

V. CONCLUSION

The study clearly shows the high use of self (lay) care. Although its effectiveness has yet to be established, there are no grounds to believe (2, 14, 83) that it would fare less favourably than Flexnerian institutionalized medicine. The study also shows that there are grounds for suspecting possible hazards from self (lay) care, at least for those carried out with modern drugs. The extent of this danger and its nature (an extension of iatrogenesis?) remains to be determined.

We have seen that self (lay) care has become a center of interest for academics of the developed capitalist countries in recent years. For them it is, at best, seen as a means of regaining the self-reliant and independent (autonomous) health, activity that has been alienated by capitalist development of which medicalization of health is only one aspect. Even though some erosion during the recent neo-colonialist past should be anticipated, the issue in Ethiopia is quite different. The issue is not how to spread self-care or make it acceptable but how to support and sustain it by bringing it into the main stream of human progress without unduly medicalizing it. The solution does not, certainly, lie in rejecting (as certain disaffected bourgeois intellectuals advocate) technological development. [See the penetrating critic of Dlich by Navaro (74) and also Berliner's (4)]. Neither does it lie in the wholesale mimicry of the pattern of health (disease) services developed in the West. The Primary Health Care approach with its emphasis on viewing health development as part of the whole development process, on self-reliance, community involvement, etc. clearly points to the ways and means of transcending this apparent dilemma. Self (lay) care has certainly great potentials as a strategy in a consequent PHC approach.

Under these conditions, it is bound to be part of a community's self-reliant practice with very low probability of degenerating into a reactionary practice (victim blaming, obscuration of structural issue, etc.) designed to prolong an exploitative situation.

This study is only exploratory and therefore raises more questions than it has answered for. The whole issue of how people perceive health, disease and health related action must be thoroughly received. What is the place of self (lay) care in this? What are its strong points, its weaknesses and how can it be incorporated in the development of a relevant, effective and efficient health care system? How can it be integrated in a relevant health-care plan? What is its place in the Community

Health Services (Yekabele Tena Ageleglot) being developed on the basis of the PHC approach? The role of health education (37, 85, 111) in effectively integrating self care in health development is undeniable but how could it be made part of a general development education, related to the activity of (at least) the Community Health Agent?

These and a number of other questions will have to be answered if, as should be, self-care is to be integrated into a planned health development. The', questionnaire developed for the present study, improved on the basis of the experience gained, could serve as a tool for a more representative study. A more elaborate instrument will have to be designed to elucidate the questions of the very low report on traditional practitioner use and also on effectiveness and safety of damages. Income as a variable, not' included in this study, to avoid possible draw backs due to the sensitivity of the issue, may have to be included.

Effort should be made to avoid, any undue medicalization of self-care. Health workes & health policy makers, often very biomedically oriented, should be made aware of the issues of self (lay) care; But: of course, the most important measure is to include self (lay) care in the development plan of the country. All those concerned should seriously consider the issue in further elaborating the Ten Years Perspective Plan. The data on self-care should be strengthened for this purpose. Further studies using, for example, the Central Statistical Office, National Sample Household Survey Frame should be carried out so as to gain a more clearer picture for policy & planning.

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APPENDIX 1

Jacques Parisot Foundation Award Study

Self (lay) Care in Ethiopia

Questionnaire

(see Instructions)

1. Address:- House Number _____ Kebele _____

Woreda (Kefteгна) _____

Awraja (Town) _____ Keflehager _____

2. Religion _____ 3. Education _____

4. Composition of the Household

Age in year	0-11	1-14	15-44	45-64	65+	Total
Male						
Female						

5. Has anybody (in the household) been sick in the last 14 days

No.	(b) Name	(c) age	(d) Sickness or injury	(e) What was done	(f) Natur e of Care	(g) It self (lay) are why?	(h) how?

6. Do you have any medication (drug) at home now? No..... Yes..... If yes! show me a) write where and how the drug is kept.

(A) Name of Drug	(c) Use	(d) For Whom	(e) Source	(F) When

JACQUES ,PARISOT FOUNDATION AWARD STUDY SELF (LAY) CARE IN ETHIOPIA

INSTRUCTION FOR FILLING THE QUESTIONNAIRE ,

INTRODUCTION

Little is known about self (lay) care in Ethiopia. We suspect that a lot of health care (essentially care for the sick in the context of this study) is carried out by the patients themselves, household members, neighbors, etc. It is important to know the nature and magnitudes of this so that we can have " a fair idea of the role it could play in the attempt to achieve the social goal of "Health For All by the Year 2000."

The Jacques Parisot Foundation has selected this study for support in view of its importance.

The objectives of the study are to:

- Describe the nature, magnitude and role of self (lay) care in selected rural and urban communities.
- Elucidate the relationship between traditional) medicine (traditional practitioner use) and self-care. Elucidate the, relationship between western (modern) medicine and self-care (including self-use and hoarding of modern drugs).
- Draw recommendations for policy on the place and role of sell (lay) care in the strategies for the achievement of the social goal of "Health For All By the Year 2000."

This questionnaire is being used to seek answers for some of the objectives listed above. It is essential that it is filled correctly and completely. Your role as an interviewer is therefore crucial to the successful outcome of the study.

