

It was clear that two camps existed: one that was passionate about advocating through their research and another that saw the two as separate arenas. Even within the organization's name itself, the International Society for Equity in Health, the word 'for' implies an advocacy component. However, some members shied away from advocacy for fear of undermining the legitimacy and impartiality of their research. Researchers who advocated for policy change felt that they were responsible for exercising their ability to influence policy. We feel that suggestions such as creating a coalition for global health research would be a good starting point in establishing a relationship between the research and advocacy communities. This debate brought to our attention an example of issues that we, as potential health researchers, will have to confront in the future. Moreover, it was refreshing to see research in a real world context and the power that it has to create change.

If these issues interest you, we strongly recommend conferences of this nature. They offer an excellent opportunity to apply your knowledge, to see different types of health research and to make interesting contacts. For more information on global health research, check out these links. **M**

International Society for Equity in Health
www.iseqh.org

International Development Research Centre
www.idrc.ca

Canadian Society for International Health
www.csih.org

Health Care in Uttaranchal The Far Side of the World



Abhishek Raut

On the first week of May 2003, twelve McMaster students representing Student International Health Initiative travelled across the globe to a newly created and very rural region of Northern India known as Uttaranchal. Their goals were to research and understand all aspects of health that they encountered. Of the twelve students, Asad Moten, Abhishek Raut, and Jerome Waidyaratne decided to investigate the accessibility of health care to the rural populace of Uttaranchal. This is an adaptation of their report.

A Background into Uttaranchal

It is of no wonder why Uttaranchal is natively known as "Dev Bhoomi" - a phrase which translates from Hindi to "Abode of the Gods". The state of Uttaranchal is surrounded by unparallel natural beauty, almost untouched by urbanism. But it is this very splendor, which contributes to its dilemmas of health care. Populations are scattered with an average of 159 persons/square km spread out in a handful of cities and 16,414 villages - each with average populations of 100.

The primary communicable diseases in the region of Uttaranchal include tuberculosis, malaria, and leprosy, with TB being higher than the national average. Non-communicable diseases are also very prevalent. Approximately 46% of the population suffer from some degree of anemia, while 4% suffer from iodine deficiency. Malnutrition also plagues many, particularly women and children, causing greater vulnerability to disease and is thus strongly linked to the prevalence of the communicable diseases.

The Problem

The greatest issue that Uttaranchal faces today is its isolated population leading to a lack of resources to properly network healthcare with those who require it. Throughout all of our conversations with villagers, doctors, and workers, the most important recurring theme seemed to be infrastructure: roads, electricity, and location. We asked many of the people we spoke with what changes they would bring about if they were in a position of power, and the responses were all quite similar. A villager summed it up by saying "If I were made Chief Minister of the state, I would first build a roadway to my village and secondly provide lights and electricity." The majority of people who shared this response felt that better health care would come naturally if the infrastructure were improved. The location of health facilities as observed by us seemed to be a limiting factor in the quality of health care. For instance, a villager who fell sick in a remote village in that region would first have to go to Quansi (the nearest

town) to receive treatment, which, on average, is a two-hour walk. If they could not get proper facilities or treatment there, they would then have to go to Chakratta (the nearest city), approximately 4 hours away from Quansi by walk. If even then they could not be helped, their next destination would be Vikasnagar (the nearest major city), six hours away by car. To rent a taxi to reach this distance, the village as a whole would have to pool money together or even borrow from other villages.



Figure 1

A picture illustrating the isolation of the villages. On average, it takes 2-3 hours to travel between villages.

The Concerns

Establishing a reliable and sustained infrastructure is costly. It would also bring about a tremendous loss in cultural identity. As roads, electricity and running water bring many opportunities to the people of Uttaranchal, they will slowly urbanize, and lose their unique lifestyle and culture. We were able to witness a sharp contrast between the people of Vikasnagar and the many villages we visited. In the villages, we were welcomed with great warmth, as if we were lost kin of the families while the people in the cities treated us as appointments – to be completed as soon as possible and then forgotten. We do acknowledge that with urbanization, the people of Uttaranchal will surely change their ways of life to suit their new environment, and the risk to the fabric of their culture is indeed great. However, we wonder if it is significant enough an issue when people perish from grossly inadequate health care. The gains of urbanization would surely outweigh or in the very least, balance its losses.

The Attitudes

The progress of Uttaranchal is greatly hampered by the attitudes of the people. Any initiatives by the government are met with strong resistance. For example, some villages believed that vaccinations

would make the children infertile. Many villagers also do not take the child out of the house for two months because they fear that the child will be seen by the 'evil eye'. These mentalities inhibit the proper vaccination of the children during the critical times in their life. Gender disparity is also a large issue with boys getting better nutrition and care than girls. Another politically created problem is that in the 1970s, money was offered for family planning methods such as sterilization. Because of this, the people no longer listen to family planning advice unless they are offered money. All of these attitudes are a large cause of concern, since, like the physical isolation, these attitudes act as another barrier – a mental isolation, which strongly impedes any outside intervention from succeeding.



Figure 2

A picture showing poor housing in the villages.

The Solution

Looking back at the challenges faced by this region, one can see that a mutual cooperation is essential between the people of Uttaranchal and the government of India. With a variety of negative attitudes, and a potential loss of a great culture, one cannot expect to jump into change with arms wide open. Education is perhaps the key to our problem. With an illiteracy rate fluctuating from 30-40%, the focus must be on teaching and imparting knowledge, fighting the ignorance that causes children to be unvaccinated, fighting the attitudes that hinder progress. We believe that Uttaranchal and its people have a great future ahead of them, with a compromise between the merits of urbanization and the sanctity of culture. **M**

Special Thanks: Dr. Satendra K. Srivastava, The Furtado Family, SMTA, SIHI, and of course our beloved "Survivor India 2003" Team.