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Introduction: What you are reading is the account of the public health situation in Delhi as seen through the eyes of a traveler. I must say that because my stay was for five weeks all you will be reading may not be a true reflection of the situation. This notwithstanding, I will try to give you a bird's eye view of public health in Delhi.

Nature Heaven: For lovers of nature Delhi is a place to be. A city with a population of over 14 million that still looks so natural was a great surprise to me. The whole city is green, from north to south. Delhi is natural to the extent that you will see squirrels everywhere in the city. On the contrary in my rural African village squirrels are seen only in the forest. Actually Indians as a whole are very natural people, who have managed to co-exist with nature on many fronts: they hardly consume pre-processed food, and their structures are generally in harmony with the environments, nature doesn't have to make way for the structure. For those who may complain of the filth and the cattle, it may interest them to know that in any evergreen forest the leaf litter is part of what makes the place what it is, so in the case of Delhi the close association with nature explains the filth but I guess it wouldn't be out of order to ask that something be done about the filth.



Let's have fun in a nature heaven.

Road traffic chaos: One of the first things a visitor will notice in Delhi in the state/nature of driving. The only word I can find to describe it is that it is chaotic. Firstly, there is virtually everything on the streets from cattle and horse drawn rickshas and cycle drawn rickshas in the outskirts to autorickshas, cars, buses, 'skutters', bicycle e.t.c. Secondly, the use of horns is something you will find difficult to understand. It is not uncommon to hear a driver blow his horn continuously for more than one minute. When you are traveling through Delhi you hear horns everywhere and all the time. You will also notice that most commercial vehicle have one of these inscriptions (horn, horn please, use horn, government car use horn, e.c.t.) on their back. When I asked I was told that most the drivers of these cars don't use their side mirrors and that they only react to the presence of other road users when they hear the horn hence the inscriptions. *Kindly, get some ear*

plugs when going to Delhi! Thirdly, generally life on the roads of Delhi always felt like a race with all vehicles as participants. And the traffic lights served as the start of these races. A number of cars always moved before the green light changed, other would move a few inches and stop (technically all these were false starts by Olympic standards). In this crime the autorickshas were the guiltiest offenders. Fortunately, in spite of all the chaos fatal road accidents are not too common on the streets of Delhi. Some say that the drivers are good at what they do i.e. chaotic driving. Another person also explained that because of the state of driving high speed driving is not common and hence the low fatality rates that are recorded.



Life in the streets of Delhi,

Delhi bellies: For those who have read lonely planet I am not going to talk about the diarrhea. Coming from a culture that frowned upon women when they wore dress that

exposed parts of their bodies I was surprised to know that the traditional Indian attire the saris and the blouse exposed part of the abdomen of the women. It was not uncommon to find beautiful ladies in the streets in saris showing the lower abdomen. And this gave me the opportunity to observe the pattern of abdominal obesity. Under thirty five years the women had flat abdomens and by the late thirties they had abdominal obesity, what the Delhi Times of the 28th October 2007 called the Delhi belly. The development of this Delhi belly is attributed to the eating patterns; in a typical day this is what happens

6:00am –morning tea,

8:00am – breakfast,

10:30am- tea,

1:00pm- lunch,

4:30pm –tea,

8:30pm- supper,

10:00pm- tea (usually optional)

Tea in India is taken very sweet. A combination of large calorie intake in between meals and a late supper is what causes the Delhi belly. And statistically 35% of the population in India is diabetic; this percentage is higher in Delhi. This is a true reflection of the extent of abdominal obesity in the city since abdominal obesity is one of the risk factors for Diabetes mellitus.

Tobacco: Tobacco farming must be a big business in India, because the volume of tobacco that is consumed in that country is phenomenal. In India, tobacco is either chewed or smoked. If you happen to be travelling in the mornings you will notice people spitting everywhere, this sputum is brownish, tobacco-tainted. The stair ways of most buildings in Delhi are covered by this tobacco coloured sputum even when the walls have the inscription “no spitting”. By my estimates at any point in time during the day two out of every four Indians are smoking. And of the other two one is most probably a smoker just that he/she is not smoking at that time. It is, therefore, no wonder that lung cancer is the most common cancer diagnosed in India. Lung cancers are usually diagnosed after 60 years, but for most people even before this age (i.e. around forty years) they may develop cancers of the oral cavity. The good news is that the oral cancers are usually diagnosed early and treated because of their more outward location.

