CHAPTER VI

HEALTH AND HYGIENE

The Malankara Catholic Mission bestowed proper attention to improve the Health and Hygienic condition of the people, where ever they settled. Health and Hygiene are the two inseparable limbs of human progress. Realizing this, in the formative period, the Malankara Syrian Catholic Mission with the priests and nuns visited different houses to preach and propagate their religion. On such occasions, they saw the deplorable hygienic condition of the people suffering from social and economic discrimination from the upper caste as well as the rulers. Further poverty and penury followed by the spread of contagious diseases also upset the mind of the people. Moreover, the hardworking people did not get sufficient food to maintain their health. Nutritious food was unknown to them. Therefore, they look weak and weary and were not able to feed their children even with the minimum required nutritious food. Hence, unemployment and non-availability of sufficient food materials made them physically weak. In addition, people of all these economically weaker sections lived in small huts, mostly under thatched roofs in un hygienic situation¹.

Above all, they did not know the availability of the modern sanitation facilities. Therefore, prone to social discrimination, economic disparity and natural calamities followed by contagious diseases hindered their peaceful life. In those days

¹ Sr. Emiliyana “Marthandam Marai Mavathathiel Mary Makkal Kanniyar Sabhai”, Confluence 79, Marthandam 2009, p.60.
contagious disease namely Cholera\textsuperscript{2} frequently spread in some of the villages of Kanyakumari District. As a result many people not only lost their lives but properties and possession too. Knowing the intensity of the disease, the illiterate people attributed the wrath of certain devils and evil spirits as the reasons for the disease. On such occasion the nuns of Malankara Catholic Mission visited the house with a medicine box namely “Herphomenous” and supplied medicine to the sick people. Besides they helped bandage to gave treatment to the pregnant women and heel the wounds. Realizing the gravity of the situation, the government sent 14 doctors to help the panic stricken people. Besides Joseph Kuzhinjalil visited the affected villagers and supplied the Tharuvai thailam to the Cholera affected people after prayer. Surprisingly thus medicine cured the diseases and reduced the death rate.

This practice attracted the people greatly. Subsequently, on one such a visit to different houses for religious propagation, they saw the sufferings of pregnant women for whom they give nutritious food and other medicines too\textsuperscript{3}. Thus slowly through religious propagation the Christian Missionaries attempted to look after the health of the people.

During home visit, the missionaries saw the dirty and unhygienic practices of the children without taking daily bath, wearing dirty cloth emanating filthy smell and wandering from place to place. Therefore the Christian missionaries taught them the need for the clean less and compelled them to wash their

\textsuperscript{2} Sr. Emiliyana, Mon Joseph Kuzhinjalil (Tamil), Trivandrum, 2010, p.46.
\textsuperscript{3} Confluence 79, p.60.
dirty cloths after use. Moreover, they advised them to use oil and toilet soap and inculcate them the value of nutritious food. Realizing the unhygienic condition of the people and the use of malnutritious food motivated the missionaries to seek the help of foreign aid. Consequently with the help of UNICEF and world health organization arrangements were made to supply nutritious food items like milk powder, ghee, wheat powder and other valuable food items. The supply of such items was a boost to the suffering masses. Thus, the Malankara Syrian Catholic mission laid the seed for the germination of a separate department to look after the health and hygiene of the people.

**Drinking water supply**

Usually, people settled in most of the rural areas utilized unprotected, filthy and contaminated water for drinking purpose. This practice generated the spread of contagious diseases including cholera, malaria and jaundice. Therefore as a measure to protect the health and hygiene, the Malankara Syrian Catholic Mission through its effective organization namely the Marthandam Integrated Development Society, attempted to supply protected drinking water to the people. For instance the slum people of Christopuram were suffering a lot due to lack of drinking water. It is noticed that usually they were using contaminated water for drinking purpose. This led to the spread of water borne diseases. In order to avoid this, a bore well was sunk for providing drinking water to the slum people of Christopuram. To augment this scheme, a overhead water tank was also constructed near the well from where people collected

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4 *1934, Pavazhavila Sirappu Malar, 2009, p.20.*
the protected drinking water. This project was implemented by way of free labour extended by the people. As a result, people got protected drinking water, which enabled to reduce the spread of water bone diseases\(^5\).

