

Rural Communication Campaign (RCC) Saves the Life of Sunita (A case study)

*Manoj Kumar Satpathy^a *, Dr.Monica Shrivastava^b*

ABSTRACT

Click here and insert your abstract text. A 35-year poor tribal lady named Smt.Sunita resides along with her husband and three children in Chiringa Kalyanpur village of Sarguja districts. She and her husband mainly depend on daily wages and agricultural work for their day to day livelihood.Sunita is having complained of pain in her chest and blood was noticed in her sputum during coughing. This situation continues till two to three weeks then her husband takes her to the nearest village doctor who provided some medicine to her. But there is no relief even if taking the medicine for two weeks.Sister Ellia was providing category-II anti TB drugs to Sunita regularly and taking almost care for not missing any medicine doses further. She is also providing drugs at agricultural field while Sunita is busy with her work. Mr. Viswanath field volunteer from RAHA was also visited Sunita time to time and monitor her that she is taking the drugs in time or not. Now Sunita is taking regularly the anti TB drugs and feeling much better than earlier. Sister Ellia is also directly monitoring Sunita,s health as a DOTS provider. Now Sunita is able to do her all domestic work and also perform all agricultural work in the field.

Keywords: Tuberculosis, ASHA, DOTS Provider, MDR-TB, RCC

1. Introduction

Sarguja District is situated in the northern part of Chhattishgarh state. The total population of the district is approx. 1.96 lakhs according to 2011 census. However, this district is mostly dominated by tribal population. This district is also highly burden with tuberculosis disease. Researcher wants to study the drug consumption behavior of many TB patients because erratic drug consumption pattern leads to MDR-TB which is serious and fatal for the patient as well as to society if timely not treated. This is also a part of researcher study subject for the Doctor of Philosophy. Therefore, by picking up a sample village i.e Chiringa Kalyanpur in the Sarguja district near to Ambikapur researcher try to document the case study of Sunita who is a tribal lady which include drug consumption pattern as well as rural communication campaign intervention how change the behavior and save the life of Sunita.

Chiranga Kalyanpur a small village is situated 35 km away from Ambikapur, the district HQ of Sarguja District.

In this village, a 35-year poor tribal lady named Smt.Sunita resides along with her husband and three children. She and her husband mainly depend on daily wages and agricultural work for their day to day livelihood.

2. Hypothesis

If a health awareness campaign organized at community level that affects the behavior and drug consumption pattern of the TB suspected cases/ patients.

3. Literature review

In the year 2009 suddenly Sunita is having complained of pain in her chest and blood was noticed in her sputum during coughing. This situation continues till two to three weeks then her husband takes her to the nearest village doctor who provided some medicine to her. But there is no relief even if taking the medicine for two weeks.

Then as per the advice of ASHA sister, she visited nearest primary health center at Darima. She was asked to give her sputum for examination in the health center laboratory. She was detected tuberculosis (TB) disease after thoroughly examined by the doctors. This disease infected thru' air and a healthy person suffered if he/she come contact with an infected person. As per the doctor, maximum people in Darima block were infected in this disease. Then she took medicines from doctors as per the prescriptions. Medicine was provided her by an ASHA sister through direct observation treatment short course (DOTS) method as directed by health center doctor. She took medicines till six months in regular interval by the DOTS provider. ASHA sister provided her all doses of medicines thru' direct observation method. But Sunita not able to some doses due to some other family priority, however, she was slowly got relief from her cough. This time there was no blood noticed in the sputum. Her diet and health were improved gradually. She was fully cured after taking the complete course of medicine given by doctor. Then she was quite normal and could able to perform her day to day activities like earlier.

Almost two year passed in between. Suddenly one day, she was having the symptoms of pain in chest, weakness, low fever in her body and not able to go out for work. Then cough starts again and small drops of blood coming out from her sputum again. She was quite frightened again and felt that her old disease might attack back her again.

