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I went to India with a vast agenda: This was my two-month elective to explore public health and clinical practice in a developing country. It was time to reconnect with my grandfather, and to explore further my sense of spirituality. India was all this and different, again proving to be a place that both meets and defies my expectations. Instead of my getting my arms around India, I became enveloped in its myriad experiences and fell into a place both familiar but constantly changing.

The southern temple city of Madurai for me is a return home, sort of. I spent a year there as a student between my undergraduate and medical school. So returning to continue to work with the non-government organization (NGO) with which I had previously established ties, CRIF, was an exciting prospect for me. Three years ago CRIF got a grant to start an HIV/AIDS Awareness and Prevention Project in Madurai. Though the second largest city in Tamil Nadu state, Madurai still has a provincial town feeling, as it is surrounded by agricultural communities cultivating rice, wheat, and peanuts. It is an average Indian town in regards to the risk and prevalence of HIV, so according to government figures of seroprevalence about 2% of the population are HIV positive. When CRIF began its HIV/AIDS project, there was very little publicity about HIV and a lot of taboos about talking about sexuality and sexually transmitted diseases. CRIF adopted street theater as the medium through which to present correct information about HIV/AIDS and dispel myths. It trained college students as peer educators and began performing dramas and workshops in and around Madurai.

My first month in India was spent mostly in Madurai working with CRIF on the expansion of its project to train village women in health literacy-cum-self-help groups. CRIF established these self-help groups as it visited villages to perform its street theatre. The groups arose out of the need to create a long-standing partnership with villages to affect changes. Women in the groups were taught strategies for saving and micro-credit loans. They also were asked what health-related topics they wanted to learn more about. From their responses, I was given the task of creating a village presentation. We focused on three main areas of interest: pregnancy, nutrition, and the spread of disease. (See Appendix 1.) I designed and prepared posters and visual aids to convey key points related to these topics (Figures 1-5.) We took our show on the road and spoke to eight self-help groups at five different sites around Madurai district. (The schedule of our programs is included in Appendix 2 followed by figures 6-10.) The program was adapted to the questions from the audience and their discussion. We spoke with the women and children after they returned from their fieldwork, usually for about two hours in the evening. Our audience ranged in size from 25-60 persons. The chance to interact with these villagers and get a glimpse into the concerns and realities of their lives was definitely one of the highlights of my trip. There were many questions about feeding children: What kinds of foods to introduce at what ages, how much is enough. We tried to emphasize locally grown fruits, vegetables and grains as the basis of a sound diet. The villagers often ended the sessions by coming up to me and asking about various personal medical questions, a time when I felt acutely aware of the difference between what I would like to advise and the reality of their limited resources and options for care.

I also organized a few workshops and trainings for CRIF's peer educators. We discussed topics they chose in two day-long sessions at the CRIF office on the outskirts of Madurai city. We covered reproductive anatomy and physiology, the cycle of the spread of disease, and basic first aid. The second session was in January, when I returned to Madurai for a long weekend to watch in person CRIF's street theatre. We spent time discussing the performances and working on refining the skits. Based on my training in December, the peer educators had written and performed a new skit on the cycle of disease spread in a village. I had a chance to see and comment on the skit as well.

Most of the month of January I was working as a visiting resident at the Kanchi Kamakoti Childs Trust Hospital in Chennai. This 160-bed pediatric training hospital is a private institution. I spent three weeks there working with two different general pediatric units. We saw a variety of cases, some of which were quite new and interesting for me to follow. It was the end of the season of dengue hemorrhagic fever in Chennai, and there were just a few cases. Other interesting diagnoses included malaria and enteric fever. Being a private institution, there were not cases of extreme malnutrition. The patients came from the city of Chennai and its surroundings, mostly drawn from the middle to upper middle classes.

I rounded with the pediatric team to which I was assigned, following some of the interesting cases on rounds. There was also a daily outpatient clinic where I was able to take histories, examine patients and present to the attending. There were many cases of gastroenteritis, asthma and respiratory infections. Though I was at times frustrated by my limitations in conversing and educating patients in Tamil, I found the families very kind and receptive. The attendings had great clinical skills, and it was fun considering their differential for fever workups in various age groups. There was also a curriculum for the postgraduates with afternoon teaching topics which I attended.

My experiences did indeed help reaffirm and evolve my ideas about service in the field of international health. I really enjoyed the health education component of my work and this is a direction I would like to further pursue while earning my M.P.H. I felt in general that my public health work was more rewarding in large part due to the congenial atmosphere of CRIF, where I could interact freely and equally with the staff and peer educators. Though the clinical rotation was eye-opening, I did not feel as well-equipped as the locally trained doctors to treat patients in the setting of a private institution in a big city. I do acknowledge that the nature of this section probably had a large part to do with my feeling a bit redundant and inefficient. When I go back to work in a developing country, in addition to strengthening my overall clinical skills, I would like to work in a smaller clinic and perhaps in a less urban setting. Overall, my time in India was more and different than I could anticipate; a rotation spent traveling down dusty dirt roads and hospital halls filled with the smell of antiseptic. I am a different person from the places I discovered.