Similarly attempt was made to reduce the difficulty of the villagers of Sooriyacode for obtaining drinking water. With this objective, a well was sunk from where pure water was pumped to the water tank by means of necessary pipes and other fittings. This scheme was completed with the manual labour and enough contribution from the public\(^6\). Through this, community drinking water programme was achieved. Similarly the people of Kirathoor felt the need for the supply of pure drinking water. Prone to acute shortage of drinking water in summer season, the villagers had to walk long distance to fetch water for consumption. So realizing the difficulties of the people of Kirathoor, a drinking water well was not only sunk but constructed an over head water tank and fitted with taps to draw water\(^7\). Besides, to protect natural resources and to introduce eco-friendly activities, de-silting of ponds. Construction of check-dam, planting of trees and rain water harvesting were adopted with the help of local people\(^8\). All these measures helped the people of some villages to obtain protected drinking water which enabled them to maintain health and hygiene.

\(^8\) Ibid., 2005-2006, p.7.
Health for One Million (HOM)

Health for one million is a novel scheme blossomed from the heart of most Rev. Lawerence Mar Ephraem, Bishop, Diocese of Marthandam. It was he who pioneered and initiated this effective programme gained for his rich experiences in the field of health. This innovative programme is aimed to protect and promote the health of the poor people and for their over all development especially women in society. Therefore, the health for one Million is an ongoing education programme in which people of all religion caste. Language and community participate without any distinction. With this intension Bishop Lawerence Mar Ephraem coined this innovative programme in the year 1977. To accomplish this task, and energy for the promotion of health of poor people, his association with voluntary health association of India, and Tamil Nadu voluntary health association propelled Fr. Lawerence not only to learn the health condition of the people but to engage in intensive research to find out a solution to protect the health of the people. After a thorough study and deep investigation he accepted the leadership of this organization. Consequent to his yawning for years, he cherished an innovative programme “Health for one Million”. Really it was a clarion call and response to world health organizations call “Health for all” by 2000 A.D.

Similar to this, in 1977, the World Health Organization resolved to launch a movement called “Health For All by 2000 A.D.” It was decided that the main social targets of World Health

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9 A Brief Report on Health for one million (HOM), Diocese of Marthandam.
Organization in the coming decades should be the attainment by all citizen of the World by the year 2000 A.D. a level of health that will permit them to lead a socially and economically productive life\textsuperscript{11}. Subsequently, the World Health Organization (WHO) and United Nations International Children’s Emergency Fund (UNICEF) organized an international conference on 12\textsuperscript{th} September 1978 in Alma Ata in which 134 countries subscribed to the goal of “Health For All by the year 2000”\textsuperscript{12}. They affirmed the World Health Organization’s broad definition of health as “a State of complete physical, mental and social well being”. Further it is stated that Primary Health Care is the key to attaining the Health for all by the year 2000 A.D. as an integral part of over all development and in the spirit of social justice.

Health for one million is a registered trust aimed to help the poor people in their total growth especially in the field of Health. With this ambition in mind, this trust was registered on 3 February 1997 under its register no.18/1997\textsuperscript{13}.

Health for one million has a wider vision of the creation of a healthy community where every people access and enjoy good health by implementing various project to achieve its aims and objectives. The empowerment of women with skill training, people’s organization and sustainable health practices are the mission of Health for one million. In this venture mother and children get more importance in the implementation of its activities. Consequently attempts were made to prevent diseases

\textsuperscript{13} Syro Malankara Catholic Church Directory, Trivandrum, 1996-1997, p.119.
and to make Kanyakumari District a disease free district. It is felt that disease in any part of the country or world is constant threat to other parts too. Diseases, a set of illness ensued by micro-organisms, parasites and allergy. Mostly diseases are caused by the micro-organism like virus, bacteria, fungi, protozoan and helminthes. A trust was formed to carry out its ambitious plan to the nook and honour of this District, yielding good response and results.