4. Method

RAHA (Raigarh Ambikapur Health Association a NGO is working on health issues in this area and conduct many awareness program for rural community. During this period a mega rural communication campaign was conducted in the nearby area of Darima health center. As a part of this campaign, a decorated vehicle along with health awareness leaflets and posters reached in the Chiringa village during the rural communication campaign (RCC). A field volunteer Mr. Viswanath Tirkey told entire community about their social work on health and aware them about tuberculosis disease and its cure. TB is an air born disease and could affect any persons. If one person infected his/her family members are more suspect able to this infection etc. It was a weekly market on that day and big crowd was listening to field volunteer on this topic.

Sunita was also a part of this gathering and able to know about basics of tuberculosis. Soon after the program finished she rushed and contacted field volunteer Mr. Viswanath and shared about her recurrence of her disease. She was also frightened that her husband and children may transmit with this deadly disease. She requested Viswanath to do something for her immediately. She described her pain in her local chhattishgarhi dialect (language) that:

Moula lagathe ke main ab nahi bach hoo...; viswanath...ab tuhi kuchh kar sakhat to kar... tu jaise kahiha maula eisa karhoo.....

Viswanath consoled her not to be afraid and gave her a health referral slip and advise her to meet sister Ellia who was the in charge of RAHA rural health center situated in that village. Then Sunita met sister Ellia and subsequently sister Ellia took Sunita to Holy Cross referral Hospital at Ambika pur by knowing the gravity of her problem. Sunita undergone with entire checkup by Dr. Puspita of Holy cross Hospital and referred her to nearest Darima primary Health Center. Sunita suspected with multi Drug resistance (MDR-TB). This is an extreme stage of TB disease and if timely untreated the patient may die and easily infected others who are in contact with her. This was occurred may be due to irregular consumption and missing doses of anti TB drug by the patient. However, she was provided category-II anti -TB drugs by the doctors. To continue the MDR -TB drugs sister Ellia was appointed as medicine (DOTS) provider to Sunita by the officials of Darima Health Center. Even sister Ella had born entire travel expenses of her as she was quite poor.

Then, sister Ellia was providing category-II anti TB drugs to Sunita regularly and taking almost care for not missing any medicine doses further. She is also providing drugs at agricultural field while Sunita is busy with her work. Mr. Viswanath field volunteer from RAHA was also visited Sunita time to time and monitor her that she is taking the drugs in time or not. Now Sunita is taking regularly the anti TB drugs and feeling much better than earlier. Sister Ellia is also directly monitoring Sunita's health as a DOTS provider. Now Sunita is able to do her all domestic work and also perform all agricultural work in the field.

5. Result & Discussion

Sunita is recovering fast and feeling happy. She is expressing her gratitude to Mr. Viswanath field volunteer and all medical staff who makes her aware about the disease and supported in curing her completely. She was taken oath that she aware maximum number community members on this deadly disease which is infected through air so that the other families in her village will not affected with this deadliest disease.

In this way, life of Sunita saved by early diagnosis and regular timely drug consumption without missing any dose. As Darima block of Ambikapur district is TB prone area, many people die due to ignorance, not timely diagnosis, treatment and irregular drug consumption of course. Also, many people go to local quacks and treated wrongly and unnecessarily lost their valuable lives.

6. Conclusion

Sunita as a TB patient is completely cured and she is role models to others now. She is also working as a change agent in her village and counsels other TB patients for early diagnosis; timely treatment with regular drug consumption without missing any doses is the essences of cure. She pays her gratitude to Mr. Viswanath and sister Ellia their timely initiative their good work. We all know that, Darima area of Sarguja district is a tuberculosis prone area. Sunita is one of the venerable among them. Once she had treated with TB but due to irregular consumption of drug lead her to again (Multidrug resistance) MDR-TB which is a more dangerous now than earlier. However, RAHA team and Mr. Viswanath were blessings in disguise to her. Due to proper counseling in rural communication campaign regarding Do's and Do'nts about TB disease and its proper consumption pattern save the life of Sunita. Of course, Sunita follow the advice and stick to strict drug consumption pattern which help in fast recovery. Further, we also came to know that rural communication campaign plays a vital role in changing the behavior of community which happened in case of Sunita. Therefore, it proves that right information and proper communication and timely community awareness may save lives of many.

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