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ROADS FOR ALL BEFORE HEALTH FOR ALL

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We can achieve Health for All by 2000 A.D. only if India's eighth five-year plan launches a "Roads for All" programme so that each village is connected to the district headquarters by all-weather roads, says the author.

APART from literacy and other socio-cultural factors, the utilization of health care services depends on the accessibility of these services to the intended beneficiaries. So far, the building of all-weather roads has not been a part of any rural development programme. This paper tries to highlight the fact that bad roads and consequently, lack of adequate transport facilities are the main factors that dissuade the common rural folk from utilizing the available health services.

A quick and comfortable access to health care facilities is particularly important for infants. The Infant and Child Mortality Survey (1979) revealed that 58% of the deaths among rural infants were not attended to by medical personnel, while 29% of the urban infants died in similar circumstances. Among the deaths in the 'under-five' age group, 41% of the rural children and 22% of the urban children suffered a similar fate[6].

The Expanded Programme of Immunization covers six major preventable childhood diseases and the country is almost totally self-sufficient and self-reliant in production of the necessary vaccines. The existing health infrastructure is capable of delivering the vaccines. One primary health centre (PHC) caters to a population of 30,000 under the Minimum Needs Programme[4]. But, only a fraction of the 18 million children born annually are vaccinated[6]. The outreach services function at a low key during the monsoon because most of the villages are cut-off from the primary health centres due to bad roads or absence of roads. The jeeps provided to the PHCs cannot reach the villages in such circumstances and, therefore, the cold chain cannot be maintained. Vaccines administered without maintaining proper cold chain only give a false sense of security.

Another victim of inaccessibility is female literacy; which is a major determinant of the health of the child. Given the social milieu in India, many villagers are unwilling to send their daughters to distant schools for secondary education. In Akkalkot taluka (Solapur district) in the industrially advanced State of Maharashtra, only 53 (out of 1
inhabited villages) have midc
schools while only 14 villages ha
high schools. This may be anoth
reason for the high dropout ra
for girls. Female literacy in Akka
kot taluka was 20.18% accordi
to 1981 census[3].

The infant mortality rate (IM
and the maternal mortality ra
(MMR) are the important indic
of the health situation in a giv
country. The State of Kerala whi
has a much lower per capita i
come, has a very low IMR con
pared to the rest of India. This h
been attributed to high female lit
racy and better road-transport fac
lities. In 1981, the IMR in rur
Kerala was 39.1 per 1,000 live birt
while in 1980, the national avera
for rural areas was 114 per 10
live births[5]. It follows that the
mortality rates are not related
poverty but to female literacy.

The ubiquitous bullock-cart do
bles as an ambulance in rur
India. But many villages are n
approachable even by bullock-ca
during the monsoon. For examp
in Akkalkot taluka, only 32 (o

of 126) villages have a medical facility; and only 26.6% of the villages are approachable by all-weather roads[3]. Rest of the villages are totally deprived of road-links during the monsoon.

The appointment of community health volunteers from the village community itself has not made any significant impact on the rural health scene[2]. The community health volunteer (CHV) is not trained to vaccinate; and apart from preventive and promotive work, the CHV can only treat minor ailments. All major illness require intervention by doctors based at the PHC. It will be a torture for a sick person to reach the PHC because the patient will have to walk the distance.

Therefore, bad roads or a total lack of them, should be considered the main cause of the high mortality and morbidity in rural India.

We can achieve Health for All by 2000 A.D. only if India's eighth five-year plan launches a "Roads for All" programme so that each village is connected to the district headquarters by all-weather roads.

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