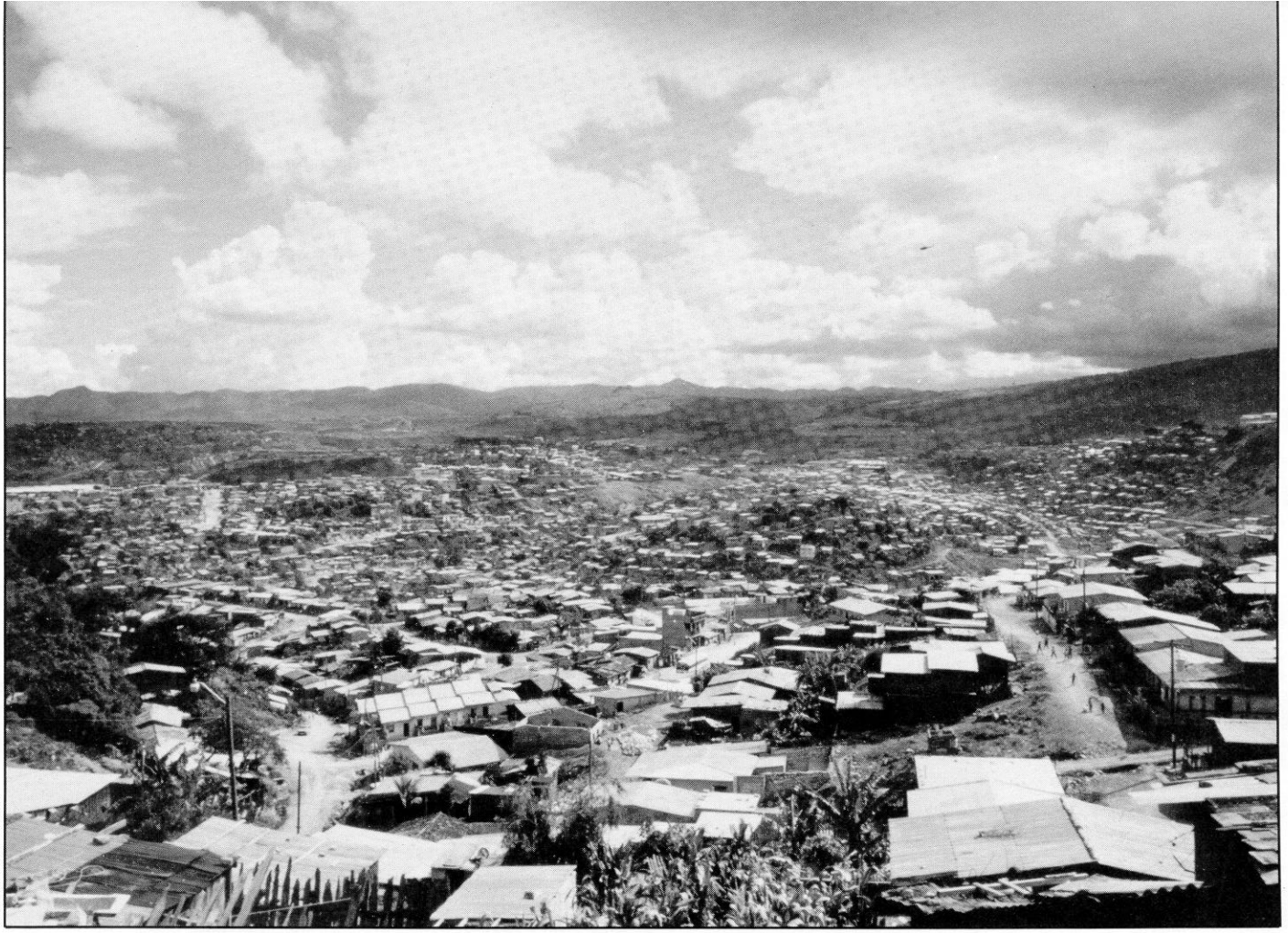

Photo : Steven Hunt

Las Crucitas: Bringing health to the 150 000 poor people of this shantytown is as much a problem of communication as one of doctors or medicine.

THE FRAGMENTED PYRAMID

PRIMARY HEALTH CARE IN A HONDURAN SHANTYTOWN

By STEVEN HUNT

Dolores Ardón picks up the youngest of her four children and carries him in her arms out the front door of her house.

"I had to use a midwife for my 3-year-old here," says the 37-year-old Ardón. "I had a lot of problems with this child. I spent three days in pain before he was born. I'd rather have gone to the social security hospital but it was an emergency. I had no choice."

Dolores' oldest child, her 12-year-old bare-chested son, leans against the doorframe of the small three-room, dirt-floor house watching his mother. The playful screams of her two other children echo from the back of the house where she cooks over a wood stove for her husband.

"You can't see it from here but it's down through the valley," says Dolores, pointing in the direction of the hospital in Tegucigalpa, the capital of Honduras. In front of her is Las Crucitas, a sprawling squatter settlement of poorly constructed homes with tin roofs that hangs on the steep hills surrounding the capital city of half a million. Almost 50 percent of Tegucigalpa's 320 000 poor people live in Las Crucitas, most without running water or adequate sanitation.