**Basic Objectives of Health for one Million**

Health for one Million trusts has the following objectives. It aimed to promote total development and welfare of all people irrespective of caste, creed, race, religion or sex. To establish, develop, maintain and grant aid in cash or kind to institutions or organizations, like hospitals, nursing institutions, dispensaries, maternity homes, child welfare centers, health centers, health clubs, medical schools training programmes, medical college and or such other institutions in India for the benefit and use of the general public, to run, support and grant aid or other financial assistance to schools, colleges, libraries, reading rooms, universities, laboratories research and other institutions of the like nature in India, for the development, dissemination advancement of education and diffusion of knowledge against the public in general. To establish, maintain or grant aid to homes for the aged, orphanages or other establishment for the relief and help to the poor needy and destitute people, orphans widows and aged persons. To establish and develop institutions for the physically handicapped and disabled or mentally retarded

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14 Lilly Premila and others; *Public Health and Hygiene*, Nagercoil, 2009, p.59.
persons and to provide them education, food clothing or other help. To grant relief and assistance to the needy victims during natural calamities such as famine, earthquake, food, cyclone, fire, pestilence etc., and to give donations and other assistance to institutions establishment or persons engaged in such relief work. To establish operate or provide funds for income generating projects to families, societies and individuals for the conduct of the activities of the trust. To grant aid or render assistance to other public charitable trusts or institutions. To promote, establish support, maintain or grant aid to institutions for the promotion of science, literature, music, drama and fine arts, for the reservation of historical monuments and for research and other institutions, in India having similar objects for the benefit of the public in general. To establish or maintenance of parks, gardens, gymnasiums, sports, clubs dharma Salas and rest houses for use by public in general15. The health for one million adopted ten points programmes to carry out its scheme. To look after the growth of children below 5 years of age treatment to alcoholic addict, breast feeding preventive injection, provide nutritious food, women education for leadership, family planning, rehabilitation for physically handicapped, maintenance and protection ecology, economic growth16.

To carry out the programmes so effectively, their area activities were divided into 5 zones17. Namely Kanyakumari, Nagercoil, Pilankalai, Marthandam and Ambilikonom. These

zones looked after by 400 women volunteers. Each volunteer is to cover 200 families of her communities including her own family. Since the volunteers live in and around the community, they get first hand information of every family. Therefore the data collected by the HOM volunteers is more accurate and authentic. Further, periodical meetings conducted among them enabled them not only to evaluate but plan and execute the proposals so emphatically for the attainment of the objectives of HOM.

Health education was imparted through monthly meetings. It volunteers conduct classes in the respective zones. As a result, women who participated from various levels from different transaction utilize the opportunity. It inculcate savings habit, and the made of loan repayment to the participants. So also health education on basic and current issues related to Health Care motivated them to maintain their health. Besides discussion income generation programmes during their meetings either monthly fortnightly attention was paid to gather information pertaining to the sudden spread of contagious diseases like Chickungunia, Cholera, Dengue, Swineku and other such diseases. After gathering information appropriate measure were paid to prevent the spread of such diseases by giving guidance and distributing printed leaflets on preventive methods.\(^{18}\)

To attain the objectives of health for one million a school for mentally retarded children too was started. Various facilities including toilets were provided to the disabled. Staff members

\(^{18}\) Personal Interview with Rev. Fr. Maria Arputham, V., Marthandam, Medical Mission Director, aged 48, residing at Palavilai, dated 08.11.2010.
were appointed which includes three teachers one Physiotherapist two ayahs and one driver to take after the children by way of teaching, cleaning, transportation and cooking. Besides them, there are vocational trainers, health volunteers and other rehabilitation workers who too extended their service whenever necessary\textsuperscript{19}. Apart from these, health for one million provided direct benefit to mothers and children. As it centered round women, the Bethany Ashram and nuns of Mary Makkal Kanniyar Sabai took much care for the promotion of HOM\textsuperscript{20}.

