The indepth study revealed that health care providers especially 'doctors' played an important role in influencing the household management of diarrhoea. Besides, in almost 60% of episodes occurring during the study period treatment had been sought from them. It was therefore felt essential to understand the beliefs and knowledge of practitioners. All practitioners within the slum and a few on the main road whose names were reported by mothers during the study were interviewed regarding their knowledge and beliefs about diarrhoea management including advice on drugs, ORT and feeding during diarrhoea.

A few interviews with the most frequently visited health care providers are described first. The name of the health care provider is followed by the name he was called by the local population.

Miss Cheena, 'Nurse'.

Cheena a middle aged Nepalese lady was a qualified nurse from Burma. She had led a tough life. Her mother died when she was three months old and her father single handedly brought her up along with her three sisters. All her sisters were now well settled in different parts of India or Nepal except herself. Cheena did her nursing from Burma and joined the Indian nursing services. While she was posted in Manipur in 1976 she had to go to Nepal suddenly because her father had passed away. She was there for a month and on her return to her hospital found that she had been suspended.
She did file a case and was reinstated after several years but on the advice of her adopted 'parents' who felt the political situation in Manipur was not good, decided not to rejoin.

She now ran a clinic for a relative of her 'parents' a Dr. Sunil K. Sharma, (MBBS ex resident Safdarjung Hospital) who worked in a hospital elsewhere during the day from 6-9pm. Dr. Sunil came to this clinic for half an hour in the evening to see the 'difficult cases' Cheena could not handle on her own.

The clinic was clean, spacious and a wooden partition divided it into two. Cheena’s table was situated in the outer room. Behind the partition was Dr. Sunil’s table and the supply of drugs kept in bottles and big containers. Her table was neat and had several books, the newspaper, her knitting, a BP instrument including an electronic one (which she did not open despite my asking her to), a thermometer in Savlon and a glass with several pens.

Cheena had been living in this area since 1976. She said they only dispensed allopathic medicines; one could see a variety of suspensions for fever, cough and diarrhoea on a shelf in Dr. Sunil’s room. Usually, whatever the patient required was given by them but sometimes they even asked the patient to purchase a particular drug. She said they only treated 'choti moti bimari' here; 'bukhar, ulti tatti' and pneumonia and these too only when the child did not look too ill. The ones she could not manage and did not look seriously ill she called again in the evening; the others she referred to Majeedia or Batra hospital. Children having prolonged diarrhoea or passing blood in stools were sent directly
to the hospital; she emphasized that because of the aggressive population they were afraid to take risks and no 'serious' cases were treated here.

They saw several patients during the summer but the situation was bad during the winter which was the 'healthy' season. If a child visited with diarrhoea and did not look too ill they first advised glucose or ghol. When asked specifically whether glucose actually meant glucose (the green box) she said it did not; they wrote 'electoril' on a slip. Her belief was contrary to what was observed during the study that all mothers advised the packet purchased it and found it useful because 'pani kam nahin hota'.

Once medicines were advised, if the family lived nearby the patient was advised to revisit twice a day in the morning and evening. If the child did not look better in 2-3 days she referred them to the hospital.

Cheena felt that the reason why childhood diarrhoea was so common in this population and she also told the mothers so was because of the 'mausam' and gandagi. Diarrhoea could be prevented in these children by not giving them 'basi khana' or 'bahar ka khana', by keeping them clean but these women from jhuggis did not seem to understand these things. On top of that, when a child had diarrhoea mothers took the child to a doctor 'late'; they either kept waiting and trying remedies at home or went to a free source like the dispensary or van. Only when these did not work did they seek help from a 'clinic'. She felt that they should come earlier because all diarrhoeas could be treated with 'antibiotics'; she did
not remember their names but Dr. Sunil knew which ones to prescribe.

She definitely felt that foods like khichri, sabootdana and banana were beneficial during diarrhoea and 'mirch' definitely harmful. She advised all patients with diarrhoea the same. Tea and top milk were to be stopped during diarrhoea till the child recovered; breast milk could continue. On asking the source of this information she said she learnt this during her training.

The beneficial fluids during diarrhoea were 'ghol' or 'glucose'. The clinic had a colourful poster explaining the preparation of SSS in the home (in English) but they advised 'electroril' powder.

