# 7

# Trends in health care

**Alok Kumar**

## • Introduction

Trends help to understand how things have been changing in various fields over an approximate given time. For this exercise contact is made with a mix of young and old people, and after initial rapport building they are asked about how things have been changing over the last few years. About health care trends they are first asked what treatment facilities they have access to at present. This is symbolised on paper and checked (triangulation) by asking others also if these details are accurate. Then the older people in the group are asked about each of the facilities mentioned to know how it was when they were very young. This change-centered recallable lifetime shows the response of the local people to modern treatment facilities compared to total dependence on witch craft and traditional herbal medicines. It also brings to light certain institutions like the village *dai* (or midwife) who still holds the same importance in status as before.

The group assigned the above exercise reached the different *tolas* of the village, collected information about what usual health care practices in the past (about 35-40 years ago), the percentage of population making use of that kind of aid (herbs, *ojhas*, hospitals, *dhangrin* or *dai*, etc) and what is the trend now. They expressed percentage in terms of so many *paisa*, in hundreds of *paisa*, or in terms of sand and stone particles. The information collected shows the evolution that has emerged and indicates the direction for the development agency to understand and for which to provide

support (Figure 1). If, for instance, the institution of the *Dhangrin* (*dai*) or midwife has gained a lot of credence with villagers, the best help for the village would be in the form of training these local midwives to be more hygienic and follow better techniques rather than set up a parallel midwifery service with city trained staff. Studies of this nature can help in making adequate and suitable modifications for health care.

## • Seasonality of disease

This study was carried out with a small group of villagers. Initially when the pie diagram type of method was used (asking how many *paisa* in a *rupee* represented the occurrence of particular diseases) the group could not understand how to do it. So another method was tried. A thin long stick was shown to the group and they were asked that if the entire length represented different diseases according to their frequency of occurrence there, what size would be assigned by them for each disease. This was immediately understood and very soon different lengths were laid out and pointed out as different diseases. Seasonality of occurrence was also found out and the chart shown here distinctly shows when different diseases occur (Figure 2).

This type of study can be carried out in different ways to find out what the main diseases in the area are and when they occur, so that timely action can be taken accordingly.

## Figure 1. Disease and trend in health care/seasonality of disease



Figure 1. Disease and trend in health care/seasonality of disease



## Figure 2. Seasonality of disease in Ambari village, Meghalaya

• **Causal diagram for disease**

This study was carried out to find out what the main links were in the chain of causes for disease taking place. The study revealed a vicious circle where poverty and lack of safe drinking water played a major role (Figure 3). This suggests that the best way to break the cycle is to provide safe drinking water and some means to increase their livelihood.

Most of the villagers are quite aware of local herbal and other methods for treating diseases. Since due to extreme poverty every person who can work has to work, disease is first treated locally and only if this fails do they contact the dispensary. Going to the dispensary probably means wasting half a day or more. Preventative vaccination measures also came out as a major felt need.

The 'causal diagram' exercise could be applied for a variety of needs such as trying to find out the cause for excessive deforestation etc.