As prevention of disease and preservation of good health environment are the goal of Health for one million, a center for disabled children was started in 1982. In order to promote the objectives, the participation of women in general and mothers in particular is found very essential. Through them, it is easy to understand the problem of their own families and other members of their villages too. Physically handicapped children were identified, gathered and were given simple physiotherapy according to their need. Moreover, attempt was made to rehabilitate such physically disabled children by providing a monthly grand of Rs.500/- each, obtained from Government of Tamil Nadu\textsuperscript{21}. These measures encouraged the disabled people to live with self sufficiency and confidence.

In addition, visually impaired, hearing and speech impaired youths were given financial assistance for treatment. Certain specific villages were selected and community based

\textsuperscript{19} The Marthandam Diocese Magazine 2006-2007, p.16.
\textsuperscript{20} Fr. Maria Arputham, V., \textit{op. cit.}, p.49.
rehabilitation was introduced to the disabled. In order to rehabilitate physically handicapped persons numbering about 618 from Kuzhithurai, Pinkulam, Alamcode, Fathima Nagar, Cheruvakonam, Mariyagiri, Kulappuram and Palavilai were identified and adopted rehabilitation measures\(^2\).

Moreover, awareness camps were organized and conducted group meetings and public meetings. In order to stabilize health, health education was given through wide advertisements in the form of publishing leaflets, pasting posters, conducting school awareness programmes, immunization programmes, disease eradication programmes, prenatal care and Celebrating World Disable Day and World Health Day. Through all these measures, the Malankara Syrian Catholic Mission removed illiteracy, superstitious beliefs and social evils and eradicated certain diseases. Above all, through the conduct of periodical medical check up, issue of aids and appliances, the people were motivated to use such aids and appliances, besides giving training in nutrition and personal hygiene.

The organizers of Health for one million extended their service to the people of different place. Puddukadai was one such a village of their concentration where some people were suffering from elephantiasis. To implement this programme effectively as a healing measure, blood test was conducted during night and the affected people were given treatment. It is praise worthy to mention that Bishop Lawerence himself cleaned the wounds, smeared spirit and other medicine to the affected patients of this

locality\textsuperscript{23}. This attitude shows their magnanimity towards the diseased.

Similarly on 18.07.2004 a health awareness camp was conducted in the Mariagiri College Campus in which Dr. Ralf Selvin Assistant Director of Health, Kanyakumari District participated. Hundreds of women who attended in the meeting were given Homeopathic preventive medicine for Dengue fever\textsuperscript{24}. So also the MIDS social organization in collaboration, with Saratha Krishna Social Organization Kulasekaram Organized Dengue fever awareness free camps at Elusattupathu on 31.08.2004 near Kanyakumari Panachamoodu on 09.09.2004 and Manchathoopu at 03.09.2004. In all these camps preventive Homoeopathy medicines were freely supplied\textsuperscript{25}. Besides dengue, chickengunia awareness camp was also organized under Health for one million organization. The director of HOM Maria Arputham personally visited the Chickengunia affected area namely Sreelekshmipuram village in Kanyakumari and organized awareness camps and Health Camps to prevent the spread of such diseases. More than 200 people of this village and the neighbouring villages get the benefit from the lecture given by Dr. Samgi and Dr. Geetha regarding the reason and symptom of spread of chickengunia. The participants were given free medicine. Such camps were organized at Therkukundal on 08.07.2006 and Therivilai on 18.07.2006, where some 600 people got the benefits. In all these camps, the name of the mosquito which spread disease, the pour water where it lays the

\textsuperscript{23} Fr. Maria Arputham, V., op. cit., p.36.
egg, the size and colour of mosquito and other detailed information’s were furnished in this camps\textsuperscript{26}.

In addition to awareness camps, blood donation camps were also organized. For instance, on 8 April 2006 blood donation camps were organized at the parish church Marhandam on behalf of MCYM. Wide publicity was given to the public to participate in the camp and advised them to donate blood\textsuperscript{27} to save the life of many.