Throughout the time I sat with her she got two patients; both of them young males and both wanted something for cough. She gave them each a vial containing red cough syrup. During the interview she knitted continuously also read the newspaper at intervals. She said there was not much to do in the clinic and her home which comprised of a single room across the road from the clinic. Her 'adopted' parents in Lucknow owned a nursing home and they had been asking her to move to that city for sometime now. There would be plenty of work there but she said that once one settled in a place for some years 'sab itna phail jata hai' that it was difficult to wind up and leave. However, because of the boredom she now increasingly felt that she should wind up and leave. Maybe she would; some day in the near future.
Dr. Anil Khera, MBBS.

Dr. Khera was a graduate from Meerut medical college. He began his practice in Tigri eight years back just after his house job. The reasons for doing so were 'several' but despite persistence he refused to elaborate on them. Indirectly, he did indicate that it was because he was unable to study further.

He began his practice in a small clinic; the present one. He had retained it despite now owning the adjacent two storeyed building where he resided and had also set up a laboratory. He also owned another clinic nearby.

He said the 'race had been very long'; it had taken him 8 years to reach his average of 40 patients a day but now he was in a position to open his nursing home as he had planned. Eight years back when he had started his practice the RMPs were thriving and the MBBS doctors would get 5 patients a day as against their 100 the reason being their relatively lower fees. Now, with time, people especially those with a little education had started realizing the difference; these days he saw even up to 60-70 patients a day. Medical graduates trying to set up a practice these days were still facing a problem but he had 'reached'.

The reasons for the private practitioners thriving was that the dispensary in the area did not give good medicine only 'sulpha drugs' and what could these do alone. Also, in most instances it was not only the drug that the patient came for; what he also sought was a good checkup and reassurance and these the government system did not provide.
The season was dull from Diwali to February as there were no flies during this period but became 'good' between March and November. The common illnesses in children he treated were diarrhoea, respiratory tract infections, scabies, fever, anaemia and measles. Occasionally, he also saw a case of meningitis. He felt that the relatively educated parents came early in the illness and the illiterate ones late.

He often treated children with diarrhoea. Usually, he said, there was no need for administration of intravenous fluids. If the child was conscious, consumed fluids orally he became alright with ORS alone (he kept packets of Eltolyte in his clinic but when asked said at that moment his stock had finished). He did say however, that parents never agreed to go home on ORS alone; that was a myth only mentioned in books. If they paid money then they expected a 'gift' in the form of drugs. Also, the parents wanted the child's diarrhoea to stop, for how long could one keep cleaning a child's soiled nappies.

For diarrhoea he gave kaltin which was 'harmless' or Furoxone or Furotab mixture. For bacillary dysentery he used septran and for amoebic dysentery metrogyl or furoxone. Almost all patients never returned so he assumed that they recovered; if an occasional one did he prescribed Norflox a new drug which was very effective but expensive.

In contrast, recurrent diarrhoea needed to be investigated properly and he did possess the laboratory facilities to do so. Treatment was given accordingly and if the cause was thought to be
malnutrition a good diet was advised.

A very small proportion of patients did make a revisit; if they recovered they did not feel the need to return or finish the course. He said that he did not find that surprising because educated people including himself also did the same.

The patients he saw with 'chronic diarrhoea' were due to milk allergy, unhygienic practices in the home and undiagnosed worms. They usually responded to a change in the type of milk being consumed. If the child was on mother dairy milk it was changed to DMS or vice versa. If he still did not respond he was given Nanak full cream milk and ultimately Lactogen. Breast milk was allowed to continue because it caused no harm. Some families were particularly difficult to handle; they just gave up feeling that if the disease had to continue it would do so despite treatment so why take treatment at all.

Regarding what the child should consume during diarrhoea he felt that fluids available in the home were important like dal pani, sugar and salt (he had a problem remembering its name; said I must be knowing about the solution mentioned on TV), saunf pani, rice water and even limca or gold spot as the 'recovery was fast' if these were consumed. He advised all his patients to consume the same. The child was permitted to eat everything during diarrhoea except food from outside the home as flies sat on it.

He prescribed allopathic medicine to the 'well to do' and those in government service where charges would be reimbursed. To the poor he usually dispensed medicine as this worked out to be
cheaper. His fees were usually above Rs 20.

Dr. KK Singh, RMP ‘Sardar Doctor’.

