Health, Agriculture and Rural Poverty: Why Seasons Matter

Some Professional Opinions

In 1980 an evaluation sheet was sent to about 50 people who also received "Health, Agriculture and Rural Poverty: Why Seasons Matter", (IDS Discussion Paper No. 148,, Institute of Development Studies, University of Sussex, Brighton BN1 9RE, U.K.). Of the replies received, 23 were complete or almost so and are analysed below. Several respondents wrote extensive and helpful comments. While the results should be treated with care, those who replied were, so far as I know, all people with direct experience of tropical rural areas, and some of them had very wide experience indeed. Their responses have implications both for research and for immediate policy and practice.

The Respondents

The continents of current (1980) residence of respondents were Europe 9; Africa 7; Asia 3; Latin America 2; North America 2. Their professions and the geographical areas with which they were concerned were:

Profession	No. of Respondents	Africa	South Asia	Latin America	Caribbean	Indonesia	Middle East	No response
Medical	9	6	4	1	2	1	-	1
Agricultural economist or economist	5	2	1	2	-	-	-	-
Social anthropologist	2	2	-	-	-	-	-	-
Demographer	1	-	1	-	-	-	-	-
Geographer	1	-	-	1	-	-	-	-
Plant biologist	1	1	1	-	-	-	-	-
Political scientist	1	1	1	1	-	-	1	-
Not known	3	2	-	-	-	1	-	-
Total	23	14	8	5	2	2	1	1

Note: Some respondents were concerned with more than one area.

Results: Questions of Fact

The first set of questions repeated seven statements presented in the Discussion Paper, and asked whether these were true or false. There was also a column for comments. Respondents were asked to reply from their experience and in their judgement, for the area with which they were concerned. The results were:

		Qualified, Don't Know or No Reply	False	True
1.	Most of the very poor people in the area live in rural tropical environments of marked wet-dry seasonality	4	1	18
2.	Malnutrition, morbidity and mortality have seasonal patterns and peak during the wet season	8	1	14
3.	The poorer people, women and children are especially vulnerable to hardship, malnutrition, sickness and death in the wet season	7	4	12
4.	The economic costs of sickness and weakness are concentrated in the wet season	10	3	10
5.	It is during the wet season that sickness is most liable to make poor rural people permanently poorer	9	2	12
6.	Rural health services are likely to be at their least effective in the wet season	3	-	20
7.	Urban-based professionals underperceive rural seasonal deprivation and underestimate morbidity in the wet season	7	-	16

Results: Practical Implications

Respondents were also asked, in their experience and judgement, and for the geographical area with which they were concerned, to evaluate the measures proposed in the paper, using four headings as below. (The first heading - Qualified, Don't Know, or No Response - was not on the original sheet). The results were:

	Qualified, Don't Know, or No Response	Not Desirable	Desirable in the long term but not implementable at present	Desirable and implementable but not current practice	Already the practice
1. Stocking clinics and health posts to meet seasonal needs	4	-	6	15	1
2. Priority for measures against diseases which incapacitate during the wet season	3	-	7	16	3
3. Priority for seasonal curative facilities for those sicknesses most prevalent during the wet season	7	-	6	10	-
4. Caution in introducing mobile clinics	6	3	3	5	8
5. Concentrating preventive and curative health services in areas where the costs of sickness during the wet/ agricultural seasons are highest	5	5	8	4	-

	Qualified, Don't Know, or No Response	Not Desirable	Desirable in the long term but not implementable at present	Desirable and implementable but not current practice	Already the practice
6. Encouraging day-care facilities during seasons when mothers must work in the fields	2	1	8	9	6
7. In family welfare programmes, discussing the best and worst times to give birth	4	1	5	12	1
8. Concentrating health education and immunisation in the dry season	3	3	2	11	4
9. Staffing on a seasonal basis	5	6	8	7	-
10. Selecting community health workers who are less dependent on agricultural activities	7	4	5	5	2
11. Joint seasonal analysis by health and agriculture staff	2	-	2	18	1

Note: Some respondents ticked more than one column.

Main Conclusions

The main points were generally endorsed. Agreement was strongest, on both fact and prescription, for areas of unimodal seasonality in Africa. As for the qualifications and dissent, I hope to discuss these in a subsequent paper. Some of the strongest qualifications or disagreements were based on regional variations, including the important exceptions presented by parts of North India, where in some respects the hot dry season is the worst time, and by parts of the humid tropics, where seasonal patterns can be less sharp and obvious. One person commented: "Please be careful not to be simplistic in trying to explain all of the complex epidemiological patterns we are dealing with simply on the basis of wet season experience in specific countries. For some diseases the dry season or the cold season is the worst time." One cannot, I think, repeat too often the importance of examining each environment separately. All the same, several suggestions emerge convincingly from this exercise.

There is a case for research on the interactions of multiple seasonal deprivations; on the extent to which the economic costs of sickness and weakness are concentrated in the wet season; and on whether it is during the wet season that sickness is most liable to make poor rural people permanently poorer.

On perceptions there was a strong theme that urban-based professionals underperceive seasonal deprivation and underestimate morbidity in the wet season.

On services, there was overwhelming agreement that rural health services were likely to be at their least effective during the wet season.

On measures, no respondent considered any of the following undesirable, and a majority considered them desirable and implementable but not current practice:

- stocking clinics and health posts to meet seasonal needs
- priority for measures against diseases which incapacitate during the wet season
- joint seasonal analysis by health and agriculture staff

This last measure was more strongly endorsed than any other as being both desirable and implementable but not current practice. I am writing to the one respondent who said it was already the practice. If any reader of this note knows of other cases of joint seasonal analysis, or has other comments or useful information, please write to me. I shall be most grateful for correspondence which sheds further light on seasonality and especially which indicates lessons of experience with counter-seasonal measures.

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