Exploding Myths

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When the Search Began by Ulhas Jajoo, M G Institute of Medical Sciences, Sevagram, Wardha 442 102; November 1984, pp 50, Rs 5.

MANY health projects especially in the non-government or so-called 'voluntary' sector tend to report exaggerated success stories about what they have achieved, when in reality, things are quite different. Such reports or claims create myths about what health projects can and have achieved. There are a very few exceptions to this myth-making. "When the Search Began" is one such notable exception. It is an unusually frank and critical reporting of the healthwork done in the villages near Wardha by Dr Ulhas Jajoo, his collegues and students from the Mahatma Gandhi Institute of Medical Science, Sevgram, near Wardha, Maharashtra. Instead of continuing the usual arm-chair discussions, this group went into the field, analysed their experiences in a critical and open-minded fashion. They found that many of their initial assumptions, widely prevalent ideas related to healthwork, were wrong. The "search" has been for a socially, economically, politically appropriate strategy for rational healthwork. This story of their search is very useful to any newcomer who honestly wants to do any worthwhile work. It is, however, questionable whether the structure of delivery of healthservices they have formed is radically different from the usual prescriptions (with their blindspots). Secondly healthwork has been equated in effect with delivery of healthservices, with no mention of socio-political aspects of healthwork. Let us understand their work, and their perspective as given in this short report.

Novel Health Insurance

The group decided to go into field-work and describes how, during the rains, their first visit to Punjai, a way-off village, turned out to be so difficult. It frankly admits that they chose a nearer village—Nagapur, because they realised after the first visit to Pujai, that regular work there would be too difficult. In Nagapur, they started with a weekly clinic and a drug-bank with contribution of Rs 4 per family. The drug-bank soon went bankrupt and they realised that this contribution was too meagre to run a drug bank. The initial enthusiasm of the villagers soon waned. The group came to the conclusion that because people were so engrossed in their attempts to somehow get two meals a day, health was not at all a priority, that health-education, immunisation, etc, did not elicit much response since it was not their felt-need. When they touched the villagers' felt-need (e g, getting bank loans) the response was quite different. The report however, does not elaborate how and to what extent the group continued this economic activity. It shifts to a new idea—of collecting grain at the time of harvesting, in proportion to land-holdings. This grain is to act as a kind of collective insurance for free treatment for all acute illnesses for all members of the scheme and also free treatment for acute and emergency cases at Wardha in the Sevagram medical college hospital. The medical college thus supported, subsidised this new insurance scheme in a substantial way. The grain collections had its own problems. The people with larger holding had to contribute more without getting any privileges. They were, therefore, not enthusiastic and half of them dropped out of the scheme after the first year. The drop-out rate was less among other groups. Among landless labourers, the participation increased over years. It is not clear from their account as to why the response to this scheme was better than to the earlier one. No economic or political activity has been reported. Perhaps the support of the medical college including the doctor's monthly visit made the difference.

Honest Reporting

Over a period, the group's activity acquired a certain structure and some credibility. In the course of the work they encountered many dilemmas, learnt some lessons and these have been honestly reported. For example only acute cases could be provided free or subsidised treatment, whereas people expected free treatment for all types of illness once they gave their contribution at harvest time. If a fee is charged for service the poorest, who are the ones most in need, would not get these services. The contributions from villagers could pay only for the payment of the VHWs and their drug-kits, the ANM and the diesel for the vehicle used to transport them to and from Wardha. The author correctly points out that it is a myth to believe that such healthwork can financially become self-sufficient. But the group has insisted right from the beginning that some contribution must come from the villagers. About 35 per cent of the collection from the villagers was kept aside for the payment of VHWs. This was to ensure that VHWs are responsible to the community and not acting merely as an agents of the health-authorities.

The bewildering experiences about their health-educational efforts has been sincerely reported. For example, textbooks had taught them the importance of latrines in controlling diseases. But the villagers had their own problems and hence did not accept the idea of building latrines. They did not have extra money to build even a cheap latrine for each household. Community latrines would be nobody's baby and hence would be left uncared for. The use of sanitary latrines meant fetching additional quantities of water, which was extra burden, mainly borne by the women. The villagers had their own logic for using the road-side (of the approach road to the village) for open-air defacation. It was, they pointed out, the cleanest place during the rains, and was much safer at night due to the street lights! About the small family-norm, the medical team had no counter-argument to the villager's argument that they need two sons so that at least one of them would survive to support them in old age. The medical team realised that unless infant mortality is brought down, old-age security provided, family planning propaganda would not take roots. It is worthwhile to quote their forthright conclusions drawn from their initial experience.