Dr. KK Singh practiced in a large clean clinic on the main Tigri road. The building extended upwards by 2 1/2 floors; he lived on the first floor and the other floors were on rent. The clinic was very clean; his shining green two wheeler scooter stood against one wall inside the room itself.

The ‘sardar doctor’ as he was called by the mothers did not sport a turban or beard; he had cut off his hair and beard after the riots in the year 1984. When his clinic was visited he was trying to operate a brand new ‘walk man’ presumably bought from the UK by his brother in law who was currently residing with him and was the topic of our conversation for the first half an hour.

Dr. Singh, an RMP had been practicing in Delhi for the last 10 years. He originally started his practice on the main road to Tigri 10 years back and subsequently bought a plot at a little distance which now had his clinic and residence. He dispensed allopathic and ayurvedic medicines and on an average examined 20 patients a day; sometimes even up to 50. He seemed to have done well for himself and seemed content.

The common illnesses he treated were dysentery, pneumonia and malaria, often after the patient had sought treatment from the ‘corporation’ van which visited Tigri twice a week and was parked at a short distance from his clinic.

He prescribed drugs for all his diarrhoea patients; kaltin for
the mild cases, streptoparaxin syrup for dysentery and furoxone or metrogyl for the others. He did not mention an ORS packet or SSS spontaneously as a part of the therapy advised for diarrhoea but when specifically asked said that had stopped advising an ORS packet because it needed to be bought and no one did so. Regarding SSS he did not seem convinced himself; he said 'koi nahin istemal karta'. He did advise the mother to give the child khichri and stop the intake of fried foods during diarrhoeal illness.

He felt families brought their children to him very late either after seeking treatment from the 'van' or after the diarrhoea had lasted for several days. In fact, he said that the reason for prolonged diarrhoea was that mothers delayed seeking treatment in these cases. Almost all patients never came for a revisit, he was sure that they even discontinued the drug soon as the child was a little better. As for the type of patients he saw he avoided taking a 'risk' because firstly it was unethical; he was not like many others practicing in this slum who were only interested in making money and secondly because this population in particular, was very rowdy and aggressive. Even if they perceived that the doctor was at fault or had not done justice to their child they would have no qualms about beating him up.

He did realize that he should not criticize the population which gave him his 'rozi' but this is what they were like. He had got used to them only after living in this area for several years and it was only now that he remained immune by the injuries, fights, broken bones and foul language that he witnessed every
evening.

Dr. S.K. Gupta RMP

Dr. Gupta a short man in his fifties sat in his ‘charitable clinic’ ie a little wooden shed with a huge window. He had practiced in Hissar, Haryana since 1965 and had recently opened a clinic in Tigri after shifting to his own home in the nearby colony, Krishna Park.

This clinic was bought recently after paying Rs. 60,000. Soon after starting his practice he realized that he had made a mistake. A free mobile dispensary visited the area daily and the van was parked almost opposite his entrance. Initially, he did not plan to label his clinic ‘charitable’ nor was the message ‘free medicine to poor’ planned but he had to do these once he discovered the existence of the van. He said that the people in the area were not ‘standard wale’; he should have instead bought a clinic in the ‘best’ locality in the region ie Duggal colony because all the Afghans resided there and they had money to pay.

He dispensed ayurvedic, homeopathic and allopathic medicines, the latter only to those who he perceived would be able to pay. In the majority however, he prescribed ‘jadi bootis’ as in those the profit was maximum. Even if he charged Rs 6, he made a profit of Rs 2 or 3. He did feel however that allopathic medicines were better as ‘bimari jad se jaati hai’ but they were too expensive.

He prescribed medicine to all children who came to him with diarrhoea but the type prescribed depended on the patients ability
to pay. He showed me a strip of 'Gramo Neg' and wondered how anyone in the slum could afford it. Each tablet itself cost Rs. 4 and most patients were willing to pay Rs 5 or 6 per consultation at the most so where was the scope for the doctor to earn anything. He gave 'udhar'; he had to even though 70% of those who said they would return the money never did so. This was because he believed that one patient had the potential to refer four more. He did advise mothers to give the child 'cheeni namak ka ghol' as that was 'free' because the ingredients were available at home but not an 'electral' packet as he knew they could not afford it. He said guava leaves powdered and mixed in water were equally effective. He also advised her to restrict the intake of tea and milk as these increased diarrhoea, and to increase the intake of dahi and lassi as these 'cooled' the body. He advised withholding of 'hot' foods like meat, egg, 'khatta' during diarrhoea and the increased intake of 'cold' foods like khichri, dal, rice and banana as along with being cold they were also 'halka' or easy to digest. His practice in this area had not really taken off. Even while he talked he looked expectantly at each passer by, as if he might be a prospective client. He seemed very disheartened; said anyone would be if he sat the whole day waiting for patients to come and did not earn even Rs. 20 on most days.

