Editorial Perspective

Issues in 'Post-Revolutionary' Health Care

HEALTH care system and the health status of the people, like all the other aspects of social life, have undergone tremendous changes in those societies where the rule of capital has been challenged in a revolutionary fashion by the toiling masses. The class nature of the forces that led the revolution or of those which rule these societies at present, may be controversial, the direction taken by these societies after the revolution may be criticised, but the fact that there have been dramatic improvements in the health status of the people of these societies following the revolution cannot be denied. Conventional health indicators have shown amazingly rapid improvement (as compared to capitalist societies of comparable size, population and levels of development) in the USSR, China, Vietnam, Nicaragua, Mozambique and the East European countries. These societies are being categorised here as post-revolutionary (PR) societies. (We use the term 'Post-revolutionary' rather simplistically in place of the more controversial 'socialist', though we are aware that the use of this term too, is not free of problems.)

Several features distinguish the health care systems of the PR societies from those of the capitalist societies. They include, public ownership of health care institutions and allied industries like the pharmaceutical industry, the near absence of privatised medical care, free or heavily subsidised health care, rationalisation of health care delivery, strong emphasis on the promotive and preventive aspects, disease control by mass action rather than by biomedical interventions alone, decentralised control, integration of traditional systems and their practitioners into the existing delivery system and so on. Not that all of these could be found in any one or all of these societies. For instance, emphasis on decentralised control and self-reliance at the local level prevailing in China may not be found elsewhere (Sidel and Sidel, 1982). But one or more of these are generally to be found in the health care systems in all the PR societies.

Rapid changes in conventional health indicators characterised by steep falls in infant mortality rates; reduction in morbidity due to infections like tuberculosis, malaria, schistosomiasis and Sexually Transmitted Diseases (Sigerist, 1947; Alderguia and Alderguia, 1983; Quinn, 1973) and reduction in population growth rates cummulatively point to the improvements in the health status of the people. They have been brought about no doubt, as a result of better nutrition, sanitation and hygiene, easy availability of sale drinking water, improvements in housing, improved facilities for women (as compared to those in the capitalist countries), better medical care as well as better work environment indicated by more stringent environmental and industrial safety standards (Derr *et al*, 1982). The two most important factors responsible for these improvements, can be identified.

Rapid Modernisation and Abolition of Absolute Poverty: Though not a uniform phenomenon in all the PR societies, this has been the most important factor in improving the health of the people. This was made possible as a result of the defeat of the old bougeoisie and their allies in these societies. Now, whether the ensuing modernisation was 'socialist modernisation' as envisaed by Marx or not is a moot point. Similar quantitative improvements have also been seen in the advanced capitalist societies during the 19th and early 20th centuries and therefore, they by themselves cannot be said to be the characteristics of 'socialist' nature of modernisation in PR societies. Still, in the process, these societies were indeed able to meet the basic requirements of food, clothing, shelter and medical care of all the people, irrespective of their incomes and thus therefore, resulted in a healthier population.

Better Access to Medical Services: Medical services being by and large free and extensive, are easily accessible to most people. One's economic position does not prevent one from availing oneself of the best medical care available. This has indeed affected morbidity and mortality patterns in the PR societies.

But whether the health care structure that has emerged is really democratic and 'socialistic', operated by the working class possessing the necessary skills and knowledge is a debatable issue. There are indications to show that it is not. There are strong tendencies towards professionalism and technocratic control. One also needs to assess whether or not a sexist bias against women exists in the field of health care and medicine. Therefore, it is not adequate to apply only the conventional health criteria to assess the nature of the health care system and the health status in societies generally recognised to be different from capitalist societies. More sensitive indicators like comparisons of differences brought about in health and disease patterns in USA and USSR (or India and China), wage differentials among medical and health personnel, the proportion of women occupying high positions, the extent of homogenisation (narrowing down of sex, race, class, occupational and regional differences of health and disease indices) and so on need to be applied. Only such characteristics can differentiate a developed 'socialist' pattern of health care from that of a developed capitalist society. Whether the health care systems in PR societies has indeed reached such a stage is an issue requiring much analysis and discussion.

While noting the positive aspects of health and health care in the PR societies, one cannot fail to take note of several features which raise vital issues regarding the nature of health care in these societies, having wider implications outside the field of health and medicine.

It is noticed that indicators like life expectancy at birth, IMR and others have reached a plateau and are even regressing.

Also, a tendency towards overmortality of males over females is noticed (*International Journal of Health Services*, 1983; Gidadhubli, 1983) due to steep increase in cardiovascular diseases, cancer and accidental deaths. A similar phenomenon is noticed in the advanced capitalist societies also (see Doyal with Pennel, 1983). These diseases have been associated with over consumption, stress and other environmental factors. Whether high incidences of such diseases signify a life-style and an environment resembling those in the advanced capitalist societies or not is a question that needs to be resolved.

