness programs in Rural areas, schools, Anganwadi, Primary Health centre, hospitals etc. on topics of deaddiction, legal aid to women, HIV, TB, family planning and importance of contraceptives, smile train initiative of government etc. 3 respondents mentioned that they had conducted survey on National Health and Family survey, various diseases, community health etc. One student mentioned that he had conducted awareness program in school on stress management and suicide prevention. 2 students organised rally on mental health awareness and 2 students mentioned that they had conducted health check-up camp for cleft lip, cleft palate identification. 3 students mentioned that they had not applied Community organisation.

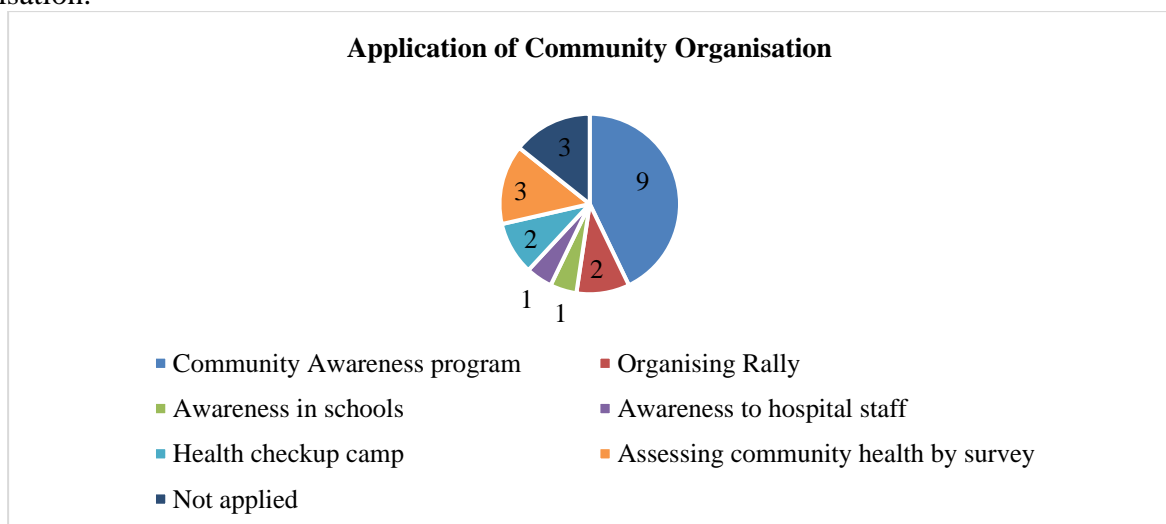


Figure 4. Showing Application of Community Organisation by Respondents

2.6 Other Methods

Majority of the respondents (7 students) mentioned that they have not applied any other social work methods. 6 respondents had conducted Research in some form on different topics such as with women victim of violence to understand their legal knowledge; survey with the HIV positive patients on their psycho-social and emotional status after getting diagnosed. Student who was placed in Smile Train Program of Government mentioned that they fill the feedback forms on the 4th day of Surgery of Cleft Lip and Cleft palate asking about how did they get to know about program, behaviour of doctors,

traveling expense, timely medicine, cleanliness etc. Post-surgery calls are also arranged after 1-2 months and home visits are conducted as and when necessary. Using social action, one student conducted Rallies and Campaigns on communicable and non-communicable diseases. A student mentioned he used social welfare administration with the HIV patients mentioning that he coordinated for providing benefits of different government schemes such as providing travel expenses, medical assistance allowance, scholarship to children of parents with HIV.