Mrs. Malik 'Doctorni' owner of 'Anjum Clinic'.

Mrs. Malik started her practice in this slum a year back. She was a staff nurse in a government hospital; she did not reveal the
hospital’s name but during her conversation the description pointed to Safdarjung. She had gone to Saudi Arabia for few years and did not return even after two extensions were given to her. The hospital authorities finally sent her a warning, threatening her termination if she did not return. She came back in a hurry last year without renewing her contract there but on her return found her termination letter. She said ‘maine bhi unko choda nahin, case chalaya hua hai’; the last hearing was sometime next month.

The hospital authorities were willing to reinstate her but as a fresh candidate whereas she said she would only join if they accepted her experience of 26 years (this included the period of stay in Saudi). Meanwhile, to keep herself busy and earn some money she had decided to set up a practice. She says she could have done so at home because she did get patients there too, but since her home was just across the road from the hospital and in the court she had presented herself as ‘berozgar’ she did not want to take the risk.

She and her husband had screened several localities suitable for practice and had finally settled on Tigri. She could have purchased a clinic here; money was not a problem but because all the transactions in the area were illegal as the land rightly belonged to no one, they did not want to increase their ‘headache’. She now practiced in a ‘pukka’ jhuggi and paid a rent of Rs. 350 per month for it. The landlord who lived in the adjoining jhuggi had demanded Rs. 500; she was willing to pay that too if he made the room worth that much. She felt he should construct an attached
toilet with a flushing system. She said the latrines in this area were a problem; she had never visited them over the last one year. She always evacuated before coming to the slum 'free hokar aati hoon' even if it meant arriving at 11 am on some days. Once here, she went home only at 8 or 9 pm but did rest on the patient couch for 3-4 hours in the afternoon.

Initially, she said, the response to her practice was very good. She saw a minimum of 40 patients a day and her charges were Rs 10. She even made home visits and charged Rs. 20 a visit. With time, her practice had dwindled; she felt a possible reason could be that she had become less generous. Earlier, she did a lot of 'udhar' and if she thought the patient could not pay, even accepted 50% of the fees but once she realized that these people were very 'clever' and that most of them had no intentions of repaying the money she had stopped the loans. Her clinic now bore a big notice 'udhar ilaaj nahin hota'. She said initially, she had 'hamdardi' with this population but now she hated them; they were 'ganwaars' and 'idiots'. They had 'no sense' at all. She had behaved so 'humbly' with them and they had used her; her loans now amounted to over Rs. 1000. When suggested that maybe the reason they did not return her money was that they did not have any, she retorted that if they did not who did. She whispered confidentially, that these people were all 'scheduled castes, 'inhe lena aata hai, dena nahin aata'. They all had reasonable incomes, did not have to pay any housing, electricity or water bills; they just wasted their money on 'khana aur daaru'.
She felt 'coughs colds and chest congestion' were the common illnesses in the area and diarrhoea came second. She gave treatment to all diarrhoea cases but would not disclose the names of the medicines used; said she gave different drugs for different diarrhoeas and took the decision after hearing the patient's history.

She knew about the ORS packet; had attended a workshop on diarrhoea management held by UNICEF in Kalkaji last year. She even had a large poster (in English) which described appropriate diarrhoea management stuck on the wall. She said during the workshop they were told that they could get a free supply of ORS packets from 'aanganwadis' but whenever she had gone to fetch them the 'behenji' was either out or said that the stock was over. She even went to the 'sarkari' van to get a supply but they gave her only 3 or 4 at a time and these did not last even a day. She had given up trying now; she just advised 'cheeni namak ka ghol' or asked the family to purchase a packet.

