

## **Rakku's Story:**

**Structures Of Ill Health And The Source of Change**

**By Sheila Zurbrigg,**

**Published by Centre for Social Action,  
Bangalore, 1984**

**Price : Rs 19/US \$ 5.**



THIS study of rural ill health is focused on child malnutrition and mortality. It begins with the true story of the struggle of Rakku, a harijan agricultural 'labourer in a Tamil Nadu village, to save the life of her 11 month old son who is afflicted with diarrhea, caused by chronic malnutrition.

The story is told in a simple, moving style with careful attention to detail, Rakku and her husband are daily wage workers in the fields of a local land-owner. The bareness of their existence, geared to survival, comes out through such facts as that their most precious possession is a brass water pot, they have no money to replace Rakku's torn sari. they cannot afford to fill each family member's stomach twice a day, and a meal of rice and lentils at a festival is their idea of luxury. Rakku's days of toil, doing back-breaking work in the fields, grinding millet for family consumption and fetching water, are starkly depicted.

Rakku's younger son is left in the care of his five year old sister, and her older son tends the cattle of landowning families for a pittance. Rakku is not allowed to take time off to breastfeed her baby during the day. The family cannot afford rice throughout the year and subsists on millet. So all that the baby gets in the day is a little millet gruel.

When he develops diarrhea and resultant dehydration, Rakku tries her best to save his life. She uses all the options available to her—herbal medicine from the village midwife, a visit to the temple and, later, an injection, which she can ill afford, from a private dispensary in a neighbouring village. She does not know that the injection is a mixture of aspirin and sedative which would be cheaper in pill form and which, in any case, cannot effect a cure. When the baby's condition worsens, she decides to follow the midwife's advice and take him to the government .hospital in the city, even though this means losing a day's wage, borrowing Rs5 from the moneylender for the bus fare, and with her husband who is reluctant to let her go.

She reaches the hospital only to find that the out patient department has already closed. Its timings are devised with no

consideration for rural patients. She manages to bribe the gateman and get the child attended to as an emergency case. For the doctors and nurses, Rakku is just another ignorant village woman who has brought in her baby too late. The baby is given intravenous glucose drip. Seeing him improve, Rakku decides to stay overnight and continue the treatment even, though her husband will be angry. This is "perhaps, the first decision she had ever made on her own."

Next morning, the baby is hurriedly discharged with no follow up treatment or advice. Rakku has had to remain without food throughout her sojourn in the city. By the time she reaches home, the child's condition is deteriorating. She passively bears her husband's scoldings and sits up all night with the child. He dies in the early hours of the morning.

Zurbrigg points out that, despite regional variations, Rakku is typical of the 48.8 percent of the population who live below the poverty line. Ill health for them is inextricably embedded in poverty because for such daily wage worker families to stop working, even for a day, immediately results in even less food being available or in increasing debt, which is usually a worse alternative than acute hunger." Amongst this section of the population, child mortality is very high, and most of the deaths are from easily preventable illnesses such as diarrhea, measles, tetanus and tuberculosis.

Demolishing the myth that population growth is the cause of poverty, Zurbrigg points out that an Indian couple must bear an average of 6.3 children in order to have a 95 percent certainty that one son will survive until the father is 65 years old, and that, in the absence of social security, sons are the only old age insurance for most people. Thus, the high child mortality rates are directly related to the high birth rates. Therefore, rural families cannot be called "unplanned." They are and have been significantly planned, with intent to retain an average of four or five surviving children.

Another crucial reason to have more children the children's labour contribution and income earning capacity is needed by

the family. “The widely advertised family planning motivation—that a small number of children allows a family to better provide for them, including education, remains fantasy for the poor.”

Zurbrigg goes on to ask why it is that precisely those who perform most of the strenuous physical labour in society must subsist on an unbalanced, monotonous and inadequate diet, thus remaining chronically unhealthy. She presents many facts and figures to reveal the blatant biases in the health care system.

	Rural	Urban
Population	80%	20%
Doctors	20%	10%
Hospital Beds	17%	83%
Protected Water	4%	90%

An even more basic flaw than this bias is the government emphasis on medical treatment as the primary element in health care, that is, the prevalent idea that disease is, caused by germs add infection and can be cured by administering medicine. Whereas the truth is that most ill health in India is caused by lack of basic necessities such as food, water, housing and sanitation.’ The elite sections of society not only have a stranglehold over the health system and the medical profession which serve their own interests, but their “power in Indian society is represented by access to food; The way in which, food is distributed reflects the social power structures.”

Critiquing in detail government, medical “establishment and foreign aided development programmes’ approach to the issue of health, Zurbrigg suggests that the only solution is to organise the poor to insist on basic care from the health system, and to make it accountable to them.

She feels that health can be an issue around which the poor can organise because firstly, unnecessary illness and death are common problems for all the labouring poor, and secondly, “responding to a specific health problem can help change an unquestioned assumption regarding the condition of their lives”—the assumption that such illness and death are inevitable for them.

Zurbrigg also feels that such organising cannot be locally successful unless it is linked to a wider movement for political change, by which she implies a socialist government coming to power. She points to the success achieved by Kerala under the Communist Party government, in lowering child mortality rates, and raising literacy, life expectancy and female education levels.

The most enlightening portion of the book is the story of Rakku which is valuable for its fidelity to facts and its documentation of women’s survival struggles. Zurbrigg comments on women’s double work burden with its damaging consequences for their health and longevity.

It is surprising, however, that when discussing the problem of infant mortality and its causes, Zurbrigg overlooks the fact of far higher mortality rates amongst female than male infants. Her emphasis is on poverty as the cause of high child mortality. But many studies have shown that even in relatively more prosperous areas .like Punjab and Haryana, discrimination against female infants and deliberate neglecting of them to the point of letting them die is also one cause of ,a high, infant mortality rate. Even in socialist China such discrimination, in the form of female infanticide, persists.

Similarly, while she does document the everyday details of discrimination against the girl child in Rakku’s family, she makes no comment at all on the implications of this for the health of girls.

It is surely significant that the baby whose life. Rakku is desperate to save is a boy but Zurbrigg: masks this by consistently referring to him as “child.” rather than “son.” When she does mention Rakku’s partiality for her older son, there is a tendency almost to romanticise it :\_ “She loved this son with *undiminishing* relief and joy that *all* Indian women know who have been blessed with a son as their firstborn.” (emphases mine).

Although this vital dimension is missing, the book can serve as a good introduction for anyone wanting information on the state of health of India’s population.

—Ruth Vanita