A perusal of the records reveals the fact that Health Camps were conducted in the villages of Kuzhithurai, Pinkuzham, Nadaikavu, Alancode, Fathima Nagar, Cheruvarakonam, Mariagiri, Kuzhapuram and Palvilai. They identified the physical weakness such as insane, physically handicapped, vision impaired, hearing impaired and dump, people of these villagers. Nearly 618 persons of physical disability were identified and various measures were adopted to rehabilitate them. In addition awareness camps were conducted to detect the reasons for such disability and suitable remedial measures were not only suggested but adopted. Sangams were organized to give welfare scheme for the rehabilitation of such disabled persons. They were provided with identity card, scholarship, financial assistant to purchase instruments, pursue education and for their sustenance\textsuperscript{28}.

The importance of Siddha medicines was made known to them and those who trained are prepared Siddha System of

\textsuperscript{26} MDB, Vol. III, No.8, August 2006, p.18.
\textsuperscript{27} Ibid., Vol.III, No.4, April 2006, p.13.
medicine. Kanyakumari District is noted for its medicinal plants and herbs. The forest has about 600 species of gigantic trees and 3500 other plants, of them, 600 species of medicinal plants grow here. However, public health in India was adopted on British pattern, leaving the traditional system. As such, the credit of establishing a separate and district public health department to promote the health of the common man goes to British administration in India.

But from the beginning, the allopathic system of medicine had to meet organized opposition from the Siddha School of treatment. Inspite of this, the London Missionary Society established a hospital at Neyyoor in 1830 and began its services. Public Health Departments were started as vaccination department at the center as well as in the provinces around 1864 in India.

When the allopathic system of medicine began to spread more and more people hesitated to adopt Ayurvedic and Siddha Medicine. Therefore, a number of hospitals both private and public began to flourish. However, the popularity of Government Hospitals decreased. On seeing this, the MIDS in collaboration with other Ecclesiastical agencies attempted to improve the hygienic condition of Government hospitals. For instance the members of the Vincent De Paul Society, in memory of Gandhi Jayanthi cleaned the premises as well as patient wards of

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29 Ibid., Vol.III, No.4, April 2006, pp.6-7.
30 Thinanthi Thakaval Kalangiam, Nagercoil, 5 March 2009, p.42.
31 Gupta, M.C., Text Book of Preventive and Social Medicine, New Delhi, 2005, p.3.
Government Hospital Kuzhithurai on 2 October 2007. Moreover, they sprinkled pesticides and cleaned the operation theatre. Also they removed the thorni bushes spread inside the compound and felled the unwanted branches of the trees. Similarly, the members of Vincent De Paul Society of Arumanai Area cleaned the Government Hospital, Arumanai on 28th October 2007.

**Blood Donation Camp**

Another important public health activity is conducting Blood Donation Camp. Blood transfusion has been identified as one of the eight key life saving functions that should be available in health care facilities providing comprehensive emergency obstetric care. It is crystal clear that access to a safe and sufficient blood supply could help to prevent death considerably.

Mar Ebhraem the first Bishop of Marthandam Dioceses felt the importance of Blood Donation which is vital for human life. Therefore under MCYM organization Blood Donation Camp was organized. In one such a camp 25 persons denoted blood. Bishop Marchrysostom inaugurated the camp. Similarly the Marthandam Vincent De Paul Society, Central Sabha Organized a Blood Donation Camp on 21 September 2008. Under the leadership S. Chellamony. In the camp the organizers decided to start blood group identification and blood donor forum. As a result 150 members belonged to the youths of Vincent De Paul Society identified their Blood Group. Among them 40 members

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35 Report from the Department of Public Health, Nagercoil, 2008, p.3.
registered their names in the Blood Donor Form\textsuperscript{37}. Proper announcement was given to the public regarding the blood group of blood donors. Such a facility helped to save the life of victims of accident and disease.

