EDITORIAL

SELF-CARIFOB HFA 2000

Biomedical research, no less than research in other fields, is conceived, designed and conducted almost exclusively by professionals. In view of the time-consuming mastery of knowledge and skills and costly technology that modern research demands it is difficult to see reasonable alternatives to this established approach. The role of the lay public does not extend beyond the giving of informed consent where the experiment utilizes human subjects itself the result of a relatively recent reexamination of pertinent ethical issues and of public pressure. Paradoxically this professional dominance applies even to areas such as self-care in health although the concept of self-care includes not only an active share in the process of care but extends to independent decision making by the patient in all aspects of his/her health care. Possibly lay involvement in research in self-care may become a reality in the future with the strengthening of its knowledge and skill bases. Even then professional Participation would still be needed to assure application of scientific methods. At the same time research conducted by professionals can be equally objective and provide valuable insights into a component of health-care whose dimensions are still largely unknown. Identification and development of, its beneficial aspects can contribute considerably to the attainment of HF A/2000 whose tenets incorporate individual responsibility and participation in all aspects of health development.

This special issue of the Ethiopian Journal of Health Development is devoted to the report on self-care in three communities in Ethiopia by Yayehyirad Kitaw, a physician and epidemiologist, for which he won the Jacques Parisot Foundation A ward for Social Medicine.

Practising physicians had known that self-care was commonplace- and extended far into their territory. But it had remained ill defined and without discernible attributes. However, despite the, relevance of the subject, studies addressing self-care in this country even indirectly have been few and restricted in scope up to the appearance of this report. Yayehyirad's study is also preliminary and does not include parameters such as income and occupation and is limited to illness episodes during a period of only two weeks. Nevertheless the information it provides is substantial. Self-care is mainly used for minor illnesses though not confined to that level; it appears; to be more common among females for reasons unknown and education does not necessarily lead to pre fence for professional care although the nature of the illness could be another determining factor .

Yayehyirad has commented on forces opposed to the development of self-care. Consideration of conducive and deterimenal factors and forces is certainly pertinent and therefore illustrative examples of alternative social environments in which self-care is thriving would have been in order. It is to be hoped future studies on self-care in Ethiopia will include these parameters to determine their respective roles in the area of self -care As far as professional attitudes are concerned part of the problem, at least in developing countries, is at the interface between tradition9l and modern medicine. In traditional medicine self-care and professional

care are more closely interwoven than in modern medicine. The tendency of the patient to transfer the same attitude in his contact with modern medicine, often accidentally discovered by the professional, generally elicits an unfavourabte response by the latter. In addition, easy availability of potent drugs to patients through. irregular channels commonly appropriately stored, with the possibilities of their misidentification, misuse and abuse, as indicated by Yayehyirad's study, can hardly foster support for the concept of self-care on the part of the providers of health care or even drug producers. But the attitude of the practitioners of modem medicine is not one of outright hostility towards self-care. In the earlier part of this century when modern medical practice was largely confined to a few expatriates the sick came to them of their own volition. In fact the implicit belief by the populace in the healing powers of Europeans in general was such that some of the foreigners exploited it to gain ready laissez-passer and acceptance in the country. In the case of present day Ethiopian practitioners the main factor in their attitude towards self-care is simple lack of information rather than opposition to it.

In this study Yayehyirad has amply demonstrated that there is a great resource in the area of self-care in health. Therefore, more extensive 'studies should be undertaken to unravel its pattern and dimensions and the attitudes and behaviour associated with it so that its positive potentials can be developed and infused into the efforts to attain the goal of HF A/2000.

PREFACE

The research proposal on which this report is based was submitted to AFRO to compete for the Jacques Parisot Foundation Award which it had the good fortunes to win. The highlights (this study were presented in my speech at the Thirteenth Plenary Meeting of the Thirty-Seven World Health Assembly on May 16. 1984 when I received the Jacques Parisot Foundation Medal.

Since then I had referral requests for copies from Africa, Europe and the USA. A grant from AFRO for printing this report has made it possible to make it available for wider circulation. I believe the words of appreciation I used in my speech to the general assembly are still appropriate.

"...One is always overjoyed by the recognition of his work however, humble the contribution might be. But this joy becomes even greater for a public health physician when it is associated with the name of Jacques Parisot.

The name of Procedure or Jacques Parisot is, I am sure, familiar to most of you here. All those who have wol1ked in the broad field of public health and social medicine have heard of his innovative endeavours. As a true public health man, he was seriously engaged in international work in health both in the Health Committee of the League of Nations and id the World Health Organization whole Constitution he signed on half of France. He was an outstanding organizer, not only in his faculty, of which he was dean for a number of years. but also of the public health services of his region. He was an acclaimed teacher and researcher with hundreds of papers to his name.