In the USSR, an increasing concern is being felt about the rise in alcoholism. Various legal and administrative measures have been initiated to curb this problem (Lindgren, 1985) Alcoholism is associated with psychosocial stresses. Under capitalism, besides other factors, a lack of creative pleasure in work, leads an individual to avenues of superficial pleasures. Alcohol is one of them. Is a similar process still at work on an increasing scale in PR society like USSR? This

rather uncomfortable question needs to be faced squarely in order to comprehend the real nature of the processes affecting the psychosocial health of the people in these societies. Another related indicator reflecting the socio-psychological disharmony is the incidence of mental disorders and suicides.

Though quantitative indicators of health do give an idea about the health status of a society, but it does not give the total picture. It can be shown that early development of capitalism also produced improvements in the quantitative indicators of health care. What it did not improve was the quality of health care: doctor-patient relationship has become depersonalised, the aged are marginalised; the mentally sick are heavily drugged and dehumanised. What is the situation in the PR societies?. How and how much different is the quality of care to the sick, the aged, the minorities, the women and the mentally sick from those in the capitalist societies? What one finds would point to what could well be an important differentiating feature of a 'socialist' health care system.

In a capitalist society, medicine reflects and reinforces the bourgeois ideology. Thus, a disease is reduced to a biological phenomenon, ignoring the role-often a determining one-of social, economic and cultural factors in its causation. Such a view justifies the use of biomedical interventions causing a growth in the demand for industries producing the required technological inputs. On the other hand, the hierarchical relationships in the medical field amongst the medical personnel, between doctors and patients-reflects the bourgeois ideology of class, race and sex dominance. Now in the PR societies, how do health planners, doctors as well as people view health and disease. How are the relationships amongst various health personnel? These are questions of vital importance that should be resolved while assessing the health care systems of PR societies.

There have been disturbing reports of dissidents in PR societies being labelled as 'behavioural deviants' and of use of psychotropic drugs to bring about behavioural conformity. This is a blatant example of the use of ideology in medicine to serve the political needs of a class or a group by converting an essentially political issue into a medical problem. What are the compulsions that such practices persist in PR societies is also an issue related to the question of ideology in medicine in PR societies.

In some countries like Poland for instance, chronic shortages of drugs, equipments and staff are reported. (*International Journal of Health Services*, 1983) Now whether this shortage is real, that is as related to the needs of the people or false that is as related to the needs of the socially more powerful medical profession remains to be seen. A false shortage could be felt if there is a tendency towards overmedicalisation of life; by replacing community level health care personnels and paramedics by doctors; by the demands of doctors for more technological inputs of doubtful value and so on. If the shortages are indeed real, a study of the underlying socio-economic processes could reveal much about not only the health care scene of the society but also about the problems of 'socialist' reconstruction during the PR period.

Towards a Dialectical Understanding

Now, the causes of these problems and the underlying processes can only be understood in the context of the prevailing social and economic conditions of the existing social formation. An analysis of these problems brings us to the very crucial question of the relationship of a social formation and substructures thereof. Though developments in health and health care systems come under the influence of socio-economic factors in movement—that is of history—this relationship is not one-to-one and deterministic. It is a highly complex relationship of mutually dependant dialectical interactions. And therefore, each problem has to be understood within its specific historical and social context.

Thus, while studying health and health care in any social formation, one important point needs to be kept in mind. A 'socialist' health care system develops in the historical context of the process of 'revolution' and thus carries with it the stamp of the specific processes of the society with all their contradictions. Neglecting this aspect may lead one to an incorrect understanding of these societies as well as their health situations (Segall, 1983). One may be led to a narrow empiricist position; a position which adopts a static view of social structures and considers the health care system existing in a society as directly reflecting its socio-economic processes. Taking an isolated view of the events that went into making up the health care system in a PR 'Socialist' country, this position labels whatever exists there as being 'Socialistic' in nature. On the other hand, it may also lead one to take an idealist view constructing an abstract 'Socialist' model of health care devoid of any socio-historial context. Various characteristics are ascribed to such a model. Out of these, which constitute the necessary and the sufficient conditions for a 'Socialist' health care system are unspecified. Therefore, mere absence of a few characteristics of this idealised model, in an imperfect concrete health care system, full of contradictory tendencies of a PR society, leads one to label it 'non-socialistic'. Worse still, it denies the possibility of waging struggles to incorporate some of these feature into the health care systems of capitalist societies.