**Dengue Fever Prevention**

Kanyakumari District is not free from the spread of communicable diseases. Different periods witnessed the attack of any one of such diseases. Dengue fever one among such disease was spreading in many villages of Kanyakumari District in June, July 2004. Many people lost their lives. It induced a sense of fear among the people. In order to prevent the disease and wipe out the fear Tobin Dengue fever prevention camps were organized in different places especially at Ezhusattupattu, Panachamoodhu, Mecode, Manjathoppu and Attoor in collaboration with Sarada Homeopathic Medical College, Kulasekaram. During the camp, doctors were available for consultation and check up and distributed free medicines to the villagers. From these camps a total of 5517 villagers benefited\textsuperscript{38}. So also AIDS awareness camps were organized and identified the affected persons from the target area with the support of other NGOS and provided treatment as well as moral instruction\textsuperscript{39}.

In order to attain the objectives of health for one million a school for mentally retarded children too was started. Various facilities were provided to the disabled including toilet. Staff members were appointed which includes three teachers one

\textsuperscript{38} MIDSAR, 2005, p.11.
\textsuperscript{39} *Ibid.*, 2009-2010, p.11.
physiotherapist two ayahs and one driver to look after the children by way of teaching, cleaning, transportation and cooking. Besides them, there are vocational trainers, health volunteers and other rehabilitation workers who too extended their service when never necessary\textsuperscript{40}.

Health for one million provided direct benefit to mothers and children. As it centered on women, the Bethany Ashram and nuns of Mary Makal Kanniyr Sabai took much care for the promotion of HOM\textsuperscript{41}.

**Eco-Developmental Activities**

Environmental pollution poses a constant threat to health and hygiene. The use of pesticides by the farmers to increase production created the entire eco-system and pollutes the water and the food items. Therefore, the MIDS felt the bad effect of chemical fertilizers in environmental degradation and hence started promoting eco friendly forming. To make the scheme effective, training programmes were arranged. Consequently, it created an awareness to produce chemical free vegetables which avoided the consumption of chemicals harmful to health\textsuperscript{42}.

Similarly in a rapidly changing world the pollution of our land, air and water has caused enormous changes. As a result, natural resources are diminishing due to the process of urbanization. In order to take up environment consciousness and environmental friendly activities, training was arranged at

\textsuperscript{40} *The Marthandam Diocese Magazine*, 2006-2007, p.16.

\textsuperscript{41} Fr. Maria Arputham, V., *op. cit.*, p.49.

\textsuperscript{42} MIDSAR, 2000-2001, p.7-8.
Fathima Nagar and Adikkazhuzhi and discussed in details to save water, harvest rain water and avoid the use of plastic\textsuperscript{43}.

Besides motivating the rural mass effectively, the MIDS emphasized the need for establishing 16 rain water harvesting tanks at Nagercoil, Marthandam and Kaliyakkavilai. Incourse, such a scheme was extended to the Mariagiri Village in Kaliyakkavilai. In the fight against ground water depletion, rain water recharge in individual houses was also inaugurated\textsuperscript{44}. Similarly in 2005 model rain water harvesting tanks were constructed to promote rain water harvesting among the rural people.

Land degradation is linked to farming practices. It undermine the quality and productive capacity of soil. Moreover, water holding capacity of the soil has been reduced due to the use of chemical fertilizers. Therefore, to enrich the land with increase productive capacity, existing wells and other water storing tanks were renovated\textsuperscript{45}. Under Watson plan besides constructing sculpting tank, it was decided to construct rain water harvesting tank in the Tsunami affected villages of Manchathoppu, Chinathurai, Puthanthurai and Kanyakumari\textsuperscript{46}.

**Construction of Sanitary Latrine**

Sanitation at branch of public health is concerned with keeping the external environment healthful. Sanitation directs towards the maintenance of a safe drinking water free from

\textsuperscript{46} MDB, Vol. V, No.9, September 2008, p.15.
pollution and harmful organisms the disposal of sewage, enforce housing regulations and control of flies, mosquitoes and other intermediate sources of disease transmission\textsuperscript{47}. Another notable service towards the protection of health and hygiene was achieved through the construction of sanitary latrine. Before the arrival of this mission the rural people were not aware of the use of sanitary latrine and so used public open places including the tank bund, canals and other lonely places for answering the nature’s call. According to the new census of 2011, half of all Indians do not have a toilet at home and 49.8 percent of people go in the open\textsuperscript{48}. Realizing this unhygienic practice, even before this census, the MIDS had undertaken a project to help the poor families to construct their own sanitary latrine. As a result 63 families obtained Rs.2000 each as a subsidy and the rest of the amount they mobilized from the bank\textsuperscript{49}.