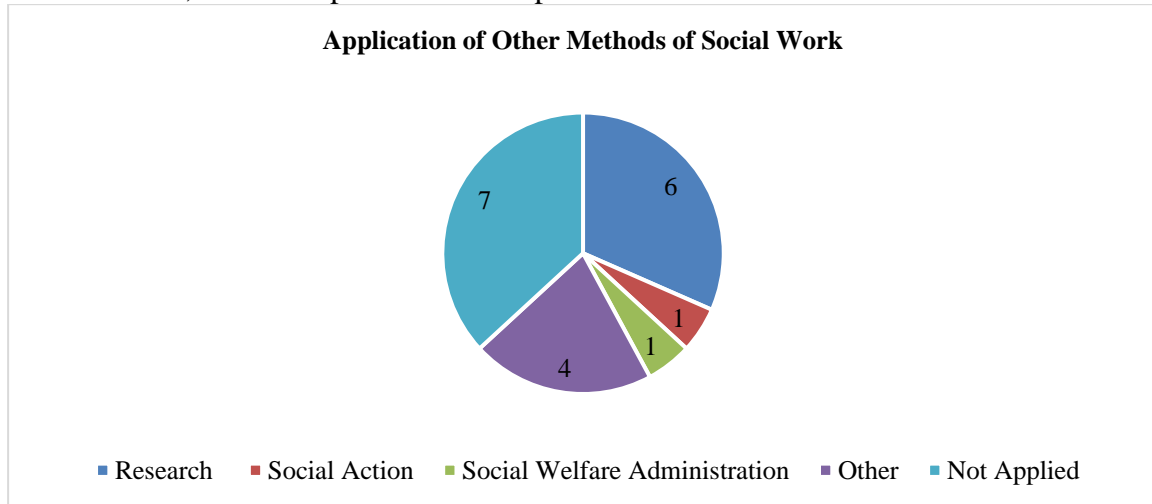


Figure 5. Showing Application of other Methods of Social work by Respondents

4 students mentioned they did family counselling, interaction, and meeting with hospital staff. One student doing counselling mentioned, *“A lot of patients required love and affection from their families along with medicines which they are denied. They have a lot of feelings bottled up which needs an outlay, and they need someone to talk to and as they are not in the right state of mind, they need someone to guide them.”*

2.7 Unhealthy Practices in Health Agency

When the respondents were asked whether they could observe any unhealthy practices in their health setting to which majority 10 respondents agreed and mentioned few of the unhealthy practices as below:

Related to Management within Hospital:

- Lack of Coordination in Staff
- Acute Shortage of Staff in COVID Care
- Work remains undefined in COVID Care

Related to Medical Practitioners and Staff:

- No proper investigation of cases
- Lack of Reference and Proper Knowledge
- Not checking the expiry dates of the medicines
- Inaccurate Record Keeping
- Neglecting Patients in diet need
- Improper diet leaving patients affecting their health
- Female patients complained that they were beaten up by attendants.
- Misbehaviour by the Hospital Staff
- Lab Technician not wearing the gloves for taking blood for HIV test

Related to Medical Social Worker:

- Medical Social Worker not performing their role
- Social Workers doing too many administrative tasks

Related to Patients:

- COVID Precautions not followed by patients

Other:

- One respondent mentioned that during fieldwork in Industrial setting, he observed that when the health check up are conducted of the employees and if any employee is found to be HIV positive, they ask them to resign rather than accommodating them.
- “Once my cousin met with an accident. We immediately took her to the near hospital. Doctor was not present. So, compounder started giving her stiches. It was painful, suddenly my father saw, and he yelled at him asked him where the doctor is. Then the compounder called the doctor”. -Jyoti (Name changed due to Principle of Confidentiality)
- This was the hostel converted into Hospital for COVID Patients treatment. When it was 2-3 days left to shut it, covid positive patients were transferred to tertiary care hospital to which it was affiliated. It was wrong. Even media came to record it, but they shut them of. Acute shortage of staff. COVID Positive patients deal with the virus mentally, emotionally too, still there was lack of manpower to change their diapers, to take care of them. The work of the staff was not properly defined. Everything was unregulated. -Karan (Name changed)

2.8 Administrative Flaws

The Administrative flaws that were observed by the respondents were as below:

- Irregular Supply and Shortage of Medicine
- Shortage of Manpower
- Lack of Proper and Consistent Treatment
- Lack of Proper Documentation and Record keeping
- Absence of Medical Practitioner in Duty Hours
- Social Workers given administrative work
- Staff are not aware about the role of Medical Social Worker
- Overburdened medical social worker
- Role of medical social worker is not defined. Medical Social Worker (MSW) and Health Educator (HE) used to mark attendance of the Medical Practitioner.
- Lack of Cleanliness in Hospital
- Unfriendly, Rude and Aggressive behaviour by Staff
- Lesser time provided to patients in counselling
- Improper sitting arrangement