Te quote a 1964 WHO publication: "There is yet another aspect to the lire of this much-honoured man: that of a social, almost political, philosopher. What will bI8Ippen to man in this rapidly developing society? What are the problems of new towns and large blocks of flats ? What are the effects of automation? These are among the questions that Jacques Parisot, has attempted to answer, highly topical questions which he has approached with a sure step" (World Health, May.June 1964, P. 8). These, Ladies and Gentle men, are, I submit, still highly topical questions. (I1tey are testimony to a great and visionary mind. My intervention today will look at only one aspect of these topical questions. One aspect, but an aspect that I believe might be decisive in the future of health development: self (lay) care.

I am overwhelmed, by the fact that I speak here today representing, in a way, African social medicine. Africa is a young continent, with painful experiences but a bright future, which will have to be ensured through strugg]e and sacrifice. I have no pretentions of representing this aspiration, this future. I only hope that some glimp of this future will sparkle across what I am going to say today about self-care.

...If self-care is to have any meaning, it must be cooked at from I a larger sociopolitical perspective. It must be seen as part of a whole complex of self-reliant development in health, which can only be part of a self. reliant socio-economic development. For al] practical I purposes, this means that self-care must be judged from the perspective of its possible contribution to solving the critical problem of under-developed countries their liberation from imperialist fetters and their socioeconomic development. This perspective is very important to the underdeveloped countries as their health (in fact disease) care system has, to date been a poor imitation of the system in the developed capitalist countries.

(Before concluding my speech, Mr. president...1 would like to expressly gratitude to: the Jacques Parisot Foundation which made this study possible: to the WHO Regional Office for Africa and in particular to its Regional Director, Dr. Quenum, who closely followed and supported the development of this study; to the Department of Community Health, Medical Faculty, Addis Ababa University, without whose general intellectual support this study would not have been possible; to the Commission for the Organization of the Party of the Working People of Ethiopia (COPWE) for allowing me to continue this research even though I had moved to a different function; and last hut not least to my wife and children who not only gave the usual

familial support but participated actively and effectively in the compilation of the data and in computer feeding.

Ladies and gentlemen, Professor Jacques Parisot, as I said at the beginning, was a great and visionary mind. He had visions for the future development of health in what today are called under developed countries. But as a man who has suffered through the atrocities of two world wars, he aspired and worked for peace. In this troubled world or ours, I think it is befitting to conclude with his hopes and allow me to quote him in his own language, He hoped:

"de voir quelques parcelles des ressources immenses affectees aux instruments de mort distraites au profit des armes dispensatrices de vie, de I'oeuvre mondiale de notre -Organisation (il parlait de. I'OMS) ...C'est la un J reve, mes chers co}leagues" dit-il "mais le reve n 'est-il pas souvent 1 'expression des pensees qui nous hantent, et cel1es-ci ne sont-elles pas les notres a tous?"

GLOSSARY

1. Awraja: A level of the administrative divisions of the country. Often taken as equivalent to province, Ethiopia is divided into 14Administrative Regions (excluding Addis Ababa, the capital city, which has the same status as an administrative region.) The 14 Administrative Regions are divided into 102 Awrajas which in turn comprise over 500 Woredas (districts) , the lowest administrative division of the country .

2. Drug Shop: A 'Pharmacy' where any kind of medicine is retailed. Differs from the Pharmacy proper in that pharmacies are allowed to compound drugs while drug shop can only retail ready made drugs. Rural Drug Shops on the other hand can only sell a limited number of drugs specified by law. Rural Drug Shops are staffed by Health Assistants with very limited training.

3. Health Center: An establishment which provides preventive and curative se1'vices (mostly ambulatory) See Health Service.

4. Health Service: General Health Service means a net-work of Health Stations including Kebele (Community) Health Service, where available. *Health Centers and Hospitals* (including specialized hospitals). The structural organizations of Health Services is as follows:

. - Kebele (Community) Health Service
- Health Station
- Health Centers
- Medium/Rural Hospitals
- Regional Hospitals

- Central Referal Hospitals
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5. Health Station: The smallest Health unit in the conventional health service structure. (see Health Service)
6. Kebele: The smallest unit of mass organization in the country: i.e. Urban Dwellers Associations (Urban Kebeles) and Peasant Associations (Rural Kebeles) .
7. Mitch: local name for febrile illness, with i1ll defined etiology and symptoms, usually associated with sudden onset.
8. Pharmacy: See Drug Shop
9. Rural Drug Shop: Seee Drug Shop
10. Tebel: Holy water, i.e. water from Church or from a spring, dedicated to a Sajnt or Angel used for curing diseases.
11. Woreda: See Awraja
(Most of these definitions are based on reference 72)