

**DELIVERING PUBLIC HEALTH ON FIELD- A SOCIAL CHALLENGE****Dr P.RAJARAM**

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As a public health professional, who for a long time has done practical field work in the state of Tamilnadu I would like to express some observations in the constraints and challenges faced in delivering health to the people beyond the confines of hospitals which have been for a while now known as the ivory towers of health. In the backdrop of the 'maha kumbh mela', that has recently concluded in Allahabad, as an administrator, keeping to the principles of 'primary health care', I would like to, for now share my memories related to the health maintenance of a large temporary congregation of people during my tenure of work as district health officer. The event was 'Velankani' festival that is celebrated annually and attended by Hindus and Christians from all over india and also by overseas devotees. Some of these devotes arrive one month before starting of the festival and stay till the end. This is based on

the belief that Mother Mary, centuries age, saved the people of a battered ship by showing them light and guided them to safety.

The routine procedure followed is that, on intimation from the clergy of the church, the public health authorities of Nagapattinam district in consultation with the church send the request for approval to the state health authorities following which the district collector with all the concerned district officials and the chief priest of the church discusses about the arrangements to be made.

In mass gatherings of these kinds the maintenance of hygiene becomes a very complex issue as was highlighted in this case. The visitors after paying their respects at the shrine consume the 'holy water' as they leave the shrine. This water is actually underground water pumped from a deep bore well (water comes out from below the first

impervious layer of the earth) to an overhead tank and from there comes down through a pipe and called as 'holy water' or 'Theertham'. Each pilgrim collects this theertham from the tap directly in whatever fashion they wish, such as using their own water bottles, any bottles they get in the festival area lying around etc. This water is then carried back home and given to others as a sacrament. This water never undergoes any disinfection or purification process from its source to its final destiny.

The public health concern for us was to ensure that this water is at-least disinfected at its source before any of the pilgrims ingest it. Hence it was decided to chlorinate the over head tank supplying the theertham. The constraint faced by us was an immediate opposition from the priests, with an argument that 'holy water' can never cause ill health and this would be like questioning their and own as well as people's faith. It was all the more frustrating for us, as all the drinking water sources for general public around the church area were chlorinated. Any amount of reasoning could not bring them to see the relevance of chlorination. Finally we had to become more authoritarian and asked for the church to give an undertaking that the church and its water supply is well protected and that if any of the pilgrims suffer any troubles due to the water then the church would take responsibility for the outcome. This managed to break the ice and after a discussion among members of the church they agreed for the chlorination process. Chlorination was carried out as and when the overhead tank was filled up and round the clock checks were kept by water analysts to ensure appropriate chlorine levels in the water.

The issue was a complex one, as it was a question of belief and faith of the priests as well as the other people. This

religious and spiritual dimension of health is considered something of a deeper realm and when this becomes the predominant driving force, the information and guidance from plain simple scientific logic is not given heed to. People take it as a challenge upon themselves to break norms in order to please the deity they believe in, and get the blessings they seek.

The chlorination process was never attempted in the past and was probably not even thought about due to the above constraints. My predecessors had not been successful in doing this owing to either helplessness or to lack of motivation since this was a sensitive issue. We took it up as a challenge because of the fact that, this coastal area had been consistently endemic for diarrhoeal diseases for many decades and hence the risk of transmission was always high. So this scenario was difficult for us to overcome but finally when the onus of responsibility was placed on the clergy, they, in anticipation of possible problem arising in the light of known scientific information agreed to help with the chlorination process. The success achieved was a total team effort which included mainly myself, entomologist and team, staff of the primary health centre and most importantly changing people's mindset, particularly in relation to issues concerned with religion is a great challenge and many a times as public health administrators it becomes impossible to get across and deliver even simple services to the people. Striking the right balance is the key to a success in the final showdown and to make scientific facts acceptable within the ambit of beliefs is no mean task even for the most skilled administrators.
