

Primary health care: perspective of village women from Himachal Pradesh

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'Health for All' through the primary health care approach was initiated in 1978. All the eight elements of primary health care are delivered at the grass root level through sub-health centres by health workers (male and female) in co-ordination with many other departments in India. Women and children below five years are a priority group. It is very important to understand their perspective to improve primary health care.

In August 2011, we went to some villages near Shimla – the capital city of Himachal Pradesh located in northern India to demonstrate to medical students how immunization sessions are conducted at sub-health centres, and how 'breast feeding week' is celebrated at community health centres. These events presented an opportunity to us for interacting with the women. Most of the women were either pregnant or had recently delivered a baby. Some of them were accompanied by their mothers-in-law also, and women members of the *Panchayat* - an elected village committee – also participated in these events. We spoke to them to elicit their view point about primary health care.

Most of the women felt that the sub-health centre should be built within the inhabited area of the village rather than at its periphery so that services are easily accessible. They

suggested that if it is possible, the sub-health centre should be exchanged with the liquor shop which is situated in the centre of the village and is always (even in the night) accessible to people. One of them retorted: "*It seems government is more concerned with the safety of drunkards!*". All of them felt that the "*health centre must be situated within the village so that the female health worker can feel safe and stay at night*".

Though immunization and other services are offered free of charge, most of the mothers have to spend more time and pay transport costs to avail these services. Many of them preferred to pay a little more and go to Shimla for antenatal care and institutional delivery. The footpath leading to the sub-health centre is not women-and children-friendly. An older woman said, "*there is always a fear of dogs and monkeys. Moreover, the path becomes very slippery during the monsoon and after a snowfall*". One of the women in the group said, "*we visit the sub-centre mainly for immunization, iron (tablets) and for some minor ailments; for rest of the problems we prefer to go to the big hospital in Shimla as good medicines are also not there in the health centre*". She also recalled with regret that during winter they had to carry their daughter-in-law on their back, for nearly

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two kilometres in the snow, while she was in labour. She wished people from her village could come together and provide some land for the construction of a health centre in the village. Though these villages are near Shimla, in an emergency medical care is not within their reach despite the existence of an emergency ambulance scheme, because all villages are not linked with the road. During winter it becomes very difficult to avail any medical help from the hospital.

Women consider the sub-health centre to be an important village health institution. They recognize that services like immunization, treatment of minor ailments, distribution of chlorine tablets to purify water and contraceptive services are important. They were quite happy with the services provided by the health workers. One of them said, *"our workers are even better than many doctors, but what can they do if proper medicines and facilities for conducting deliveries are not made available to them?"* Another woman said, *"they are the ones who are available in times of difficulty"*. Women acknowledged the village birth attendant for maternal care because the female health worker does not conduct deliveries. *"Though this is the modern era, we can not ignore the valuable services of the village dai (traditional birth attendant) as she is always ready to help"*, an older member of the group opined. Most of the women emphasize that safe delivery is the cornerstone of maternal and child health. If a sub-health centre is developed for conducting deliveries and is linked with road to a hospital, it will reduce maternal deaths at a lower cost. They also wished for more co-ordination among the village dai and the female health worker. They considered the *anganwari* worker and village dai equally important as far as services to mothers and children are concerned. One

of the senior members of the group said, *"government should think of training female health workers along with anganwari workers and dais in conducting deliveries so that they can work together"*

According to most women there is good coordination between the female health worker and the anganwadi worker to provide services to mothers and children. Anganwari centres of the Integrated Child Development Services Scheme (ICDS) are being used to deliver immunization, health education, growth monitoring and antenatal care by the female health workers. However, the linkages between health workers and doctors were perceived to be inadequate. It was felt the services of health workers are not taken into account at the hospitals. Women wished that a doctor, especially a lady doctor, could be deputed to provide services at least once a week in their sub-health centre but they did not clarify which of the services a doctor would provide.

Women members of the *Panchayat* (elected village committee) informed that the health of mothers and children was not on the agenda in any of the village meetings (*gram sabha*). One of them said, *"people are more concerned about the schemes that provide them direct financial opportunities. The health of women and children is never a big issue for them (villagers)"*. Safe drinking water always remains a controversial issue because it is not addressed together by the irrigation and public health engineering department and the sub-health center workers. It is a specially important issue during the monsoon season. Cleanliness around the *Panchayat* office was another issue which lacked clarity - whether to take it to sub-health centre for discussion or not.

It seems that despite the existence of the primary health care approach, geographical accessibility is a major issue in many hilly states like Himachal Pradesh. Developing sub-health centres for conducting deliveries in coordination with other functionaries at the village level is a challenge. There is a definite lack of inter-sectoral coordination at the village level. The sub-health centre is still

considered as a 'medical care centre' which is the felt need of the people. The concept of primary health care has been restricted to the delivery of primary medical care. To develop a holistic understanding of the health issues and to prepare villagers to take action in the right direction to rectify the problems remains a formidable challenge.