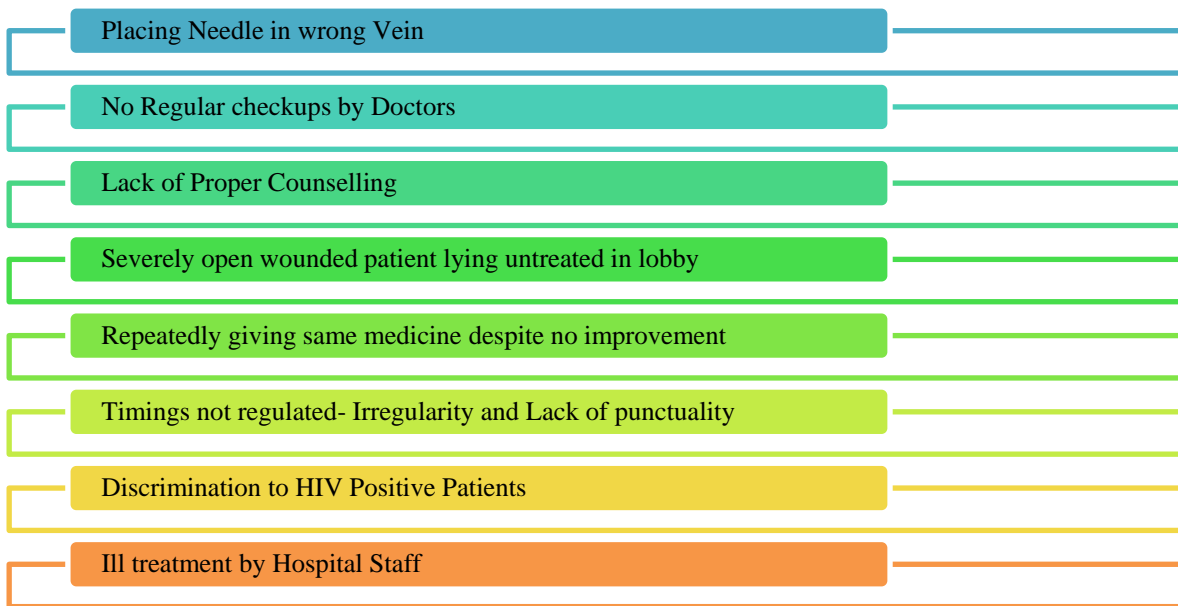
Acute Shortage of Oxygen, Ventilators etc. in COVID care hospital, due to which many patients died too.

4 Students mentioned that they did not observe any administrative flaws in their health agency.

- At skill training centre, after lunch break, the MO comes late and during this period the attendant is the only person present to take care and engage the patients. But the attendant allows them to sleep, and she/he engages in her personal chores. -Prakash (Name changed), working in the Mental Health Setting
- In ART Centre, medicines are out of stock; they do not replenish the same quickly. Because of this, death rate increases due to increase in viral load. -Neelam (Name changed)
- In our (Oncology and Radiation) department, "Morphine" medicines are provided by the government to the patient. But due to irregular supply and shortage of medicines, many times patients have to suffer. -Rajendra (Name changed)

2.9 Absence of Care by Medical Practitioners/Hospital Staff

The respondents observed following cases where absence of care was on part of Medical Practitioner.



About Health Setting: below observations were shared by respondents.

Positive Aspects	Areas of Improvement	Negative Aspects
Free of cost/Lower cost of Treatment/Medicine	Regular supply of medicine	Delay in getting Government financial assistance
Give proper time for detailed investigation	Ease of availing government benefits or schemes	New skills are not taught to patient
Use of Latest Technology	Proper counselling	Lack of Punctuality
Preventive and Promotive Care	Proper Documentation	No counselling to patient
Handling the responsibility of rehabilitative and social, economic, and legal aspects	Regular check-ups	Patients staying in Mundane
Recreational Activities for Patients	Timely follow-ups	Non-availability of paraprofessional counsellor
Mobile Van driven by Women driver	Cleanliness	Beating Mentally disturbed patient
Supported by different NGOs giving free food, accommodation etc.	Doctors' attitude towards patients	Confidentiality and privacy while doing counselling
Patient listening, referral	Need more manpower	Lack of proper administration
Double check of medicines	Proper Uniforms to patients	
Strong Patient-Doctor relationship	Proper Food	Providing half-baked knowledge should not be used
Participation of patients in treatment process	Acceptance of Role of medical and psychiatric social worker	Proper Infrastructure
Working at different levels of health	Improvement in Management	Discrimination with HIV Patients
Proper Management, staff	Clarity of Roles of Staff	
Training of Medical Practitioner	Monitoring by Higher Authorities	