It would not be entirely out of place here to mention a related problematic of the role of struggles in a capitalist society to imparting to the health care system, some of the 'Socialist' characters. Whether a movement for greater social control over health care services and allied industries is a movement towadrs a 'revolutionary' health care system or not is a crucial question for those fighting for fundmental social changes. One exteme view, might see such a struggle itself as a revolutionary movement thereby overlooking the overall persepctive of such a system. On the other hand, an equally extreme view may call such a movement as 'reformist' as it does not touch the root-cause, thereby overlooking the vital importance of stages in the movement for 'revolutionary' health care. Several other factors like the leadership, mass mobilisation, methods used for raising people's awareness, modes of organisation and struggles also need to be assessed before making any judgment. A thorough analysis of the inter relationship of a health care system and a social formation would go a long way to resolve a constant dilemma faced by those involved in such struggles.

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In this issue: Amar Jesani writes about the problems and process affecting health in Nicaragua; Malini Karkal discusses the population policy in China and Padma Prakash draws attention to the changes brought about in the health care system in Mozambique after 1975. Bob Deacon's reprinted article raises relevant issues regarding health and health care in the three post-revolutionary societies, Soviet Union, Hungary and Poland. And we introduce 'Update' a section for reports, notes and comments.

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work is different from other so-called successful projects in this respect. Most health projects unless they are willing to take large funds from donor agencies, or be supported by big institutions, cannot do any worthwhile work in the field of delivery of health services. (Chattisgarh Mines Shramik Sangh's health work in Rajhara is an exception which hopefully, would duplicate elsewhere.) Health education/conscientisation as a part of broader political work is a low-cost but challenging and important work which has so far not been attempted. This is in contrast to the numerous funded projects in the field of delivery of health care. It must be pointed out that the report under review does not cross this conventional barrier.

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A Bird's Eye View of Psychology

Psychology In A Third World Country—The Indian Experience by Durganand Sinha, 1986, Sage Publications.

THE term 'psychology' is a concept borrowed from the West. Thus initial studies were naturally based on Western concepts. This of course does not mean that psychology has not evolved any roots of its own in India. But it is undeniable that Western psychologists and ideas have permeated every aspect of our life and behaviour. Sinha repeatedly brings out this truism in this book covering the psychology scene in India. The purpose of this monograph, done at the instance of UNESCO, was broadly to examine the impact and role of psychology in a Third World country like India.

It is but natural that psychologists in India are very much influenced by the West in the kind of reserach work done. The offspring is bound to imitate its parent till such time that it can form its own ideas and opinions and finally enter its own creative phase. Psychology today in India could be said to have arrived. We are not only able to evolve our own theories and concepts but are also in a position to influence the world at large.

Sinha traces the growth of 'psychology' in India in four phases pre-Independence, post-Independence phase of expansion, phase of problem-oriented research and finally the phase of indigenisation. This can be looked at another way in developmental terms. The infant stage of being shackled to the West; the childhood period where aping went on; the adolescent phase when Indian psychologists tried to break away from the bonds of the West; attempted to coin their own terms and asked questions of their parents and their motives, changed and adapted values and attitudes to suit their environment; and the adult phase where indigenous research is being done and a certain amount of influence being wielded on others, especially in the Third World countries.

The author seems to have taken an unduly critical attitude particularly in his reivew of the post-Independence period—like a harsh parent! Fortunately, as the review proceeds a more objective account is seen.

The bulk of the presentation is in terms of enumerating the research work done in India covering different areas and branches of psychology. But in the area of testing, there do seem to be some gaps. Several tests have been adapted and are apt to our conditions do not figure, e g, Bhatia's tests and child development tests.

Psychology has made quantum jumps in the 60s and 70s but what has not been done is to dispel the wrong notion that psychology means something to do with abnormal people—being the layman's understanding. All the reserach done is commendable, but what has this resulted in terms of follow-up actions and policies? The author himself puts the impact of psychology in these words, "Psychology in India has made significant contributions to the individual and unlimited spheres of our life like in industry, educational and clinical fields because they share many characterstics of similar institutions in western societies where this discipline has developed. But on a macro level and on larger social issues such poverty, inequality, social justice and social change, psychology has yet to make a significant impact." The author's message to practising psychologists and scholars to be 'indigenous' and 'Indian' in their pursuits is very apt for psychology to enlarge its role in our national life.

The book would have added to its stature if the author, with his vast knowledge and experience, had given more emphasis to the future trends and directions that Indian psychology should take—to make it more meaningful and relevant to our society and solving its problems.

The overall merit of the book lies in its broad canvas giving a bird's eye-view of the psychology scene in India. It could be a good reference source for scholars and educationists alike to be aware of what is happening around the country. Its bibliography is in itself a mine of valuable information. Altogether, the book is a commendable effort.

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