TESTING THE PATIENCE - AN EXPERIENCE

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To UNDERSTAND something, you need "KNOWLEDGE"
but to FEEL it, you need "EXPERIENCE"

As the junior most Health Visitor in the Control Section, my experience in the field is comparatively less than my seniors. I would like to share one of my experiences with the readers. After going through this patient’s story, one may feel that there is nothing special about it. But it gives a different feeling for the one who really experienced the field situation.

The 2 main characters of this story are: Patient and her mother. The patient was earlier taken for the study RP/210 “Treatment outcome of smear positive cases treated under RNTCP”, was put on Cat-II. After having taken treatment for more than 2 months in the intensive phase, she later on defaulted. She was not available for the final interview and even her parents did not know her whereabouts and hence the file was closed. Two years later, when the RP/213 study “follow-up of smear positive cases treated under RNTCP in BMP” was taken up, I came across the girl and had an opportunity to interview her.

First day when I visited the patient’s house, the patient was not available and her mother informed me that she had gone to “SAMRAKSHA” a Non-Governmental Organization. When I enquired about the non-availability of the patient during the final interview for RP/210 study, her mother started crying and told that the patient had been in Mumbai in a brothel house. She also said that the patient has been visiting Mumbai several times during the past 10 years without their knowledge.

According to the mother, her daughter had left Bangalore at the age of 12 years along with her friend who had just returned from Mumbai a few days back. She searched for her daughter several years and finally came to know that she was in Mumbai in remand home. She had to spend lot of money on advocates and police personnel to bring her back to Bangalore.

Few months later, the girl again went to Mumbai without informing her parents. Soon after this episode, the mother lost interest towards her daughter because of her hectic routine work, as she was the only breadwinner of the family. Her paralytic husband, son and the elder daughter with children who was deserted by her husband were all depending on her earnings. She said that her daughter again came back to Bangalore a few months back with ill-health saying that she was thrown away from the brothel house as they found her unhealthy after blood examinations. On hearing the daughter’s story, she decided to take care as long as her daughter is alive. She complained that her girl was accustomed of taking beef in Mumbai every day and she was demanding the same from her mother also which is against their customs. She complained that the patient was not helping her mother in household work and requested me to motivate her daughter to help in the household work and not to demand for beef. She also requested me to visit their house the next day when both of them were available at home. I gave two sputum cups for sputum collection from the patient (1 OV & 1 SS) and returned back.

What causes the most pain?
Mistake or the criticism for mistake

Next morning when I visited the patient’s house, only the girl was available and her mother was not available. When asked for her mother, she said that
her mother had gone to sell the flowers.

I interviewed the patient for the current study and asked the reason for defaulting in RP/210 study. She said that she had suffered from vomiting and giddiness after taking the tablets and injections and hence had stopped taking ATT. I then casually asked about her visits to Mumbai. It was then that she started telling her story: When she was 12 years old, one day she had been to Majestic bus stand along with her friend to sell the flowers. There a lady offered them chocolates. After eating the chocolates, they became unconscious. When she regained her consciousness, she found herself in a brothel house in Mumbai. She was there for 7 years and during this time she fell in love with a hotel employee & got married. Her married life was very good for 1-2 years. She was earning money by knitting. Two years later, her husband was diagnosed with TB and he absconded. The situation again made her to switch over to the earlier job for her livelihood. When she fell ill, her blood was examined and was found to be HIV positive. Later on, she was sent to Bangalore. She visited "SAMRAKSHA" a counseling center for HIV-AIDS and there she was treated for her ailments including TB.

When I asked about her mother’s complaint, she replied that her mother and brother had taken Rs.25,000/- and gold ornaments from her and abused her very badly. She accepted that she was demanding beef, but now she had started eating whatever is cooked for all and was also helping her mother in the household work. In spite of several cross-questions, she never disclosed the disease with which she is suffering from, but said that she would die within 2-3 years, according to the doctor who is treating her at "SAMRAKSHA". By this time her mother arrived. I suggested the mother to extend her kindness towards her ill-health daughter and advised the patient to help her mother in household work.

The above story may not be very interesting for the readers but it is a real story of a poor patient. For me, it was an exciting experience because it tested my patience. It took more than an hour to listen to the story from both the mother and the patient’s side. Even though their personal matters are not connected with our study, as a field worker, I felt it was my duty to listen to them on humanitarian grounds.

It is the duty of every field worker to be a patient listener so as to ensure cooperation from the patients / family and also to work as a good counselor in helping them to solve their problems.

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