

'GREEN REVOLUTION' AND HEALTH

Changing Patterns of Health in Nanded

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The green revolution and the changing patterns of agriculture have resulted in a deterioration of the health status of the people. The health services are a source of exploitation in one way or another. In the meanwhile, the rich tradition of herbal medicine is disappearing through disuse, which is itself a result of changes that have occurred in the wake of the green revolution.

"The condition of the working class is the real basis and point of departure of all social movements of the present because it is the highest and most unconcealed pinnacle of the social misery existing in our day", (Preface to *The condition of the working class in England* — F. Engels).

Every major or minor change in system has raised the hopes of improvement in the lives of the poor and created illusions about the present process of development. New policies have been drafted and redrafted at the international and national level to eradicate poverty and to change the lives of the 45 crore poor people living below the poverty line. But no significant change has taken place. As admitted by then World Bank chief Mc Namara in his 1973 Nairobi speech, the problem of the world's 800 million poor people has remained unsolved.

The new approach of attacking poverty began in 1975 on a world scale and in India also. New schemes of rural development to eradicate poverty were introduced. And their health was given importance. It was a target-oriented package programme. What is happening in the country side since 1975 is worth studying.

Although the green revolution began in Maharashtra since 1965-67, its spread and growth is now restricted. Thus the problems have increased and the crisis is accentuated. The old picture of village life is not found now. Alongwith the deteriorating socio-economic system, we find the health of the people is very much affected and has deteriorated.

The area under study is Biloli taluka in Nanded district of Maharashtra. The district is divided into eight talukas and among them Biloli has the highest levels of irrigation. Most of the irrigation schemes were completed by 1975. There are three medium irrigation schemes functioning in the area. Total population in the district is 17,47,589 spread

in 1388 villages. The major crops grown are jawar, wheat, rice, cotton, chilli, and now sugarcane. Seedplots producing cotton seeds are situated in highly irrigated area. Even banana plantations are ample in number. This area is wellknown for producing long staple cotton. Now, four sugar factories are producing sugar and alcohol. Out of these, one factory is in Biloli taluka.

Changing patterns of agriculture : Effects on health

Due to changes in the cropping pattern and switching mainly to cash crops like sugar cane and cotton the production of foodgrains has declined in the area. So the old system of cropping, mixed-cropping, is disappearing. Turmeric, another cash crop was uprooted firstly in 1972 drought and by the government policy to favour supply of water to sugarcane. Similarly, groundnut is not favoured by the government. In 1983-84 canals became dry due to water-shortage. And though the government initially announced guaranteed irrigated water to groundnut crop, only once or twice did the canal receive water. So all the groundnut crops of middle and poor peasants were destroyed. The rich could irrigate with the help of powerful electric pumpsets. In non-irrigated area chilli is still grown. But in irrigated fields, chilli crop cannot be grown now as the land is saturated with water which is not suitable for growing chilli.

There is significant decline in the area under pulses. Partly because there is no increase in the relatively low per acre returns. Another difficulty with the pulses is that it cannot be grown with hybrid kharif jawar. This is a short-duration crop. This reduction in the acreage under pulses has cost a lot to the village poor because, pulses used to maintain the fertility of the soil (nitrogen fixation). And people used to have their balanced diet. As the diet mainly consists of hybrid roti, sometimes, rice and watery dal (mainly tuar or udid), their

diet has not remained a balanced one as it used to be. Other crops like sweet potatoes which used to be poor man's emergency staple food, have also disappeared.

Thus, we see dependence of people on cash crops resulting in a decline in pulses production. This change in crops pattern has increased dependency on high cost chemical fertilizers and upset the traditional soil preservation mechanism and resulted in decline in the health of the people.

Anti-people forest policy

The present forest policy of the World Bank and the government has contributed to the destruction of agricultural people's living conditions. All the old variety of trees, like malwa, kath khair, sag, bamboo are not planted by the forest department on a large scale. Instead, subabul and eucalyptus are planted on a large scale with the result, more wood is supplied to the paper mills and groundwater shortage has increased. Many old varieties of the tree had medicinal value and herbs used to grow around them. Their disappearance has created an acute shortage of such country medicines. Even in villages, old tamarind trees have disappeared. People are using less tamarind in their diet. The effect of this new forest policy on the ecosystem is tremendous.

