

# Road Provision, Access to Health Services and Fertility in Rural Nepal

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## Summary

A study conducted in two near road communities in north-east Nepal revealed that following road provision, a constellation of factors prevented women using motorised transport to access health and contraceptive services to meet their needs. Furthermore, by encouraging male economic migration and depressing the market for female hand crafts through increasing imported goods, the advent of the road heralded an increasing work burden yet decreased access in cash. This in combination with the rise in transport hubs along the road corridor placed women and girls at risk of being drawn into the commercial sex industry and exposure to sexually transmitted infections including HIV/AIDS.

## Background

High population growth together with poor transport and communications infrastructure, have long been regarded to be key factors hampering local development in rural areas of Nepal. In recent decades there have been increasing efforts to develop the country's infrastructure, public health services and address high fertility. One such intervention was the Lamosangu-Jiri Road that was completed in 1985 and enabled the first motorable link between north-east Nepal and the capital of Kathmandu.

## Objective

This micro-level study (Molesworth 2005) set out to examine the linkage between road provision and aspects of development relating to health and fertility among women of two poor rural Tamang communities in Jethul, north-east Nepal.

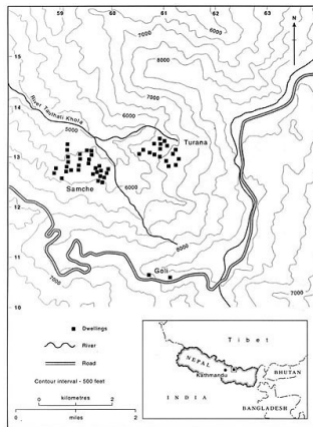
## Methods

Taking an integrated approach, using a combination of ethnographic and quantitative survey techniques, links were traced between the advent of the road and changes in gendered aspects of life that hamper female access to health and contraceptive services and have wider consequences for female inclusion in the development process and population growth.

## Results

While road provision encouraged male economic migration, women did not become frequent road users. Even where road transport was accessible, the majority of female transport and work burdens remain unalleviated. Fuel wood, animal fodder collection and water haulage demand substantial daily time and energy inputs from girls and women. This drains their marginal energy reserves, which in turn impacts negatively upon their health, well-being and quality of life. The considerable time requirement of girls' domestic transport responsibilities is a key determinant of their exclusion from local primary school. This is a crucial issue that exacerbates gender inequalities, hampers female development and restricts access to health information and services.

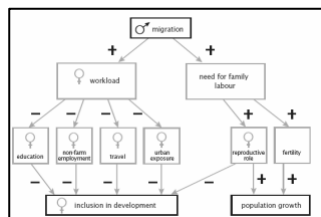
Of the 30% of women who do travel to urban centres in a given year, the majority do so while they are young and unmarried. Contact with mass media is low in the village setting, but since the opening of the road, these women have gained access to cinema and video. This is an important shift in behaviour during their formative years that is linked with the diffusion of on-going social change from urban to rural areas. Although female age at marriage has increased since road provision, there has been a significant decrease in the time lapse between marriage and first birth.



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This suggests the road has contributed to social change relating to intimate behaviour. In the absence of access to appropriate contraceptive technologies and information, however, this is a cause for concern in an area with high maternal and infant mortality indices and a high population growth rate.

While the road has enabled family planning outreach services to access the region, concentration on sterilization has been wholly inappropriate to the needs of the Tamang who rely on children to renew the household labour force and provide security on old age. A number of factors were found to inhibit Tamang use of more appropriate temporary forms of contraception including poor physical access and social exclusion from services.

Increasing importation of manufactured goods along the road has depressed the local handcraft industry and women's traditional sources of cash income. This combined with the emergence of new economic hubs and a demand for transactional sex at stopping points along the road corridor, places women and girls at high risk of sexually transmitted infections, particularly HIV/AIDS.

## Conclusions

Since completion of the road, little attention has been forthcoming from other development projects. Although the two communities have received modest government agricultural and health assistance, in-depth investigation at the micro-level has identified the inappropriate approach and subsequent failure of these limited programmes from the female perspective. It highlights that among the majority rural population, a more integrative approach is required at the community level to optimise the benefits of transport provision on accessing health and family planning services and more fully incorporate women and girls into the development process.

## Programme of Networked Research on Mobility and Health

In 2005 the Swiss Agency for Development and Cooperation commissioned a literature review on mobility and health (Molesworth 2006) that highlighted the lack of an informed evidence base on the relationship between mobility and health. In partnership with the International Forum for Transport and Rural Development and the Swiss Resource Centre and Consultancies for Development, the Swiss Centre for International Health<sup>®</sup> is developing a Programme of Networked Research on Mobility and Health that was launched with funding from SDC. Twenty-four research projects are currently under development within the Programme in Africa, Asia and Latin America to expand the knowledge base to support informed policy and action towards improved health access for rural people.



## Key literature sources

1. Molesworth, K. (2006) Mobility and Health: The Impact of Transport Provision on Direct and Indirect Determinants of Access to Health Services. [http://ifrdt.gn.apc.org/new/proj/mob\\_health.php](http://ifrdt.gn.apc.org/new/proj/mob_health.php)
2. Molesworth, K. (2005) Development Interventions, Gender Dynamics and Fertility in Rural Nepal. In Premchander, S & Müller, C.(eds) Gender and Sustainable Development. Bern: NCCR North-South, Geographica Bernensia.
3. <http://www.trans-web.ch/topics/mobility-health.htm>
4. <http://www.mobilityandhealth.org>
5. <http://www.sdc-health.ch>