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Quacks: The Health Services 'Lifeline' in Rural India?

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ABSTRACT

Jholachhap doctors ("quacks") are easily found in urban slums and in rural India. Though they do not have medical degrees, most learn medical practices by serving as assistants under physicians in the cities. In the face of expensive medical facilities in private hospitals and overcrowded government hospitals, jholachhap doctors continue to be relevant in India's health ecosystem, especially in the rural areas. This article is based on insights from the field for better understanding of a unique phenomenon prevalent in India that supplements the primary healthcare system of the state governments in terms of access, scale and affordability.

Keywords: Quacks (Jholachhap Doctors), Primary Healthcare, Urban Slums, Rural India

Jholachhap doctors ("quacks") are easily found in urban slums and in rural India. Though they do not have medical degrees, most learn medical practices by serving as assistants under physicians in cities. In the face of expensive medical facilities in private hospitals and overcrowded government hospitals, jholachhap doctors continue to be relevant in India's health ecosystem.

In the villages of Kalyanpur block, Samastipur district, Bihar, as of December 2019, jholachhaps are present in large numbers, and the villagers value their services. Women of village Mirzapur, Samastipur district, ask, "How can ill patients stand in a queue for treatment for two to three hours in a government-run primary health care center (PHC) or additional primary health center (APHC)?" The villagers understand that government doctors at the PHC are good, but they don't want to wait so long in overcrowded centers with ill patients. They choose the services of a jholachhap because they are available 24/7 by telephone, their diagnoses are good, and they give advice and medicine at Rs. 300/. Years of apprenticeship under qualified doctors have taught many jholachhaps good clinical and diagnostic skills. Some women of village Madhuban say that jholachhaps are able to treat season fevers, colds, and even typhoid and pneumonia. Nearly 60 percent of the villagers never go to primary health centers for treatment, preferring to use the services of jholachhaps. Women in the villages of Samastipur say they trust jholachhaps because so many have recovered from illnesses after their treatment. Jholachhaps tend to prescribe high dosages of antibiotics and other medicines from the onset of any fever, and some patients recover very fast, which has increased the credibility of jholachhaps in the village. However, the harmful effects of high dosages of antibiotics and medicines are not understood by villagers. Rampant use of antibiotics can create antibiotic resistance, which is major threat to public health in India.

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In Samastipur, when villagers do not get well after treatment from jholachhaps, they go to qualified private doctors in the town. But they prefer not to go to government hospitals as they feel that option would take too much time and be too expensive. They say there is no one to guide them about different procedures, counters, and rooms in government hospitals.

“Villagers are aware of available facilities, such as good qualified doctors and free medicine, at the primary health center,” says the ASHA (accredited social health activist)¹ worker of the village Mirzapur, but villagers become deterred by the long queues at the center. She points out the health services at most APHCs are not very good, and it is very difficult to send people to APHCs for treatment. She says she could convince villagers to go to PHCs if the queues were shorter and the quality of services such as x-rays, ultrasounds, and lab tests improved.

Inputs from ASHA workers on public health services are worth noting as they have been able to work wonders in vaccination drives in rural India. The ASHA worker of Madhuvan village shares that she has been able to achieve 100 percent immunization of children in her work area. The vaccination program of the government is free for all. It is carried out at the local village aaganwadi center, which makes it easier for women with children to visit the center. House-to-house awareness generation by the ASHA worker is done on a weekly basis, which has made the community aware of the benefits of vaccinations for children and pregnant women. Some women of the village remember the vaccination schedule of their children, but most are dependent on the ASHA worker who calls them to center whenever vaccines are due. Strict monitoring and support of the vaccination program by the primary health care center are important for the continued success of the vaccination program in rural India. Some incentives to ASHA workers for convincing villagers to approach the APHC or PHC in case of health problems can only be thought of as short-term measures. The long-term goal must be to improve the functioning of PHCs and APHCs.

Jholachhap doctors are also seen in large numbers in Wazirabad village of Gurugram district and the villages of Nagina block, Nuh district in Haryana as well. In Nuh, the clinics of qualified private doctors are empty, while the clinics of jholachhaps are full of patients. Jholachhaps do clinic diagnoses, health checks, and prescribe medicine at the fee of Rs. 300, which sometimes cures the patient and sometimes does not. The treatment is based on their health care experience in the area for several years as well as guesswork. Since a qualified doctor adheres to medical protocols such as clinical diagnoses and tests, that treatment can be expensive. Large numbers of poor people prefer not to go the PHC and government hospitals in Gurugram and Nuh because they are usually overcrowded and seen as expensive.

The preeminence of jholachhap doctors in providing health services is characteristic of most parts of rural India. Haryana is in fifth largest state in per capita income in India, while Bihar is in the lowest fifth group. But the conditions of public health services in resource-rich Haryana and resource-poor Bihar are the same, and the malaises that affect public health services are found in equal measure in both states.

The primary health care centers, the first level of public health services close to people, are consistently found lacking in providing quality health services. These centers lack an adequate number of qualified doctors, lab technicians, modern machines, and infrastructure. Adequate budgetary support and policies are needed to increase and strengthen primary health care centers and address the issue of overcrowding. In addition, adequate attention needs to be paid to establishing more government medical colleges, so that more qualified doctors can be provided to PHCs and government hospitals. Private medical colleges with high fees often produce good doctors, but they are typically unwilling to serve in PHCs, as most of them are interested in working in cities and establishing their own clinics and nursing homes.

As long as the solutions to these crucial issues of health ecosystem in the country are not addressed, jholachhap doctors will continue to be the primary lifeline to health services in rural India.

ENDNOTES

¹ Accredited social health activist (ASHA) is a trained female community health activist at the village level. Selected from the community, she is responsible for vaccinations and family planning and health and hygiene awareness. She reports to the primary health center of the area. The ASHA is trained to serve as an interface between the community and the public health system.