THE BANGLADESH INTEGRATED DEVELOPMENT PROJECT GONOSHASTA KENDRA

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Bangladesh

Firstly I think I should introduce Bangladesh, since India is a vast country. Bangladesh in comparison looks like a small country, however we have a population of 120 million people. Its total surface area is 140 000 square kilometres, maybe equivalent to one or two states of South Africa - but remember we have 120 million people. Eighty five percent of the population are Muslim, about 12% are Hindus and the rest are Christian and Buddhist.

Secondly I'd like to elaborate a little about the organisation that is the subject of my talk. "Gonno-shasta"- "Gonno" meaning "people", "Shasta" means health and "kendra" means "centre"- so therefore - People's Health Centre.

Our story begins in 1971 when we were fighting against Pakistan. You may have noticed that to the West of India is Pakistan, which was divided into West Pakistan and East Pakistan. This division is in many ways a legacy from our history of colonialism, but I am at pains to point out that we cannot use the excuse of colonialism for the rest of our lives. East and West Pakistan, although with different cultural perspectives, are united by a common religion. West Pakistan in terms of area was almost five times the size of Bangladesh, but they have the population of half of Bangladesh.

In 1971, at the time of the war, I was a young doctor practising in England as a vascular surgeon. A group of us decided to go abroad, in retrospect we were no different from any other upper middle class, opportunistic students. At the time we foresaw that the country of Bangladesh was going to be a reality. So as soon as the war broke out we left England, and came to join the rebel forces for nine months. We were very fortunate, unlike South Africa, our war was very short one. Like a foetus born prematurely we have many problems.

India didn't want us to fight too long. They realised if Bangladesh become a socialist country, this could create problems for India as well. They helped us as effectively as they could, and a mere nine months later the country of Bangladesh was granted independence. In the space of nine months Bangladesh was born.

War has its own kind of advantages and perspectives. In war we discovered our own homeland again. As a people in a war, you realise that you may have a Masters degree and that many concepts you learned or acquired may be difficult for the ordinary person to understand. By ordinary person, I mean the majority of the peoples of Bangladesh like the people who work in the field, people who work in agriculture, common people. If a country and the peoples of that country want a better life then everyone has to do their bit. In theory it is easy but practically it is difficult to reach.

There is the example of Nacadema, a man from Japan who worked for Roche, a multinational corporation for all his life. Later, as a result of international politics, he became the Director General of WHO.

But even then the global situation is so bad. A person like Nacadema could not remain silent. Even he has to admit the advantage of having such technological advances. Even if these advances are not for the benefit of the vast majority of the people who are living in the rural areas outside the city.

Please note that this paper is an edited transcription of the paper delivered at the conference since Zafrullah Choudhury's paper was not available at the time of printing

In terms of health Bangladesh is no different from most Third World countries. Diseases such as diarrhoea, worms, skin diseases, upper respiratory tract infection, anaemia, malnutrition and eye disease are prevalent. Accidents is a very interesting word - most cases of domestic violence are recorded as "accidents"; as a result the concept of domestic violence does not exist. Violence against women is not mentioned in the media and families are not prepared to talk about it because it creates a negative impression of said family. We are not treating our women well, I am not treating my daughter well, but creating a negative impression is too strong a taboo, so we keep quiet. The medical profession, especially, know how to mask things; we know how to mystify our profession, how to take power, how to depower the people and to have all power amongst ourselves. So given the context the power or non-power, the word "accidents" is unacceptable.

How do we deliver health care? I confine myself to Bangladesh but I'm sure it will speak of the situation of most Third World countries; the only way to reach them is to take the health workers to the rural areas. Should we take the missionary approach as was the case of the Scottish and Dutch missionaries who came to South Africa? The people, usually those who live in the village, don't go to school. They cannot afford to go to school. In any case, schooling is not going to benefit them; success is not measured by levels of education. Now if we really have to deliver the goods, deliver health care, we have to train different sorts of people who live in the villages. It is a reality across the world, that doctors like to live in cities where there is nice weather, and good income. So Bangladesh is no different. The Bangladesh elite is smaller, there is no competition, so for obvious reasons they will not go outside their city.

Once the war was over, and we were a free people our lives were transformed. We realised that a country as divided as ours has little hope of survival. The country has to be equitable, people must have access to basic health needs. So in 1972 we took the village women who had never been to school but, it doesn't mean that as you have never been to school you may theoretically be illiterate, you may not be able to read and write, but you understand; in fact, you understand better than most of the people. Why better than most of the people? Because their survival depends on it - if you are not clever enough you will not survive. So you have to see, and hear things much better than anybody else. And especially women. They have to be doubly clever than the man to survive in this world!

So we realise we have to take the women, we have to train them, we have to empower them, if we want better health care. Because from time immemorial, the best foundation in health care was given by women. As the capitalist economy has taken over, health has become business. Every profession, if you look into our life when it is just the cooking it's the women. When it is a question of a chef in a five-star hotel it's the man!