(1) Our medical education in the hospital is inadequate to equip us with the skills required in the rural setting. (2) Socio-economic factors (poverty) and political frame-work of the existing society are major obstacles in the development of appropriate medical care, a field about which we are kept ignorant during our medical education. (3) Medical problems are not the priority need of the people. (4) The awkward-looking behaviour of most of the people is the natural reaction in their environment. Inability to understand their environment is chiefly responsible for the big communication gap between them and we, the educated. (5) In a poor socio-economic setting, idea of self-reliance in health care activities is a myth. The poor community has to depend on someone from outside, may be a voluntary agency or the state. (6) Community participation in health care is more preached than practised. Those who claim it, either do not understand what community participation means or are telling a blatant lie mostly for collecting funds on which they so heavily depend. Collecting people to dole out a gift, which they have never dreamt of, cannot be called community participation (pp 8-9).

Cost Analysis

Their medical insurance scheme however, was a kind of a success. The data that has been quoted (p 14) about two out of the twelve villages in which the work spread, shows that "percentage of coverage for health-insurance" increased from 46.5 per cent in the first year to 71.5 per cent in the 3rd year. (This however does not tally with the earlier claim of collecting contribution from 90 per cent of the villagers in the first year (p 7)). The corresponding figures for labourers and marginal farmers went up from 36 per cent to 78 per cent. In the section "Evaluation and Cost-analysis" they have arrived at a figure of Rs 2 per head per year as the cost of the healthservices (excluding the cost of hospital admission) provided by them. The government of India's per capita public health expenditure of Rs 28 (1981-82) has been quoted to provide a camparison and it has been claimed that "much improved health-services, which have the benefit of involving villagers as contributory participants, can be provided within existing resources, if a new medical strategy is planned and implemented" (p 15). One cannot justifiably draw any such conclusions whatsoever from the cost-analysis of their work. One has to compare the health-facilities provided and the costs incurred and find out whether the costs are less or more. Such a cost-analysis of their work and of the government's work and then comparing them would tell us as to the extent to which the government's work is costly. No such analysis has even been attempted and hence no such conslusions can be drawn from their cost-analysis.

Conventional Barrier

Are there any positive achievements of this work apart from the lessons that the medical team learnt? A collective health insurance scheme (with all its limitations) in rural area, running for five years with increasing participation by the poorer sections of the community is definitely an achievement. Anybody conversant with the field would realise how difficult it is to achieve what appears on paper as small objectives. One may point out that the support from the Kasturba Hospital was quite crucial in the evolution and viability of this scheme.

The achievements in the healthfield are however, quite limited. Using "cluster approach" (collecting, immunising all the eligible children in a cluster, in one day) 95 per cent of eligible children in a few "villages around Sevagram" were immunised. This is a notable achievement. This "cluster approach" is demanding in terms of mobilisation of the people and very few healthprojects have adopted it. Using the same approach, for polio vaccination, in six visits, 81 per cent of the children received three doses and 55 per cent received five doses—this also is by no means a small achievement. Rational selection and use of drugs, preparation of cheaper formulations like a cough-mixture and a few ointments have been reported. But for the rest, a familiar picture emerges—Village Health Workers working for a paltry "honorarium" of fifty rupees per month, a full-time trained Assistant Nurse Midwife supported by a hospital facility nearby. There are many problems in this approach; some of which have been mentioned by this report. The ability of the VHW to diagnose and treat is very limited; much more limited is the likelihood of people having sufficient faith in them about these functions. A monthly visit by doctors is too insufficient; emergencies cannot be dealt with at all; health-education is never taken seriously unless imaginative and special efforts are attempted. A paltry drug kit of a very limited amount (a mere Rs 30 in this case) with the VHW is too inadequate to meet even a fraction of the drug-needs for minor illnesses; unecessary domination of doctors is hardly challenged.

To assess the "morbidity load" (amount and type of illnesses) in the community, and to determine on the basis, the type of health-activities to be conducted, the type and amount of human-power and drugs required, (and not any arbitrary amount) to organise these services through a democratically working team, etc, etc are tasks which have not been satisfactorily resolved. The content and form of health-education which is appropriate and which really makes sense is also something which needs a lot more work . . . there are so many problems and blindspots. This report does not even attempt to throw any light on any of these. Their work has created a learning process. This itself is an important achievement and hence one hopes that this work would not become stagnant, with whatever has been achieved so far, but would take up some of the challenging aspects in the field of delivery of health-care to the people. With all their efforts, the search has only begun and there is a long way to go.

The challenge in healthwork is not only of organising a cost effective, appropriate, rational, democratic mode of health-intervention from the point of view of community medicine. It is at least equally important to expose in practice the socio-political dimension of the established medical practice, to conscientise people about the exploitative, oppressive, mystifying misuse of medical science and to forge an alternative in practice. Such health-conscientisation has to be a part of broader socio-political work. People may not be interested in vaccines to begin with, or in unrealistic health advice. But they do get interested in knowing how the existing medical system exploits them and how to get out of its clutches. If aspects of non-exploitative, liberating healthwork are forged, in practice, such healthwork can contribute a lot. Most health projects have no such perspective of health conscientisation; they are aimed solely at delivering health services. This does not challenge the existing system in a direct manner; Similarly most health projects have no link, have no perspective of forging a link with broader socio-political work.

It is not clear from "When the Search . . ." as to how this

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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