She also administered TT injections to any pregnant woman who asked for them. She could even conduct deliveries but the women here did not seem to be interested in expertise. She had tried visiting homes of a few full term pregnant women but 'dai wahan pehle he baithe hoti hai'.

She was getting fed up now. After the court hearing next month she would take a final decision. Either, she would rejoin if they accepted her back on her terms or set up a practice at home or best of all even try going back to Saudi. She reiterated what Dr. Khera
had also said that the government of India was not doing anything to help the practitioners. She had set up a clinic here with such high hopes; she was qualified, had 26 years experience; what else could this population desire but these people were so 'ungrateful'.

Dr. Gill, 'Gill doctor' RMP.

Dr. Gill was quoted by several families to the 'best doctor' in the area especially for children. Several visits had to be made to his clinic before one could talk to him; he was always very busy. Tall, regal looking, soft spoken, immaculate in a white kurta pajama with his greying beard, kind countenance and gentle manner it was easy to guess why he was so popular with mothers.

He had been practicing in the area for the last 13 years with his residence in Kalkaji. He came to this clinic everyday between 8-1 pm and 4-8 pm. The cases he saw most often were those of pneumonia and dysentery; however, all cases thought to be serious were referred to Safdarjung hospital.

He used a combination of allopathic and ayurvedic drugs. For diarrhoea he commonly used kaolin or furoxone; for dysentery furoxone or aristogyl and on several occasions ayurvedic preparations.

He advised all mothers to give their children boiled water. He did advise SSS and ORS packets but he felt these were not administered to the child as this was a 'majdoor' population and they did not have time for these things. Besides, he said, they would spend money on drugs as these were critical but not on an ORS
packet as they would prefer to spend that amount on alcohol.

Although he was an RMP, his brother had cleared his MBBS. Till recently, he had also visited Dr. Gill's clinic (the clinic had a board which bore his name) twice a week and helped him with his patients but now he was finding it difficult to continue as he had recently been employed in Modi hospital and was perpetually on shift duty there.

Dr. Gill was a man of few words. It was very difficult to converse with him; his main preoccupation seemed to be the never ending queue of patients. His clinic was probably the largest with benches which ran all along three walls and were always occupied. His voice when he spoke to mothers reflected concern. He explained the cause of illness, the prescribed medication and feeding to mothers patiently and asked most mothers to send the child's 'papa' to him the same evening to inform him of their child's welfare as he would be worried about them.

Dr. SK Gupta MD and Dr. Mrs. Rupam Gupta BAMS. 'Gupta doctor'.

Their clinic comprised of three big rooms on the main Tigri road. A bright red Maruti stood outside the gate. The clinic seemed to be running well; one room had a shining new Xray machine and the doctor and his wife had their offices in one each. Instead of the single compounder employed in some, this clinic had three. The clinic was well furnished and unlike any others in the area had a TV, telephone and a fridge. Dr. Gupta did 'general practice' but his wife also did 'abortions' and sometimes took up ANC cases.
However, she had not been attending the clinic for a month as she had delivered a baby boy herself.

Dr. Gupta insisted he was an MD though the manner in which he spoke made that a remote possibility. On the day he was visited he was irritated that the carpenters were taking too much time; he informed me that they were shortly going to open a pathology laboratory. He began his practice four years back after his 'MD'. He saw several possible areas but ultimately chose this one as it was 'thickly populated'. He saw up to a 100 patients a day during the summer but in winter the income was mainly from his wife's practice. Actually, he confided; the people in this area were 'quite mad'. Take the example of ORS for instance. All the 'useless prachar' had created chaos. No matter what type the diarrhoea was; people did not discriminate while administering it to the child. For all types they took ORS and 'ghol' and landed up at his clinic with 'overdosage'. After all, the diarrhoea could have been due to cold also. He said ghol or packet was only to be used when a doctor suspected 'dehydration ke chance hain' or the child was dehydrated but these 'foolish' people had already drunk gallons of it when they came to him. When asked how he recognized the 'overdosage' he said 'dast bad jate hain, you know, frequency jyada ho jati hai, watery ho jaate hain'. The first action he had to take was to rectify the damage; he had to give strict instructions to the family to stop its administration. Subsequently, on many occasions, the child recovered with a 'placebo' also.