It has also affected agriculture, since wooden implements depend upon the forest. The new varieties of trees are not suitable for house construction or cutting the implements from wood. Even firewood shortage has become most acute. People burn any type of shrubs and wood for cooking purpose even though it is unhygienic. They have to spend more time in collecting firewood. Due to shortage of wood, the size of the huts are getting smaller and narrower which is again unhygienic. The result is diseases like asthma, cough and other respiratory problems are rampant. Old chullah still exist even though tractors and high yielding varieties are introduced by new technology. The chullah creates pollution problem within the huts.

Due to increase in the cost of living, all the earnings of the family members are spent on only survival. The cash economy has changed the situation considerably in this area. As the saving of the poor is virtually nil, for sickness expenses, they have to borrow from landlords, rich peasants or money-lenders.

Plight of non-agricultural workers

Those who work on State Employment Guarantee Scheme (EGS) as labourers, are supposed to get as per law medicines if they become sick on duty. They must get drinking water at the worksite. Usually, the worksites are far away from the villages. Most of the time, EGS workers do not get ordinary medicines when they get headache or fever, or if an accident takes place even first-aid boxes are not available. At site they get contaminated water for drinking which causes waterborne diseases. This is rampant in the area resulting in loss of several mandays due to sickness. The law has made a provision for shelter and cretches at worksite. But rarely are these provided. We find infants and young babies are looked after by small children while the mother is working on the site. Last year, a labourer died on EGS site in a village in Biloli taluka due to both starvation and sickness. (This matter was discussed in the Maharashtra Assembly). The reason was that he had not got his wages for more than fifteen days.

The sugarcane factories also pose new problems. The molasses accumulated near factory creates pollution problem for the peasants living near the factory. Water-pollution by the sugar factories is so much that many deaths have taken place in the villages near the sugar factory. Sudden death of animals after drinking water is quite common in the area. Even the hue and cry made by the press and organisation does not affect the sugarbarons and they continue to violate all anti-pollution norms. The health condition of sugarcane factory workers is equally bad. They are exposed to pollution, chemicals and accidents due to outdated machinery.

Certain other factors also affect the health of the people. Adulterated edible oil has brought new types of diseases. Sometime ago strange kinds of jowar and wheat (imported) were distributed through the rationing shops. And after consuming them there was a virtual epidemic of skin disease. Similarly, the imported wheat from US under PL 480 brought another variety of Mexican seed grass, which has since spread all over. This has made the land infertile and constant contact with the grass, spreads skin allergies and allergies affecting the respiratory system. (This is popularly known as 'Congress grass' and during 1975, Cong I Govt. banned the word 'Congress' grass).

Due to inflation, people tend to cut down

expenses on food items. For example, as the price of edible oil has gone up, women are using less quantities of cooking oil, not even using coconut oil for their hair. As the prices of medicines have gone up, ordinary tablets for usual ailments cannot be purchased by the people. This taluka has a very high incidence of leprosy, but only one leprosy centre is functioning.

Imperialist technology has improved HYV jowar, bajara, wheat and rice production in irrigated area but no breakthrough has been so far made on oilseeds and on HYV seeds for dryland farming. Thus, it has limited results for total agricultural growth in India.

Exploitative health care services

Medical facilities are available, for example in four big villages in the taluka. In this article we will look at two places: PHCs at Naigaon and Ketur. About hundred villages are connected with these centres. They are situated either at taluka headquarters or at the villages where the most influential local MLA, ZP president or MP is based. The corruption at government dispensaries is so rampant that people tend to go to private doctors or the government doctors treat patients privately.

During the drought of 1980 and floods of 1983, various types of epidemics spread in the area. The government dispensaries and hospitals created such a situation that patients were sent back on the pretext of a scarcity of medicines. Kashtakari Sanghatana had to take up the issue, the doctors and dispensary staff were gheraoed for several hours. Only then was proper treatment given to the patients.