The villagers are exposed to various health hazards owing to lack of proper sanitation. Their poverty and poor living condition compelled them to use open places for urination and passing excreta. The reform providing awareness is essential to make them understand the importance and of sanitation. As the poor people find it difficult to construct sanitary latrine due to expensive construction material and with poor income an ordinary villager is not able to mobilize the required amount. Therefore the MIDS canalized a loan of Rs.4000 per latrine from the local bank to construct double pit latrine with a subsidy of Rs.1600 to each beneficiaries from the MIDS\textsuperscript{50}.

\textsuperscript{47} Madras information (Health) 1935, p.20.
\textsuperscript{48} The Hindu, Thiruvananthapuram, 14\textsuperscript{th} March 2012, p.1.
\textsuperscript{49} MIDSAR, 1999-2000, p.2.
\textsuperscript{50} Ibid., 2000-2001, pp.5-6.
Similarly, to maintain health and hygiene, Watson Project was adopted. Sanitation was not given due priority in rural areas where open space is readily available until today albeit the growth of population and organization. Inadequate sanitation in rural area forces households into the indignity of open defecation which is acute problem for women. Moreover women in rural areas often suffer from lack of privacy and need to walk large distances to find a suitable place for defecation in the absence of toilet facilities. Therefore, realizing the difficulties of the women, the MIDS in collaboration with Fr. Caritas France constructed 96 sanitary toilets and 134 rain water harvesting tanks during 2009-2010\textsuperscript{51}.

The toilet facilities greatly helped the rural people to lead a dignified life, provided the hygienic living condition around the houses and gave them privacy too. But it is a pity to state that such a condition did not change much and still exists in rural pockets.

**Community Health Education Programme**

The Missionaries and other Government Agencies felt the need for Health Education. The community health programme is envisaged to create awareness among the people to inculcate the usefulness of traditional health practices and the need for preserving such practices. Therefore six camps of two days duration were organized for the benefit of group leaders. Experienced traditional physicians (*Vaidhyas*) and Sidda Practitionors animated the sections. The trainees and the

\textsuperscript{51} *Ibid.*, 2009-2010, pp.33-34.
participant were motivated to start their own herbal gardens in the houses\textsuperscript{52}. Health education helps to change people’s behaviour, so as to make their health better. An essential component to improve the health of a community, healthy education has a major role in promoting good health practices such as sanitation, clean drinking water, good hygiene, breast feeding, use of preventive services such as immunization, screening antenatal and child health clinics and recognition of early symptoms of disease\textsuperscript{53}. Therefore, health literacy is essential to empower individuals, families and communities to protect, preserve and promote their health\textsuperscript{54}.

\textbf{Hospitals}

Kanyakumari District played a significant role in the medical field even before Christian era. The Christian missionaries, especially the protestant mission is considered as the pioneer in the field of allopathic medicine introducing in the district. Yet, this district is not free form various diseases like Malaria, tuberculosis, cholera, plague, leprosy, filarial cancer and other communicable diseases. Even then, the people of rural setup did not have access to hospitals and other medical facilities available. Therefore sick people suffered greatly due to the non availability of quick transport facilities to take them to hospitals situated in towns and far of distance places. Consequently, many patients died on the way to hospitals. Therefore lack of hospitals in the villages motivated the parish priest of the missions to establish hospitals in the remote

\textsuperscript{52} \textit{Ibid.}, 1999-2000, p.4.
\textsuperscript{54} \textit{The Hindu}, Thiruvananthapuram, 3 June 2009, p.8.
villages. Records reveal the fact during 1982 to 1997 the parish priest Mathew Pallathu Muriyil, started a Mini Health Center at Vimalapuram in Nattalam\(^55\). In the beginning this center was accommodated in one of the school buildings. Qualified doctors were invited on hourly basis on specified salary twice or thrice in a week. Patients who come over there were given treatment. On certain occasions, such doctors visited the houses of the sick people, who were not able to come to the Mini Health Center. However, the Mini Health Center did not yield much result as excepted. Therefore this system slowly vanished.