He felt that the use of ORS and 'ghol' was limited; if the
stools were too watery then in any case a drip was required which he did administer at his clinic. For mild diarrhoea he prescribed kaolin or furoxone, for bloody diarrhoea a combination of streptomycin and loperamide; felt that this drug was very effective and had a 100% recovery rate. He also claimed that he managed to treat all cases of diarrhoea that came to him. He strictly advised the child's mother not to give the child sweet foods to eat during diarrhoea as these increased the frequency and advocated 'halka khana' like milk, dalia and khichri.

He seemed very happy and content. Although it was very obvious, but when asked what the response was like to his practice he said 'very good'. Otherwise, he said why would he expand his clinic so much.

Dr. KL Chaddha 'Chaddha doctor'. RMP

When Dr. Chadda's clinic was visited at 11 am one morning his wife was sitting there talking to a few patients; he was playing cards in a neighbouring house. Both the waiting patients were women and both had abdominal pain. The doctor's wife dressed in a colourful saree and dangling big gold ear rings was lecturing them. She told the first one that she herself was to be blamed for her abdominal pain because who had asked her to get sterilized. Couldn't she do 'parhez' like all of them did.

Amra (the patient who lived in C block of the slum) said that they were 'anpad' and did not know what to use whereas she being a doctor's wife had access to all kinds of tablets which prevented
conception. Mrs. Chaddha said all that was nonsense; her husband was a doctor only when it came to treating patients; at other times he was like all men; 'parhez to aurat ko he karna padta hai'. However, under no circumstances should one get oneself operated; it was the beginning of one's problems.

Then, it was the other woman's turn who was pregnant and had abdominal pain. Mrs. Chaddha felt that it must be because the lady ate a lot of food in full view of everyone; in her condition, 'khana parde mein khana chahiye'.

After the third call (Dr. Chadda's son was sent to call him) the doctor arrived. He was an amiable man probably in his early forties and was very eager to talk; said the patients could wait.

His clinic was the oldest in the area. He had opened it in 1969 immediately after doing his BAMS from Jaipur. The 'jhuggi' settlement started later. Those days, he had a roaring practice. As time passed, several doctors set up their practice in the area. Because of jealousy they got together and sent the police to his clinic 'chappa maarne' complaining that he stocked some banned sulpha drugs. As a result, he had to sell his clinic and flee overnight to Chandigarh where he had some relatives. He practiced in Chandigarh for two years, came back determined to buy the clinic again and set up his practice in the same area. When asked whether he was harassed this time he said by now he had learnt to 'handle' all of them including the police. He had built his home now, in the neighbouring colony of Sangam Vihar and as there was no electricity or water supply there as yet his family accompanied him to the
clinic every morning. They returned to Sangam Vihar only late at night.

The common illnesses in the area were ‘dehydration, measles and fever’. For dehydration he prescribed ‘perinorm’ tablets and ‘jeevan rakshak ghol’. He even described the method; a glass of water to which 2 tsf sugar and 1 chutki salt and a little lemon had to be added. However, he did think that drinking boiled water was more important, he always advised all his patients the same. He felt the reason why children got diarrhoea so often in this population was the ‘mausam’ and ‘gandagi’. He prescribed several medicines for diarrhoea depending on its severity; kaolin, furoxone, aristogyl etc. For dysentery, he prescribed Cotrimoxazole but for ‘chronic’ cases Novamox or Gramo Neg. He advised moong dal pani, khichri, tea or any ‘halka’ or easy to digest food during the illness.

He said he never gave more than four doses to a patient because one had to assess the response to a certain medication quickly. If a patient came in the morning and had not responded after 4 doses by the evening he changed the drugs. Earlier, he said patients never came back for follow up but these days 90% of them did ‘kuch janta mein jagran hua hai’. However, majority of these patients were from ‘pukki Tigri and not the jhuggis.’

It was observed that the first thing he examined was the patients pulse (for the two cases of abdominal pain). He concentrated on it intently for around two minutes. Both the women were then examined with a stethoscope and then made to lie down on
the couch and their abdomen palpated. He gave full attention to what the patient said, his manner was sympathetic and despite having a compounder asked for the tablets and meticulously wrapped them himself in small pieces of newspaper. He insisted to both his patients that they inform him of their 'haal' in the evening. He charged Rs. 15 per consultation.