Transcripts:

Monday, 8th October, 2007: On this day, I was at the Sahara collection/dropping center at Jahangirpuri in Old Delhi. With one of the Sahara’s employees as guide we were in the ghetto of Jahangirpuri looking for IV drug users to encourage them to go to the collection center for assistance. During this trip we found many addicts who were sitting in the streets and injecting drugs in broad day light. When I enquired why police was not arresting them I was informed that the police take bribes and let them go. Later on I was informed that the police refuse to arrest them because they usually get withdrawal symptoms while in custody and the police were not prepared for that, hence they will not arrest them. Most of the Sahara staff are themselves former addicts who have been off drugs for more than 4 years. Hence they are more able to understand the addicts. Daily, about thirty of the addicts come and stay at the collection center. After 2:00 pm on this

Monday (the doctor comes Mondays, Wednesdays and Fridays) a doctor came to see to their health. One thing I noticed is that the collection center was very small such that addicts who had been off drugs for sometime were mixed up with those still on drugs. I think if a bigger, more comfortable place is acquired such that those addicts who had been off drugs for sometime can be given some extra privileges as incentive for them it will help reduce their replace rate. The following are some of the things that are needed at the center:

1. A place to bath and change clothes
2. TV and other recreational activities to entertain them while waiting
3. A place for sleeping during the day.

Our field trip for today ended at the female collection center, but to my surprise it was empty. I was told that the women had difficulty coming to the center because of the stigma associated with it.



An Ayurvedic pharmacology section.
Nana Sefa, CFHI student; Shalini, local coordinator; Dr Deepak Bhanot, Ayurvedic Doctor (18th October, 2007)

Tuesday, 9th October, 2007: On this day I was back in the ghettos of Jahangirpuri, Old Delhi. This time I was shaking hands with the addicts. Strangely, most of the addicts I met today were either current clients or former clients of the Sahara collection center. This raised question in my mind (what was the success of Sahara? Was Sahara wasting its time and money?). I strongly feel that if Sahara is not given the support to be able to do this work well we will lose this fight against IV drug addiction. When the addicts came to the center they were initially given Buprenorphine as a substitute. But in the streets, it was not uncommon to see an addict holding his medication in one hand and drugs (buprenorphine and some antibiotics) in the other. I am sure most people in the medical fraternity will agree with me that conditions under which they were handling antibiotics could easily lead to resistant strains.

Mosquito reaction: In most tropic settings the mosquito is an insect known for its transmitter role in the causation of disease like malaria, yellow fever, elephantiasis and dengue fever. In Ghana almost about 40% of all out patients in hospitals are there because

of malaria. Therefore, based on the economic and health importance of the mosquito it is revered in many settings. Strangely, the general reaction / attitude to mosquito I knew were not found in Delhi. Although there were always adverts running on television that mosquitoes causes malaria and dengue fever. I found out that most residents of Delhi would not be bothered about the mosquito. Doors would not be closed when they were opened. For instance in one hostel of mine I would always stand in front of my door for a minute or two to make sure there were no mosquitoes on the trap door before I got in. But it was norm to pass in front of other room and the main door together with the trap door were opened giving the mosquitos' free pass into the rooms. And unfortunately the occupants of the room did no care. I guess public health and social work experts in Delhi have to work extra hard to change this attitude. Looking at the state of things I believe an attitudinal change will go a long way to reduce the incidences of all disease transmitted by the mosquito drastically.

Conclusion: The account you have just read is one seen through the lenses of Child Family Health International (CFHI). Travel with CFHI to Delhi on its HIV and Public Health Challenges in India program and you will have a public health experience of a life time.



The smile of hope of an Indian girl,

Just as hopeful as this girl's smile is looks, so is the out look of the public health situation in Delhi in spite of the many challenges that I have enumerated. I say so because of the work the government together with various NGO's are doing to overcome the challenges.

Nana Sefa, CFHI program participant
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