



PUBLIC HEALTH ISSUES AS THE EAST MEETS THE WEST

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WHAT DID I DO?

I decided to study abroad to Manipal University in India during Winterterm 2012! I decided to choose a more culturally enriching and immersive experience to fulfill my practicum requirement. My study abroad group and I traveled to India with Dr. Donna Howard in order to investigate the comprehensive public health issues currently present within the country. Consistent exposure to these health issues in classroom settings, field trips to various parts of the country, and industrial regions, allowed me to indulge in the political, social, educational, and cultural experiences associated with the developing country.

“IF YOU ARE LOOKING TO MAKE A BIG DENT IN THE QUALITY OF LIFE ON THIS EARTH, PUBLIC HEALTH IS THE WAY TO GO.”

–Dr. Bhat, Pro Vice Chancellor, Manipal University

WHERE DID I GO?

Much of our time was spent in a classroom setting. Each day began promptly at 9:30AM and ended almost always at 4:30PM. Throughout the three week experience abroad, we attended many lectures by several knowledgeable doctors, travelled to the District Surveillance Unit, Ayurveda clinics and a number of hospitals, many historic sites, a cashew factory, Anganwadi Centre (courtyard shelter for children), three villages and a pasteurization plantation. Each location and speaker taught us more about Indian culture, religions, the importance of social status, and overall health priorities that contribute to the public health system in India.

WHAT DID I LEARN?

One of the most compelling issues we had the opportunity to study was Contact Dermatitis present among cashew factory workers in India. Our group visited a cashew factory on January 18th and were able to witness the very real transfer of a disease through direct and physical contact. The factory workers, most often and predominantly women, had blisters and dark hardened lesions scattered all over their hands. These lesions were caused by a reaction between the acid found in the shells of the cashews and the human skin. Gloves were developed and distributed to protect the skin from direct exposure to the corrosive acids and this was implemented optionally as a preventive measure for Contact Dermatitis.



FACTS ABOUT PUBLIC HEALTH IN INDIA

- India has one of the highest infant mortality rates in the world – 47.7/1000 live births per year
- Food and drug security are free
- There is a large focus and importance put on men, thus if females are born, families blame the other
- Primary school is free, however higher education beyond 10th grade is expensive
- India has many health facilities, but 60% do not have access to tap water
- India has eradicated, smallpox, guinea worm, yaws, and leprosy. There has been a year without cases for polio
- Three methods for treatment: allopathic treatment – modern treatment, homeopathic – alternatives, ayurveda – allows own body to fight infection

REFLECTION

Out of this experience, I learned to be grateful for the luxuries and amenities that I have because I know that there are others elsewhere who lack even clean water to drink on a regular basis. The importance of networking was also emphasized heavily as well because knowing the right people may help with the spread of awareness and possible intervention. Most importantly, I learned that public health does not just comprise of illness, treatment, and prevention. Public health in India encompasses religion, culture, policies, and education, which leads to treatments that cater to the individualistic needs of each patient. While it may not seem as effective as the methods we use in the USA, public health in India appears more communally unified from my direct experience abroad.



WHO DID I MEET?

Some of the most exciting parts of my study abroad experience included the people. They include but are not limited to Dr. Derek Lobo, Dr. Machado, Dr. Sanjay, Dr. M.S. Kamath, and Dr. Lena Ashok. They were the doctors who educated us of the issues, structure, and policies of public health in India. Also, we visited many villages and met many people from an array of classes and social backgrounds.

ACKNOWLEDGEMENTS: I would like to thank all of our lecturers for taking the time to come out and speak about their individual topics which enriched our public health education in India. Also, I would like to thank Dr. Donna Howard for her incredible role as our coordinator for this lively, fun, and enriching trip. Thank you all for a wonderful and completely unforgettable experience.

Facts About Pubic Health In India sources: WHO, Dr. Derek Lobo, Dr. Lena Ashok, Dr. Machado.