His pleasant manner indicated the possible reason for his popularity. He said since the year 1969 he had seen several doctors come and go 'bahut doctor aaye aur bahut gaye, par mein wahin ka wahin tika hoon'.

The profiles of the commonly visited health care providers with whom interviews were conducted are given in Table 6.1.
Table 6.1 Profile of health care providers in Tigri.

<table>
<thead>
<tr>
<th>SN</th>
<th>Age &amp; sex</th>
<th>Residence</th>
<th>Qualification</th>
<th>Years practicing in area</th>
<th>Charges in Rs</th>
<th>Type of medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40F</td>
<td>Across Road</td>
<td>Nurse</td>
<td>15</td>
<td>10-15</td>
<td>Allopathic</td>
</tr>
<tr>
<td>2</td>
<td>37M</td>
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<td>MBBS</td>
<td>8</td>
<td>20 or more</td>
<td>Allopathic</td>
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<td>35M</td>
<td>Above clinic</td>
<td>RMP</td>
<td>10</td>
<td>8-15</td>
<td>Allopathic</td>
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<td>4</td>
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<td>6-10</td>
<td>Allopathic</td>
</tr>
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</tr>
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<td>Allopathic</td>
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<td>20 or more</td>
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</tr>
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<td>Nearby colony</td>
<td>RMP</td>
<td>16</td>
<td>15</td>
<td>Allopathic</td>
</tr>
<tr>
<td>10</td>
<td>30F</td>
<td>10kms distance</td>
<td>MBBS employed</td>
<td>-</td>
<td>2</td>
<td>Allopathic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>by NGO dispensary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>32F</td>
<td>Lives in Tigri</td>
<td>CHV in</td>
<td>2</td>
<td>2</td>
<td>Allopathic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>dispensary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>25M</td>
<td>Nearby colony</td>
<td>RMP</td>
<td>1month</td>
<td>6</td>
<td>Allopathic</td>
</tr>
<tr>
<td>13</td>
<td>40M</td>
<td>Practices in 1 room of jhuggi</td>
<td>BAMS</td>
<td>13</td>
<td>6</td>
<td>Allopathic</td>
</tr>
<tr>
<td></td>
<td>45M</td>
<td>Nearby colony</td>
<td>BAMS</td>
<td>10</td>
<td>8-18</td>
<td>Allopathic</td>
</tr>
<tr>
<td>14</td>
<td>35F</td>
<td>Nearby colony</td>
<td>MBBS</td>
<td>4</td>
<td>20-25</td>
<td>Allopathic</td>
</tr>
<tr>
<td>15</td>
<td>30F</td>
<td>10 Km distance</td>
<td>ANM employed</td>
<td>2</td>
<td>Nil</td>
<td>Allopathic</td>
</tr>
</tbody>
</table>
Out of the 15 sources of health care visited, 4 were run by medical graduates; one even claimed to be an MD but conversations with him revealed that to be a remote possibility. Five were registered medical practitioners and three had degrees in Ayurveda.

Majority of the clinics were large single 'pukka' rooms owned by the practicing doctor. Three were practicing in rented jhuggis. One clinic where a couple practiced comprised of three big rooms on the main road, two were used as consultation chambers and the third had a laboratory and Xray machine. This clinic unlike any others had a fridge, a telephone and a TV which the patients watched while they waited. A bright red Maruti car belonging to the doctors was always parked in front of the entrance. The 'sardar' doctor's scooter was always parked inside his room. Almost all said they admitted the patient for a few hours if required, to administer an intravenous drip.