"I prefer the hospital for most important problems," says Dolores. "If one of the children has diarrhea for more than a couple of days I'll take him to the hospital. I can get medicine there for maybe 50 centavos, sometimes I can get it for free."

The study provided a picture of a fragmented health community in Las Crucitas.

Dolores and many others in her community prefer the hospital over local community clinics or the services of government-trained community midwives. A study by the Centro de Estudios y Promoción del Desarrollo (CEPROD) (Centre for the Study and Promotion of Development) found less than 12 percent of women use midwives and then, usually only in an emergency. Hospitals, therefore, are overcrowded. For example, one hospital had well over 14 000 deliveries in 1984 but it was designed for only 7000 births annually. This has increased risks for newborns by reducing the amount of time for post-delivery care.

"When the Ministry of Health introduced their health system for the marginal areas they didn't know community needs," says Dr Guillermo Molina of CEPROD. "The Ministry just extended the rural model to the urban areas. That's why many of the women don't use the services."

Health coverage was extended in 1982 to the marginal urban population that lives around Tegucigalpa and San Pedro Sula in accordance with the United Nations' call for "Health for All by the Year 2000". It was an extension of the government's 1973 goals

to expand basic health care to the rural areas where 60 percent of the country's population lives.

Some of the worst conditions in Latin America exist in these outlying areas. Much of the population is underfed with 80 percent of children suffering some form of malnutrition. For the past 15 years, malnutrition and diarrhea have been the primary causes of death in children under 5. Infant mortality runs between 87 and 117 per 1000 live births, compared to an average of about 12 in most industrialized countries, and life expectancy for 1980 was estimated to be 58.8 years.

In the marginal urban areas, the structure of the health system is similar to that of the rural regions in that each level of the system is meant to screen increasingly complex cases.

COMMUNITY GROUPS NOT ACTIVE

The study provided a picture of a fragmented health community in Las Crucitas.

"We found the CESAMO wouldn't always take a referral from the CESAR," says Dr Molina. And the community organizations were not active in health care and had little contact with health professionals. Only in national vaccination campaigns were community organizations involved. Community efforts were directed towards other basic services such as water supply and the problems of sanitation that plague Las Crucitas. Maternal and child care was not an issue. Often the community leader did not know the community midwife.

The health volunteers were very young, without community experience, and usually selected by a social worker outside the community rather than by the community itself. The volunteers did not participate as health workers in community organizations nor were they supervised in the field after they were trained.

The midwives on the other hand were middle-aged or elderly, with much experience. But they were used only in emergencies which meant that they had not been involved in the prenatal care of mothers they attended.

Many women in the study, not belonging to any community association, were not aware of some of the services available to them, distrusted some community services, and were not involved in preventive programs. Almost 50 percent of the women in the study preferred to use a health centre staffed by a doctor, or else the hospital. Less than 12 percent of the women had attended preventive health programs, less than 50 percent had heard of the midwife in their area, and less than 10 percent had heard of the health volunteer.

Women in the marginal urban areas lacked information about the correct use of oral rehydration therapy (for children with diarrhea) and other drugs such as antibiotics. Nor did they understand the importance of family planning and prenatal and postpartum care.

HOUSEWIVES' CLUB

On a Friday afternoon, the Centro del Patronato del Flor is loud with women's laughter. It's a break for the members of the Club de Amas de Casas — the housewives' club. Social workers have been showing them basic hygiene as part of a weekly course.

"There should be greater emphasis on courses like this," says Dr Molina. "They provide a way for women to learn about primary health care. But more importantly it brings women into the community organizations."

The community, he says, must be an integral part of the health care system and involve itself in the promotion of its services. Las Crucitas has community health workers, midwives, and some clinics, but unless women are aware of the services available, they will always prefer to go to the hospitals.

The problems of such a community must be dealt with in a multidisciplinary fashion, says Dr Molina. "We think health can't be improved without better water supply, trash collection, and education. But to be able to do this the whole community must be involved. Without it, it will not work." □

Photos : Steven Hunt

Members of the Housewives' Club with their children. Once a week the women get together here to learn about hygiene.

The lowest level of the health pyramid consists of community clinics called CESARs. Each is attended by an auxiliary nurse. At the intermediate level, CESAMO clinics are attended by physicians. The 13 general and 6 specialty hospitals of Honduras are the highest level of the health structure.

"This type of approach has proven successful in the rural areas where there are no hospitals. But the Ministry of Health has not been very successful in reaching many of the people in the marginal urban areas," says Dr Molina. "People still prefer going to the clinic with a doctor, to a hospital, or are completely unaware of midwives and health volunteers because the Ministry of Health never consulted the communities. It did not employ workers well trained in community development and there was very little coordination between different levels of the health pyramid."

Between October 1983 and September 1984, CEPROD, an independent agency with funding from IDRC, studied maternal and child health in seven marginal areas of Las Crucitas. Five hundred women with children under the age of 14 were surveyed, along with 16 health volunteers, 12 midwives, 36 community leaders, and 57 health professionals.

Many women in the study, not belonging to any community association, were not aware of some of the services available to them.

Steven Hunt is an independent writer/broadcaster based in Ottawa.