FIELD EXPERIENCE OF NSS - ARI SURVEY AT
JUNAGADH & KOTA

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INTRODUCTION

National Tuberculosis Institute is conducting a nationwide tuberculin survey among children aged 1-9 years in order to assess the current epidemiological situation of TB, throughout the country. For the purpose of survey, the country has been stratified into four geographical zones. In west zone, Junagadh (Gujarath), Kota (Rajasthan), Jhabua (M.P) and Nagpur, Thane and Rathnagiri (Maharashtra) have been selected for the survey. I was posted to Junagadh and Kota districts to supervise the survey work carried out there. I would like to share my field experience in these two districts, in brief:

JUNAGADH

In Junagadh, the ARI survey went on quite smoothly, as we got full co-operation from District TB Officer (DTO) and his staff in all the different Community Health Centres (CHCs) and Primary Health Centres (PHCs) we visited. Also the people at both rural and urban centers were very co operative and helped in smooth conduct of the survey.

An incident that occurred during the survey at a village in Junagadh has become an unforgettable incident, which I would like to share with the readers. A small boy aged around 7 to 8 years suddenly fainted after being tested with tuberculin. The villagers got wild and they became unruly and held us responsible for the incident. I being in charge of the survey team had a tough time before convincing the people that tuberculin testing did not have any side effects. Finally after about 10 to 15 minutes the boy regained his consciousness and we gave him a glass of glucose water. The boy recovered and we left for our rooms. The next day we were about to leave for the next village we received a phone call from the boy's father, who had fainted the previous day. He wanted us to go to his home. All of us were worried hearing this. We did not know what to do. Finally we decided that we had to go to the boy's house. Accompanied by a doctor from PHC, we went to the boy's house. The doctor examined and told that the fainting was due to epilepsy and not due to tuberculin testing. Then the parents revealed that the boy indeed suffered from epilepsy since childhood. The people who had misbehaved the previous day apologized for their misbehavior. We then proceeded to the next camp. However, we visited the boy's house two to three days until the boy was normal. It was due to the unity in our team and the dedication of my teammates that we could overcome such an incident effectively.

Travelling from base camp to the far off selected clusters, that too during summer was one of the major difficulties we faced. Actually the travelling period used to be more than the time we spent for testing and reading.

KOTA

The field experience at Kota was very different from that of Junagadh. The survey work at Kota was very difficult and we had to face many problems. To name a few:

- The roads were very bad in each and every cluster and took lot of time to reach the villages.

- The villages like Akhawa and Banda were inaccessible since they were almost inside the forest even without Kutch roads. The path to Akhawa was full of stones and with small streams and the vehicle had to pass through them. No means of communication was available while travelling. It was really a hectic job for the driver to reach such villages.

- On rainy days, it was much more difficult for

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the vehicles to reach the village and we had difficulty even to walk from one house to the other. As we could not do centre testing, house to house testing was necessary and actually we had to stop testing on rainy days.

- In one of the rural clusters viz., Hanotiya, we did not get co-operation from the villagers for testing and reading. First day some how by convincing them we could test 29 children. However, the people were so adamant that they again started opposing and did not allow us to test. Then we went to local PHC and took two health workers with us, who were working for the same village. Even then the villagers were not convinced and at last we had to leave that village and take alternate village.

- Another problem we faced in one village was that the people did not allow us to leave the village until we accepted to test all the children. We had to test 200 children which was much more than our target and we had to spend one extra working day in that village.

With all these difficulties, we, however, succeeded in completing 83 clusters of Kota district in Rajasthan. It would be more apt to say that cooperation between team members was the main factor which helped us to complete our work successfully.

I would like to thank Dr VK Chadha, Chief Investigator and Dr PS Vaidyanathan, Co-investigator of the project for giving me this great opportunity to participate in NSS-ARI project. And I also thank my colleagues and other staff who extended their kind co-operation in fulfilling the task assigned to me.
प्रभावी प्रेरण - एक क्षेत्र अनुभव
विक्टोरिया ललिता*

शब्द एक प्यार भरा
दुबी दिलों को संचार दें

मैं पाठकों के साथ नीला संशय दीवार खाने में आई एक 30
वर्षीया रोगी से संबंधित अपना क्षेत्र अनुभव बोलना चाहती हूँ। जब उसे पता चला कि वह क्षयरोग के शिकार है, तो वह रोगों लगी। पहले मैंने उसे सांलना दिलाई तथा उसका दिशापत्र जाता और उसे बादश बंधाया ताकि मैं उसके रोगों का कारण जानू। रोगी ने बताया कि प्रेम बियह एवं दो बच्चों के होने के बावजूद उसके हीभार होने व घम न कर पाने का कारण उसके पति ने उसे तपाई दिया है।

मैंने रोगी और उसकी माँ को इस हद तक प्रेरित किया कि उन्होंने सलाहजुरू सामूहिक काम करना का निश्चय किया। यद्यपि मैं खुद नौकरी का काम करते हुए कम पैसा कमाती थी, तथापि वह रोगी और उसके दो बच्चों की देखभाल करती थी।

रोगी बेंगलूर महानगर पालिका में संशोधित राष्ट्रीय क्षयरोग
नियंत्रण कार्यक्रम के अंतर्गत डीओटी उपलब्धकताओं को दो सन्मारण
की प्रभावोत्साहकता का अध्ययन पर जारी अनुसंधान अध्ययन
के अध्ययन समुदाय का एक अंश थी। मैंने रोगी की समस्या
के लिए रोग से मुक्त पाई जा सकती है तथा यह चिकित्सा
निश्चल है और उसके घर के निकटस्थ जगह पर हो सकती
है। मैंने उन्हें नियमित नवा तेज्वन एवं अनुत्तरी जांचों की
जानकारी दी।

रोगी के घर के नजदीक एक दुकानदार को डीओटी
उपलब्धकताओं के लूप में निर्धारित किया गया और उसे अध्ययन
के दिशा निर्देशों के अनुसार डीओटी प्रदान करने के लिए चिकित्सा कार्य
दुकानदार को उपलब्ध कराए गए।

गहन घरण में रोगी ने नियमित रूप से दवा ली तथा उसका
काफ़ लेख नकारात्मक (नेगेटिव) में परिवर्तित हुआ। पश्चातः उसने
चिकित्सा चार महीनों तक जारी रखा। दृष्टियों और अंतिम निरीक्षण
तक, वह लेख नकारात्मक रहा। रोगी ने एक बार की दवा
भी चूके बगैर चिकित्सा का पूरा क्रम सफलतापूर्वक पूर्ण किया
था और उसे रोगुक्ति घोषित किया गया।

कृतज्ञता निबंध में रोगी ने भावान, दुकानदार और दबाखाने
के स्टाफ के प्रति आभार प्रकट किया।

अब चूंकि वह रोगुक्त है, उसके पति उसे स्वीकार करने का
इत्यादि है और उसकी माँ भी उसे वापस भेजना चाहती है।

जहाँ चाह, वहाँ राह

प्रभावी प्रेरणा ने न केवल रोगी को रोगुक्त होने में मदद
की, बल्कि उसकी सामाजिक समस्या का भी समाधान
निकाला।

उपलब्ध जुगाड़ों की जानकारी देते हुए रोग, चिकित्सा
अध्ययन के संचालन में रोगी/परिवार को प्रेरित करता प्रत्येक
लाभ के लिए महत्वपूर्ण होता है।

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