

SUICIDE, DESTITUTION ON THE RISE IN SUNDERBANS

NGO ALLEGES LACK OF INITIATIVE FROM THE STATE GOVT

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Kolkata/Patharpratima, 27 March

The Sunderbans, a world heritage site, suffers from widely prevalent mental health problems and high suicide rates, owing to easy availability of pesticides, lack of mental health support from the state government and various other stressors, reveals a study conducted by the Institute of Health Management Research (IHMR), Kolkata.

The study conducted by IHMR brings out the startling fact that on an average around 15 suicide cases are registered every month at 13 block primary health centres (BPHC) in the Sunderbans. An earlier study found the figure to be 11 per month. Two-thirds of the victims are female.

Professor Barun Kanjilal, a health economist and professor of IHMR, feels that the figure is not an absolute one, rather it is just the "tip



of the iceberg".

"Frequent cyclones, floods and climatic disasters adversely affect livelihood in this area. People of Sunderbans, thus, suffer from acute sense of livelihood insecurity and this leads to domestic violence and destitution of women," said Professor Kanjilal.

Lack of trained psychiatrists in the area to cater to the needs of the locals also contribute to the growing number of suicide attempts in the Sunderbans.

"Most of the suicide bids,

around 85 per cent, are being made through consumption of easily available chemical organophosphorus pesticides," said Dr Debjani Brahma, assistant professor of IHMR.

Change in the socio-economic structure of the area due to increased connectivity and migration have added to the woes of the people in many ways.

Mrs Tania Das, assistant secretary of the Tagore Society for Rural Development (TSRD), said, "Post Aila, the tendency to commit suicide and cases of mental health issues have increased manifold. Depression, migration and the fear psychosis of losing everything to the whims of the tropical wet climate account for the suicide bids."

Mrs Das further added that adolescent girls weave their own dream world under the influence of Bollywood movies and dramas and when they get married at the age of 17-18 years, they are

hit by the hard realities of life. "They get pregnant within the first year of marriage, and often get pregnant again within three months of delivering a baby. Balancing kids, household chores and their own aspirations becomes a stressor for them."

Multiple relationships of men who often work as migrant workers in other states also contribute to the high suicide rates.

Mrs Das added that there are villages like Kochukhuli where around 85 per cent of men are migrant workers and their indifference to their wives also stress out the women folk.

Mrs Das alleged that there has been no initiative from the state government's end to prioritise the issue of mental health. Her views are echoed by Professor Kanjilal, who lamented the sorry state of mental health in the Sunderbans, with hardly any psychiatrist available locally to address the issue.

HEALTHCARE

Hazards in tigerland

Sundarbans, the UNESCO world heritage site, spreading across hundreds of islands, is the largest Royal Bengal Tiger Reserve and National Park in India – one of the most popular wildlife tourist destinations in the world – only 110 km from Kolkata. But what is little known about the 4.5 million people living in the region is that they – particularly, small children – are suffering from unstable health conditions, which should be a major cause of concern.

The research conducted by IIHMR University, a leading health care management & research institute, on behalf of John Hopkins University in the US (as a part of a multi-country health assessment project funded by the Department for International Development, UK) has recently



SALIL ROSE

Health threat for children at Sundarbans

revealed the structural holes in service delivery of public healthcare in Sundarbans and suggests a public-private partnership (PPP) model for improving child health. The study, 'How healthy are the children of Indian Sunderbans?' was carried out over five years.

IIHMR University has established evidence through a research initiative to highlight key gaps in public health. Through this research, the university has been able to emphasise that the healthcare needs amongst children in Sundarbans range from nutrition intake to the core necessity of public hospitals and front-line workers. The findings reveal that about 55 per cent of new born are delivered at home and only 5 per cent births are assisted by qualified professionals, which points out that neonatal care is neglected most of the times.

Given the failure of public health systems to cater to the child health, a parallel market has cropped up with unqualified rural medical practitioners or quacks, who provide health care services and OPD treatment to about 85 per cent of the ailing children. This area is, unregulated and posing a potential threat to the child's health.

The population of Sundarbans

survive primarily on agriculture, fishing and collecting forest products. Frequent climatic adversities, geographical challenges and inadequate health infrastructure are leading to severe malnutrition among the children. The research reveals that there is only one doctor for 35,000 people in public healthcare systems. "More than one-third of the children are chronically malnourished in the Sundarbans. Malnutrition is higher among older, poorer children and girls aged 13-36 months.

Inadequate infrastructure Also, the dominance of quacks is a threat to child health. Children of the Sundarbans are facing an extra burden of morbidity," says Barun Kanjilal, professor, IIHMR & chief investigator of the research project on Sundarbans. Kanjilal thinks NGOs are working in the Sundarbans primarily focusses on environment and put little efforts on child health. "Our report is expected to help the government and the NGOs set proper agenda on healthcare," he says.

"The government should orient and define their space," says a National Rural Health Mission (NRHM) official. "Often we have found that complicated diseases are diagnosed by shady medical practitioners." However, because of the geographical adversity, he feels it is difficult to ignore their presence.

Sundarbans needs a multi-pronged strategy to give better healthcare for children. A logical step forward would be to discuss and debate the options with key stakeholders and finalise a roadmap with necessary modifications. "A public-private partnership (PPP) model will be ideal for improving the children's healthcare," says S.D. Gupta, president, IIHMR University. "Improvising the logistic and supply of healthcare, monitoring and making sufficient funds available through proper management can actually change the scenario."

The West Bengal government has accepted the findings in the report and admits that a lot can be done for healthcare in the region. "The report more or less reflects the reality," admits Molay Kumar De, principal

secretary, health & family welfare, government of West Bengal. “We are trying hard to improve the situation, but lack of essential infrastructure like roads and electricity in these islands has made it difficult for us to reach proper healthcare to the people. We have taken a few initiatives like clinics on boat, delivery centres at strategic points and immunisation projects through the NGOs working in Sundarbans.” Proper medical care alone can reduce the threat looming large before the children in Sundarbans.

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