Please fill the questionnaire carefully, clearly, lisibly. Check that each item is appropriately filled. Follow the instructions given here faithfully. reread them whenever indoubt during the interviews. Do not hesitate to check ,with the supervisor ,whenever you have doubts.

In this study, self-care means action taken to restore health or prevent disease by the person himself or in case of children by the directly responsible person (usually the mother) .Lay care means Action taken to restore health or prevent disease by non-professional i.e. any health worker (modern) or an established traditional healer.

INSTRUCTIONS

A. INTRODUCING YOURSELF TO THE HOUSEHOLD

-Most of you are well known in the communities you will be working in but it is always useful to start the interview with polite introduction greetings.

-Make the objective of your interview clear from the outset. The following formula might be used. "I am conducting this interview for a study which is trying to find out what people do when they are sick. or need health care for other reasons. The findings from this study will be used for planning. Therefore your collaboration in answering these questions will be helpful to the whole community and to Ethiopia."

B. RESPONDANT

-The respondent should be the head of the household. Make sure that the wife (in cases where the head is male) is available to supplement. The availability of the whole family would be useful. Avoid, tactfully, any interference by neighbors, etc.

C. FILLING QUESTIONNAIRE

-All items must be filled. Put (-) for no answer and DK for don't know. There should not be any empty space at the end of the interview.

QUESTION 1 -ADDRESS

Fill completely

QUESTION 2- RELIGION OF THE HEAD OF THE HOUSEHOLD

Use, the following: O = Orthodox, M =Muslim P = Protestant, C = Catholic.For others write in full using respondentsterminology.

QUESTION 3- EDUCATION OF THE HEAD OF THE HOUSEHOLD

Use the following: I = Illiterate, R = Read only, R/W = Read & Write, E = Elementary, S = Secondary, = Higher .

QUESTION 4 -COMPOSITION OF THE HOUSEHOLD

Write the number of people in the appropriate cell.

-Age is at the last birthday: in months 1 to one year. In completed years after one year.

QUESTION 5 -ILLNESS DURING THE LAST 14 DAYS

-Make sure the respondent understands the period (time frame) of reference. Use days e.g. , Monday to holidays to clearly demarcate the time period Sickness includes injuries.

a) Give a number to each member of the household who is reported sick from 1 to

b) Sex M = Male, F = Female.

c) Age = In completed months up to one year. In completed years above one year.

d) Illness or injury: As given by respondent. Use the patients terminology. (The attached; list might help you in summarizing the responses Annex

- If more than one episode or disease, record separately. eg. 1. mitch, 2. fracture of the right arm.

- If different symptoms or the same disease or episode, record together as one episode e.g. 1. mitch: headache, fever, loss of appetite

e) What was done for the sickness or injury?

N -Nothing S = Took measures myself (for children upto 10 years, this means the mother or father.

For older children distinguish clearly between self and mother or father.F -Measures taken by member of the family. L = Measures taken by consulting other lay persons (neighbours, etc.) i.e.

persons outside the family but who do not usually or as a profession do health work. T = Consulted traditional healer (i.e. persons who are engaged in practice of traditional medicine: Wogesha, faith

healer, tebele, etc.) M = Went to modern health service. If a combination of measures were taken

indicate as such e.g. S,T&M. 1) Nature of care 'if any What was the outcome of the consultation or what kind of treatment (with what) did you get? Put in the respondent words. e.g. took drug,

tablets, some manipulation (massage...) only advice g) If Self (S) or lay (F and/or L) care, why did you do it? i.e. Why didn't you use or limit you self to traditional or modern care? Put in the respondents words. E.G. The sickness/injury was minor; what I did is the best for the kind of sickness or injury; modern medicine does not work for this sickness/injury; modern failed; as supplement (safe guard) to other treatment modern not available. etc.

h) How was self or lay care used?

-Exclusively i.e. alone =

-alone

-Before other measures = before

-Concurrently with measures = Co.

-After other measures =After

If combinations, put as such e.g. Before & Co. or Before 1; Mter.

QUESTION 6 DRUGS AT HOME

a) Write where the drug is put (exposed or not, accessible to children or not) and whether kept clearly or not.

b) Name of drug: Write the name of drug in full.

-If modern write the name on the label.

-If traditional or modern without label, write name as given by respondent.

-If name is unknown put UK.

c) Use of the drug as given by the respondent in own terms. If more than one use, put all down separate by as

a) for fever

b) stomach ache, etc.

d) For whom is the drug used for?

A = Adults only

B = For both adult and Children

C = For children only

e) Where form the family got the medication (drug) ?

L = Relative, neighbor or any other lay person

M = Bought in drug shop or pharmacy by the family

T = Traditional practitioner

D = Bought in drug shop or pharmacy by the family

H = Given at hospital, health center or health station

Other = Specify

f) When did you obtain the drug or since when do you have it?

Put the date (month, year) if possible. Otherwise put approximate time elapsed since obtained. (e.g. three months, one year, etc.)

g) Quantity used during treatment i.e. how much of it do you use for treatment per day and for how many days? put so Much per day x number of days e.g. 6 tablets x 5 (dropped after pretest).

ANNEXES

Socio-demographic and health information on:

- 1 .Ethiopia
2. Kirkos Kebele (which includes Kebele 21/11) Addis Ababa
3. Zewai town
4. Adamitulu

have been summerized as background material for this study but have not been included to limit the bulk of the report to a reasonable size.