But the problem is this. Our whole education, we have been for many years to schools and universities - they did not educate us. They did not allow us to communicate with the people. It did not teach us how to teach other people, how to share knowledge. Bangladesh as I have mentioned is an agriculture-based country- it is hard work with very little pay. 60% of the yearly food production in the agriculture sector, is done by women all over the world, but in terms of visibility it is the young men who are seen to be the food producers.

I want to show a bit of our villages where 85% of our people are living. We have rivers and plenty of water. More than 60% of the people's homes are like that (refers to slide)-a tattered home, that's all their belongings (very basic utensils), that's what the poor people have. Their cows are very important to them so they live right next to them and are their survival right. Here you can see the women are working (refers to slide). Here you have a girl aged five, working with her mother, at this age she contributes to the productivity of her family. They cannot afford to go to school, and the attaining of an education is superfluous, since it will not bring any real changes. Here you see a mother, daughter

and their cat. Here are two children - who looks after them? It is very nice to talk about universal primary education but food is the first priority, not education nor health. The girl will always be falling behind, although at birth she has a better chance of survival, but as the years pass on she does manual labour and there's no fun element in life. We are a poor country but the land is very rich.

The situation in India is no different from Bangladesh, although the country is much bigger. Dr Iqbal comes from a much bigger institute - I live in the rural area, he lives in a much bigger city. But the situation is same for both of us. Sixty-four percent of the Indian people, -in the case of Bangladesh it may be 72, -have no access to the Government health sector and to the health care. Either doctors are not available, or they find a living in the village difficult. So that's why anything between 60 to 70% of the people do not have access to modern health care.

I do not want to take up time by discussing the differences between modern and traditional. That is also another area where there are disparities and where exploitation is rife. We have trained the village women, and encourage them to cycle. Why cycling? Because a Muslim country is more conservative than a Western country and to break the shackles of tradition is an important step for women to reclaim power over their own lives. That is the first revolution. Here in Africa you may not understand the situation in Bangladesh and India - to encourage women to ride a bicycle is a big step forward.

The training of the health worker is very simple. We can train anybody who is not deaf and blind. For a good health worker you need to have two things, eyesight and hearing, and the rest you can learn very fast. If you have the rudiments in terms of education, that is, if you can read and write, you can be a health worker. As an example if you take the case of ante-natal care in a country where the mortality rate is high. How do you reduce it? If you were to ask the village women to come to Cape Town to see the health worker, only to be told by the health worker that an individual is suffering from pedal oedema as a result of the long arduous journey, many on principle will simply elect not to make the journey. So village health workers go and check the swelling of the legs. It is very simple - to check the swelling of the leg using a piece of string.

Take the example of blood pressure. You place the stethoscope in the proper place and then you pump it and wait for the sound to occur. That's when the hearing is good enough. And then look underneath the glass at the number. The number is 140 or 80. The first one is systolic, next one is diastolic. So then you write it. If you can write the number, that's it.

Another example is urine examination. If you're in the danger zone, there will be traces of protein in your urine. How do you check for protein? You can heat a few drops of urine - if protein is present it will coagulate as a result of the heat. It is so simple, you can do this simple test anywhere in the world, including an African village. It however needs the help of the medical profession, to demystify the profession and change mindsets. We are all responsible collectively for this and therefore it is our collective responsibility to forge a new way forward.

Again, with the example of tetanus. The traditional method is to give the baby a tetanus injection. The issues of child immunisation as well as breast feeding need to be contextualised. Within the traditional family unit, the mother-in-law is very important and could be utilised as a potential ally; the trick is to win them over and use them as a vehicle for the promotion of breast feeding.

Under a microscope, what do you see? It is a play of colours. Colours of red, blue and yellow. If you are not colour-blind you should be able to handle a microscope. It will take you two to three hours to be conversant with how to operate a microscope. You all know that, those who are in the medical profession, E.S.R. is the most important diagnostic aid. You hold it in a tube and wait up till one hour for the serum to settle.

The same health worker, this illiterate health worker, many of whom have never been to school. We have taught them how to operate within a medical context. A team of gynaecologists from the Johns Hopkins Clinic, were astounded by these health workers and remarked that they looked like doctors. Medicine cannot be the monopoly of a particular section of people. It is a question of training and demystifying training.

The schooling that occurs in the village is the best kind of schooling for the people. You don't need the trappings of a blackboard and bench - sustainability is the key. The scenario of a child passing on knowledge to another child, we have found is the best way for a child to absorb and retain knowledge. If you as a parent impress on your child what is good for your child, that child will automatically pass this on to another sibling.

We have trained women in various trades. Mention any trade and we would have some training in it. Historically women have been deprived of vocations that earn money in the real sense. So we thought if we really believe in empowering women we must give them a skill which has a better earning possibility. We have trained women within the context of agriculture, which is our lifeline. Health workers must know and understand the concepts so that they do not forget their own village and home.