Similarly a hospital was established at Kirathoor namely St. Thomas hospital, when Fr. Lawrence was the parish priest\(^56\). Later he served as the Director of the Mission Hospital, Kirathoor\(^57\). At Kirathoor hospital every week end, he invited all workers served under him and conducted discussion including the expansion of hospital by getting suggestion from Sr. Philomen Mary of the Medical Mission. Moreover, Sr. Mary Rathnam served as lab technician of the St. Thomas hospital at Kirathoor\(^58\). However this hospital did not attract the attention of the patients.

Moreover qualified lady doctors are not willing to serve there. Therefore whenever the authorities used to say that patients are very limited in our hospital, Lawrance used to say that “Our Villagers is a healthy one”. The establishment of Marthandam Medical Mission is a boon to the patients\(^59\).

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\(^{57}\) Ibid., p.68.


Leprosy Hospital at Pirabhancode

Bishop Lawerence look after Pirapancode Leprosy hospital. He made necessary arrangement to establish a leprosy unit at Ambilikonom\textsuperscript{60}. Based on the services of the leprosy hospital at Pirabhancode Bishop Lawerence saw the sick and handicapped people and made arrangements for their medical treatments. In 1963, he established a center for social and health service under Pirabhancode hospital center and continued the same health service to the people of Kirathoor ever since 1978 when he became the parish priest of Kirathoor. He felt the need for establishing Mini Health Centers which was entrusted with one part time medical doctor. One male and one female full time health worker and three women part time servants to give first aid\textsuperscript{61} which should serve 1000 to 500 families. How ever people did not welcome this measure. At this time he met Dr. Kabir Assistant Director of medical department who visited Kirathoor and made a thorough study on the existing system established at Kirathoor. Under his advice Lawerence established ten Mini Health Centers in Kanyakumari District with its headquarters and center at St. Thomas hospital\textsuperscript{62}. After seeing the successful service of these Mini Health Centers the government of Tamil Nadu gave permission to open subsequently 17 more Mini Health Centers totaling to 27 Mini Health Centers. However, as the subsequent government did not evince proper attention to give aid, these centers were closed.

\textsuperscript{60} Maria Arputham, op. cit., p.35.
\textsuperscript{61} Ibid., p.71.
It is heartening to state that the Malankara Syrian Catholic Mission in the midst of religious propaganda, strived hard to preserve the health and hygiene of the people by means of protected drinking water supply. Health for one million, Blood donation camp, Dengue fever prevention camp, Eco-development activities, construction of sanitary latrine and hospitals.

Despite these welfare activities, including the governmental programmes, the dawn of the present century presented a low profile, of Lack of Sanitary facilities, unhygienic practices, health hazards and hardship of women and the use of unprotected water for drinking purposes are still persist\textsuperscript{63}. Bishop Mar Epraem without minding his status and position helped the sick people. One day when he was traveling to Nagercoil in a Car, he saw an accident in which a cyclist knocked down a beggar. The victim with severe wounds struggling for life immediately he stopped the car, rushed to the spot and admitted him in the nearby government hospital\textsuperscript{64}.

This shows the humanistic attitude of the spiritual head. To say more, on certain occasions, he personally washed the wounds of the patients smeared spirit over the wounds, bandaged it and prayed for the early healings of the wounds and recovery of the patients\textsuperscript{65}. Those instances reveal his humility towards the humanity.

\textsuperscript{63} The Hindu, Thiruvananthapuram, 14\textsuperscript{th} March, p.1.
\textsuperscript{64} Fr. Maria Arputham, V., \textit{op. cit.}, p.65.
\textsuperscript{65} \textit{Ibid.}, p.36.