Less footfall of patients-hence manageable	Feedback of patients shall be obtained	
Good stock of medicine available	Training about Personality Development on how to treat patient with sensitivity and empathy	
Detailed History Taking	Improvement in Infrastructure	
Proper Documentation	‘One stop centre’ should be created for solution of all problems	
Prompt conducting of Operation	Evaluate the need of staff and resources of all departments and allocate respectively	
At emergency, hostel was converted in Hospital-Food and accommodation provided	All information should be available to general public so that corruption can be prevented.	

Discrimination with HIV Positive patients by staff members: high viral load patients are not treated, discrimination in blood transfusion. HIV Positive ladies have more possibility of developing breast cancer. When they approach oncology department, they are discriminated. – Divya (Name changed)

2.10 Knowledge of respondents about any Unethical Practices prevailing in Healthcare Delivery

Lastly, the respondents were asked whether they have heard of or know about any unethical practices in the Healthcare delivery to which they provided multiple responses from their personal experience or referred in Media. Below cases were known to the respondents.

Personal Experience of Respondents:

“My mother is a cancer survivor. She was diagnosed in 2013. Since then, any disease she come across need detailed intervention. Many times, I have observed that the doctor ends up admitting her for no reason. This I saw as an unethical practice, admitting her so that they earn more out of it and gets commission.” -Jagruti (Name changed)

Referred from News Media/Personal Observation:

- Not discharging patients’ dead body over non-fulfilment of payment
- One of the private hospitals got defamed and was shut due to organ trafficking
- In 2019 at Muzzafarnagar, a huge irresponsibility on the part of hospital was observed when children were diagnosed with eating Lichi fruit and more than 200 children lost their lives because of lack of facilities of the hospital.
- In Tamil Nadu, around every patient were burned alive when they were chained. Patients who shackled to chains and no one could be rescued when the fire broke down.
- Lack of oxygen cylinders at Gorakhpur hospital resulting in death of children.
- Fire outbreak in hospital killing patients
- Auto drivers giving injections at Government Hospital
- At Anganwadis the anganwadi worker is given certain amount of grains and food packets which are to be distributed in community. These are manytimes not kept in proper storage and end up getting spoilt by rats or water.
- Blood Transfusion Errors- Giving HIV+ blood to patients
- Forcing patients in labour pain for C-section even when the mother want normal delivery, screaming at mother in labour pain
- Operations by uncertified doctors
- Medicine given without prescription of doctors

- Business of the blood donated at Government Hospital
- Leaving the patients in COVID situation resulting in death
- Overcharging the patients for the greed of Money

From the Movies:

- Charging fees even when patient is dead; kidney racket as shown in 2 Hindi Movies respectively.
- One of the movies showcased that doctors were treating the patients after being intoxicated.

3. Conclusion

Fieldwork is one of the significant parts of social work education. It is high time to accord priority to review fieldwork in health setting in relation to integrating the developmental emphasis. From the responses provided by the young social workers, it is certain to mention that they are proving to be catalysts for driving the movement to make communities healthier. It was observed from the data that at times, the students were lacking the absolute clarity on categorisation of their initiatives and activities within different methods of Social Work. For example, awareness within communities were considered as group work and Survey on different topics were mentioned in community organisation. The reason could be multiple- from lack of awareness among students, difference in perception, complexity of fieldwork situations which affects the knowledge, skills, and attitudes of the learner.

The purpose of the fieldwork remains to prepare the students for the role of change agents, rather than doing just remedial and traditional functions. With this background, the students were asked to mention their observations about unhealthy practices, absence of care by medical practitioners, administrative flaws etc. which were attempted by all the respondents well. There are the identified areas of improvement that requires the professional social work interventions. Each area of social work practice should be examined by the societal goals, relevance to goals of social work profession, educationally planned intervention, having potentials in the area of social development and inter-professional collaboration. Needless to mention that fieldwork practice can contribute to both community development and youth development. The involvement by the young students in health setting signals a potential for career choices and civic stewardship that pretends improving the population health and equity in coming years.

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