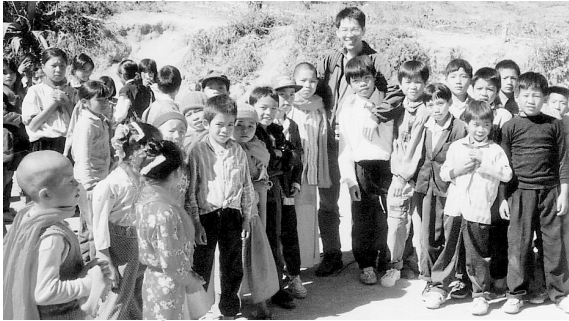


# The Village Kindergarten By Dr Tan Lai Yong



Dr Tan with the Dai children.

## Editor's Note

Dr Tan Lai Yong (MBBS 1985, Spore) has been in Yunnan for the past 5 years, training village doctors, arranging for medical teams to visit village schools to conduct health education, medical screening, and at the same time to plant some trees with the students, while telling them about protection of the environment.

For his contributions, the Yunnan provincial government recently honoured Dr Tan with the "Friendship With Yunnan Award", the local equivalent of a national award.

"The Village Kindergarten" is the first of a 3-part series on Dr Tan's work and experience in Yunnan. The next two articles will be about nutrition and a medico-legal situation in the rural setting.

The rickety bus slowed down as we approached the bridge. Traffic is usually heavy here. Trucks, buses, farm tractors and trishaws lined up to cross the Mekong River. Some 60 metres below us, the smooth surface of the water is a definite contrast to the extremely bumpy road that we were on.

After crossing the bridge, we turned off into a small road and travelled another two kilometres. The paved road ended. We alighted from the bus and walked along a track for half a mile. I have learnt that walking into a Dai village is often the best way to enter into their hospitable atmosphere. These unpaved tracks are dusty but seldom dirty. Pomelo, mango, jackfruit and palm trees line the way. The Dai people live in the southern tip of Xishuangbanna Prefecture in Yunnan. They are closely related to the Thai people further south. Every Dai home seems to have at least one pomelo tree. The greenery and shade, plus the smiles of the Dai people we met made it a pleasant walk.

Soon we reached the village kindergarten. The teachers welcomed us warmly. 30 children were all ready for the annual health screening that our team from the local "Maternal and Child Health Centre"

came to do. There were the curious peeking and giggles from the kids as we unpacked. For some, their curiosity turned into tears and shrieks when the doctors put on their overalls. A few children started to cry. The teachers quickly got everything under control by telling them in a friendly sing-song manner that we are just doing medical and dental checks. No injections today.

In these rural areas, teachers live in the school premises. They are either from the village or soon become part of the village. The kids know and trust their teachers. Teachers are held in high regard. Once, a village teacher waited by the banks of a small river for a student who had a deep cut in his left foot. The bridge had been washed away and the boy could not cross the river to get to school. Daily, the teacher would piggy-back this student and wade across the river. When the teacher found out that the boy sustained the cut because he was too poor to buy a pair of shoes, she bought him a pair. This boy kept this precious pair of shoes till he himself graduated from the local Teachers Training College and then came back to the village to teach.

Back in this kindergarten, with the assuring presence of the teachers, the giggles and curiosity quickly returned and we settled into our task. Different members of the team quickly took the health parameters. In the past, taking the children's weight was not so easy as they had to lug along the heavy weighing scale where the toddler sits in. But today, the team brought along a nice lightweight innovation, a hand-sewn cloth harness. A child could sit in this harness and be lifted up by two adults. The nurses borrowed a weighing balance from one of the villagers, the type that the Dai people use for weighing rice. Soon, we were lifting the kids one by one off the ground and measuring their weight. No need for any fancy weighing machine. The doctors on this team are highly versatile. They are comfortable using modern ultrasound machines back in the hospital and are just as good at using these farm tools to take weight.

The morning passed quickly. Another bunch of kids was screened and the paperwork followed. Kids with signs of malnutrition and other diseases were referred to the relevant clinics. Unlike "ER"

or "Chicago Hope", preventive medical work is neither glamorous nor dramatic. Field work involves long hours of hard travelling and is certainly not the money-making branch of healthcare. But for all the marvels of modern medical technology and skill, prevention is still better than cure.

The team also spent some time chatting with the teachers about nutrition (the kids have meals in school), hygiene and brushing of teeth. Using local nursery rhymes, we changed the words and soon the kids were singing about washing hands, the ill-effects of smoking and about eating healthy food. They had fun and we had the pleasure of getting the message across.

We packed our bags and walked towards the main road. The kids run along to say goodbye, scattering the chickens, ducks and turkeys in the process. It was a noisy parting. If this was the mango or pomelo or jackfruit season, you can be sure that the village would pack a few dozen fruits for us. Well, this time it was not. Still, I have tasted the sweetness and simplicity of a hospitable Dai village. This one is special, as it was heart-warming to see a farming community run such a nice kindergarten.

I have visited remote villages where there are still no clinics or schools but sadly, the ubiquitous big screen karaoke TV brings the first symbol of "progress". This village is special because the elders and leaders have placed a premium on investing in the kids instead of a big TV screen. ■



Cloth harness + rice-scale = portable weighing machine!