At the grassroot level, village health workers are operating. They are supposed to distribute medicine for ordinary ailments, malaria and so on. They are supposed to help mothers at the time of delivery. And to report to the PHCs when cases of epidemic or serious diseases are noticed. In the recent drive for birth control, they have to bring cases for family planning operations. Now it is lucrative business for them since the government gives monetary incentives to both patients and health workers. But generally stocks of tablets are not available with them or instruments are not available with them. So people have to go to private doctors paying more fees or to the quack doctors.

The local organisation had to take up another issue since it affects the health of the people — 'Bhanamati' (ghost or spirit) is a usual phenomenon

and mostly women are 'haunted' by this in the villages. In reality, they are either psychic patients or ailments developed due to insoluble personal or domestic problems of feudal character. Many a time, patients became victims of superstition. So the local organisation had to take up several cases and treat them in the Hospital after prolonged persuasion. In the past five years, more cases of bacillary dysentery, flu, malaria are reported in the hospitals. Thus, even the health services have become a source of exploitation and people are not benefited though all the institutions are aided by government and international agencies.

Health under Green Revolutions

Changes have occurred in the attitude of the people towards health and medicine are quite obvious.

(a) All the old herbal, country medicines have disappeared and the trend of widespread use of allopathic medicines has been stabilised. It is known that the sargandha herb is used for serpina tablet for blood pressure or heart problems. Similarly, some old medicines based on herbs and minerals are quite effective. But little further research has taken place.

(b) Due to hard work, hectic life and mounting problems, people tend to ignore their health unless health problems become serious when they go to the doctor or the dispensary. Again, less attention is paid towards the health of women and girls in the villages.

(c) Use of outdated medicines in the dispensaries is quite normal. As the efficacy of the medicine is automatically reduced, people have again turned towards either quack doctors or towards superstitious practices.

There are certain voluntary agencies like Oxfam which are working in the same villages where we are working. But they have not yet taken up any programme for health services. Except making propaganda for family planning operations (on the same line as the Government propaganda) they have done nothing in the health sector. The only service they offered to the people during floods was to give loan on low interest rates to the affected people and the loan was repaid by the debtors after the harvest. The huge irrigation schemes began only after World Bank aid arrived since the Government had no funds to provide them under the five year plans. So boosting irrigation, new

technology of HYV seeds in irrigated area, boosting production for cash crops mainly for export, development of infrastructure and absorbing non-farm population in service industry, creation of well-knit finance organisations and so on makes the entry of forces of imperialism in agriculture on a sound basis and allows the local exploiters, landlords and rich peasants, a share of the surplus. But has it really solved the problems of the people?

Nanded is a drought prone area. In the past five years it was twice declared drought area and twice the area was declared as being flood affected. Instead of giving water for subsistence crops, water is given mainly to cash crops. Due to faulty man-made forest policy, the pattern of rainfall is changing and affecting the crop production and ultimately the ecology. All drought-prone areas eradication schemes are slowly turned into implementing a policy for export led growth, cash crop growth. This is happening nationally, locally under the guidance of imperialism. "A major plank for ambitious political leaders is the promise of providing irrigation to newer areas. Here the chief consideration is bringing prosperity to those peasants who are in a position to grow cash crops and not tackling the droughts."

Though agricultural production of HYV has increased, we do not find any improvement in

the conditions of poor people. All the benefits have gone to the upper classes. Consequently, economic conditions of the poor have further worsened. This has made health of the poor people a severe problem. The vicious circle of poverty and health can be seen clearly in the rural area.

What imperialism does to the system is that it has made the system totally dependant. Future growth and internal growth of productive forces is stopped or growth is stagnated. In the case of health, it is clear that no funds are made available for further resources and production of medicines on specific disease or health problems. The less costly methods of production of medicines for such diseases are not found out. Ultimately, as agriculture is very important to extract surplus, imperialist and multinationals do make high profits on the deteriorating conditions of health. And thus country's real wealth, the precious people, mainly working force, has again been ignored and is subjected to the process of pauperisation. From slums to farms, the fate is the same in this system.

Reference : The silent drought : Maharashtra, EPW, Jan 19, 1985.

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