Letters

Health of indigenous people

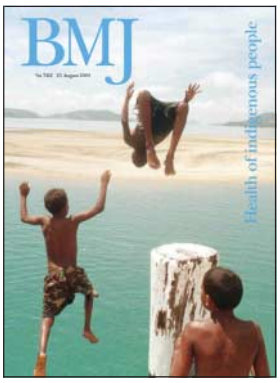
Use of health services by indigenous population can be improved

EDITOR—We note that the aboriginal groups living in India were not included in Durie's editorial on providing health services to indigenous peoples.[1] We share here an experiment with a group of "primitive tribes" (as classified by the government of India) in improving their health status.

In 1987, when a non-governmental organisation, ACCORD (Action for Community Organisation, Rehabilitation and Development), initiated its health programme, infant mortality among these hunter-gatherers was more than 125 deaths per 1000 live births.[2] Over the years we developed a health system specifically targeted at tribal people, and this reduced infant and maternal mortality remarkably. This health service had four main characteristics.

Firstly, it was nested within larger development services such as agriculture, education, and housing.

Secondly, it was owned by the people: from the beginning the tribal community participated in planning and implementing the scheme. Most of the staff, including hospital nurses, administrators, and field workers, were from the tribal community and had been provided with the necessary vocational skills.



Thirdly, the entire health system was developed with the world view of the tribal community in mind. So initially the hospital did not have any beds as patients found it more comfortable to sleep on mats on the floor. Nurses spoke only the tribal language. Patients could interrupt allopathic treatment to return to their villages to "call the spirits." Monthly meetings were held with community leaders to discuss the feedback from the patients, community, and staff about the performance of the health services.

Fourthly, over 10-15 years immunisation coverage (which was 2% to start with) crossed the 75% mark. Antenatal coverage was more than 90%.[3] Use of hospital services was more than three times the national average in a population that initially refused to go to hospitals, as "only dead spirits circulate there."

Some of the lessons from this experiment might easily be incorporated into similar projects elsewhere.

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Competing interests: None declared.

1 Durie M. Providing health services to indigenous peoples. *BMJ* 2003;327:408-9. (23 August.)
2 Devadasan N, Devadasan R. *ACCORD—baseline survey*. Bangalore: Actionaid, 1987.
3 Thekaekara M. ACCORD—experiences in health and community development. New Delhi: Voluntary Health Association of India, 1994.

Health of Aboriginal communities can be improved by innovative methods

EDITOR—Lehmann et al showed the multiple health related benefits of swimming pools in remote Aboriginal communities in Australia.[1] The idea of swimming pools to reduce pyoderma and otitis media is truly innovative. As Lehmann et al point out, it has had dual success—improving school attendance and reducing infections.

In India a similar success story was introducing midday meal programmes in schools in the 1950s for students up to class V (age 10-11) in Tamil Nadu state. In addition to improving the nutritional status of malnourished children aged 5-10 years, school enrolment also increased.[2]

Similarly, to improve the reproductive health and family planning of women, local *dais* (traditional birth attendants) were selected and appropriately trained. They were given sterile delivery packs with encouraging results.[3]

More innovative ways of incorporating community participation need to be developed to improve the health status of Aboriginal communities.

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1 Lehmann D, Tennant MT, Silva DT, McAullay D, Lannigan F, Coates H, et al. Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study. *BMJ* 2003;327:415-9. (23 August.)
2 Agarwal DK, Agarwal KN, Upadhyay SK. Effect of mid-day meal programme on physical growth and mental function. *Indian J Med Res* 1989;90:163-74.
3 Chaturvedi SK. Delivery pack for traditional birth attendants. *Lancet* 1978;2:102.

Local practices and practitioners can become part of comprehensive programme

EDITOR—Ring and Brown discuss the health status of indigenous peoples and others.[1] What can be done to improve the health of indigenous peoples?

Unconventional modes of treatment, such as exercise and yoga, and unconventional medical pathies, such as ayurveda and homoeopathy, need to be recognised and encouraged. These can be used cheaply and effectively to manage at least the self limiting conditions and to promote a healthy life style in general. The mental health of indigenous peoples requires particular attention.

Medical doctors should make sure that they attend their postings and see patients regularly. Administrators need to allocate more funds and monitor them strictly so that they are used properly. A comprehensive health programme is needed. This may be part of or separate from the main system to promote a healthy and disease free society of indigenous peoples.

Faith healers, local "practitioners," self proclaimed doctors, and quacks can be trained to deliver such a package of health care. In some countries, such as Nepal, the "local" or "traditional doctors" are part of the healthcare delivery system. They have become a useful and cheap source of healthcare with training, supervision, and careful and regular monitoring.

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1 Ring I, Brown N. The health status of indigenous peoples and others. *BMJ* 2003;327:404-5. (23 August.)

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