**Figure 3. Casual diagram**

_____
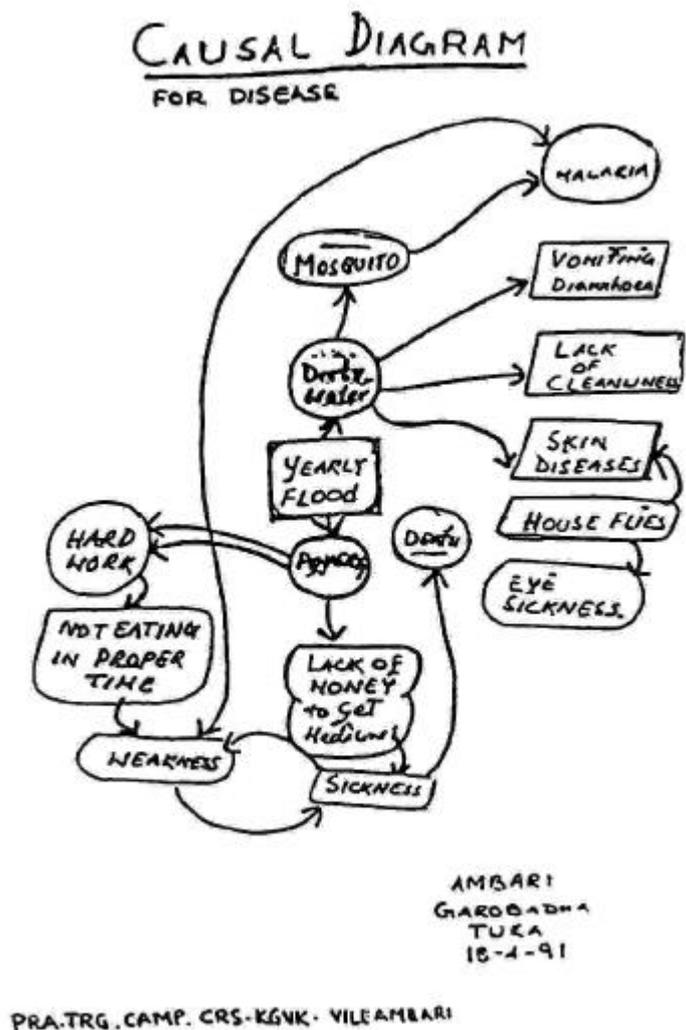
- **Causes of child mortality**

A study of the causes of child mortality particularly in the 0-6 year age group helped to understand what main diseases were affecting children and which of them resulted in death (Figure 4). Malaria, malnutrition, typhoid and diarrhoea were identified to be the main causes of death and sadly enough all of these could easily have been prevented, particularly since the solution exists in the components of the Mother Child Health Programme.

Since these problems have now been dearly identified a greater effort can be made to overcome it and prevent possible future death.

Similar exercises could be conducted for other subjects like low attendance in school. The range of applicability is quite wide.

**Figure 4. Child mortality**
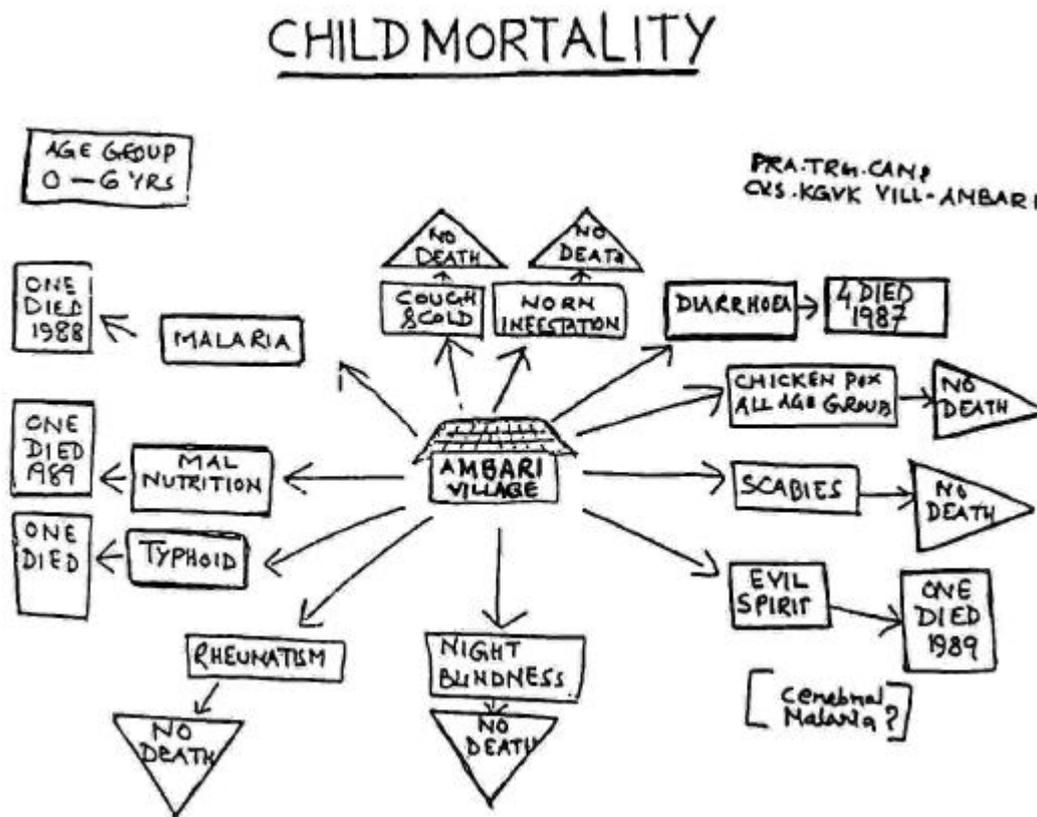
• **Health ranking**

This exercise was conducted for the first time in a KGVK related case and the method followed was the same as for a wealth ranking exercise, except that ranking was being done for classifying the health status of children. We explained to the villagers what was planned and then the group sat outside under the shade of some trees. The group which was small initially soon became quite a large group of women with their children. Once the villagers understood what was required they soon used stones to classify the health status of children, as can be seen in the chart (Figure 5). Participation was spontaneous in classifying the children and this was soon being done with great enthusiasm.

One of the main aims of this study, as with wealth ranking, was to locate and identify those who were in need of immediate help for improving their health status. Those that were very sick and those with a tendency to being sickly have been listed and the MCH centre at Ambari may be advised to take up treating and helping improve the condition of these people as the villagers also repeatedly requested that something be done for these children urgently.

**Figure 5. Health Ranking in Ambari, Meghalaya**



• **Alok Kumar,** Krishi Gram Vikas Kendra, Rukka - Ranchi, Bihar, India.