Views about the population

Six of the practitioners notably the ones who had done very well in practice expressed empathy towards the population. The others especially those who had been there for a short period, whose practices were not running well used expressions like 'ignorant', 'ganwaar' or 'idiots', aggressive and rowdy for the people. Three 'doctors' especially the one employed by the NGO dispensary and the MCD van were remarkably detached; they came to their clinics, did their work and then departed. The diarrhoea management practices of the heath care providers interviewed are summarized in Table 6.2.
<table>
<thead>
<tr>
<th>Type of illness treated</th>
<th>ORS/SSS</th>
<th>Use of drugs</th>
<th>Feeding advice given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Only mild, serious cases referred</td>
<td>Advises 'glucose', she meant Electrical. Does not advise SSS</td>
<td>All episodes</td>
<td>Withhold tea, top milk, spices. Give easy to digest 'halka' foods.</td>
</tr>
<tr>
<td>2. All</td>
<td>Gives or prescribes ORS packets</td>
<td>All episodes</td>
<td>All foods to be continued except those from vendors.</td>
</tr>
<tr>
<td>3. Only mild</td>
<td>Not advised because no one uses them</td>
<td>All diarrhoeas</td>
<td>Give khichri. Stop fried foods.</td>
</tr>
<tr>
<td>4. All</td>
<td>Only SSS as ORS packet expensive</td>
<td>All diarrhoeas</td>
<td>Stop tea, milk, 'hot' foods. Give 'cooling' fluids and 'halka' foods.</td>
</tr>
<tr>
<td>5. All</td>
<td>Would like to prescribe ORS packets but no one gives her free packets so advises SSS as packet is expensive</td>
<td>All diarrhoeas</td>
<td>Give easy to digest foods.</td>
</tr>
<tr>
<td>6. All</td>
<td>Does not advise as people do not have the money or time for these</td>
<td>All diarrhoeas</td>
<td>Give 'halka' food. Stop 'hot' foods.</td>
</tr>
<tr>
<td>7. All</td>
<td>Not to be advised for all cases, only for dehydration</td>
<td>All diarrhoeas</td>
<td>Give 'halka' food and stop those containing sugar.</td>
</tr>
<tr>
<td>8. All</td>
<td>No one uses therefore does not advise</td>
<td>All diarrhoeas</td>
<td>Give 'halka' food.</td>
</tr>
<tr>
<td>9. All</td>
<td>Advises ORS packets when stock available in the dispensary</td>
<td>All diarrhoeas</td>
<td>No advice.</td>
</tr>
<tr>
<td>10. 'Mild' cases only on days when 'doctor' not visiting</td>
<td>ORS packets when available. Otherwise SSS</td>
<td>All diarrhoeas</td>
<td>Give 'halka' foods dal water, rice water.</td>
</tr>
<tr>
<td>11. All</td>
<td>Heard about it only recently. Never prescribed</td>
<td>All diarrhoeas</td>
<td>Give 'halka' food.</td>
</tr>
<tr>
<td>Type of illness treated</td>
<td>ORS/SSS</td>
<td>Use of drugs</td>
<td>Feeding advice given</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------</td>
<td>--------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>12. All</td>
<td>Advises only SSS as ORS packets are expensive</td>
<td>All diarrhoeas</td>
<td>Give 'halka' food</td>
</tr>
<tr>
<td>13. All</td>
<td>Only SSS</td>
<td>All diarrhoeas</td>
<td>Stop milk. Give easily digestible foods</td>
</tr>
<tr>
<td>14. All</td>
<td>Only SSS as ORS is expensive</td>
<td>All diarrhoeas</td>
<td>Stop tea, fried and spicy foods. Give bland, easy to digest foods</td>
</tr>
<tr>
<td>15. All</td>
<td>Advises when stock available</td>
<td>All diarrhoeas</td>
<td>Not given</td>
</tr>
</tbody>
</table>

The interviews revealed that almost all had heard about the ORS packet and SSS but few were advocating its use especially of the former. Although, the reason quoted was that it was too expensive from conversations it seemed that the majority of them shared the mothers beliefs ie that these solutions were not critical to use. It was often quoted that 'boiled water' was just as good and in addition played a preventive role.

Drugs were used for all cases of diarrhoea kaolin pectin most often for the mild cases and cotrimoxazole, loperamide, streptomycin, furazolidone for the more severe ones. Only one practitioner (an MBBS) said that these were not needed in all diarrhoeas but he was forced to give them as the patients expected them. All the others believed that some drug or the other was in fact required, the type depending on the 'type' of diarrhoea and that all diarrhoeas were treatable with drugs.

Feeding advice was imparted by almost all; the beliefs were remarkably consistent with those of the mothers. About half the
practitioners said that tea and top milk should be withheld. Although several advised gruels the reasons for doing so were more for their properties of 'easy to digest' and 'cooling' rather than these foods being appropriate for younger age groups. Almost all believed that spices and fried foods would cause an increase in the consistency and frequency of stools.

Barring one exception, the perceptions of health care providers with regard to causality of diarrhoea, of recurrent and persistent diarrhoea, their consequences and methods of prevention were very similar to those reported by mothers.