

SELF (LAY) CARE IN A DEVELOPING COUNTRY

A STUDY OF THREE COMMUNITIES IN ETHIOPIA

I. Introduction

The attainment of the social goal of "Health For All by the 2000", (HFA/2000~ assumes that people will take the responsibilities for their health in the spirit of self determination and self reliance (106,107)*. The promotion of self-care, as part of this movement has caught the imagination of many, (104). Self-care is probably not only as old as mankind but also most widely used, (29, 30), however, because of the dominance of the institutionalized biomedical bio-medical approach, it has been a neglected field of study (30). The Health Care Crisis'. in the West has led to a reveal of interest in self-care (57,59). Presently, the role of self-care in the developed countries is being debated and a number of studies are being carried out (17, 18, 46,54)**.

Little is known about self-care in the developing countries some, for example Fendal (25), have hold the view that the low level of sophistication of people in the Third World means that they would make use of health services for minor complaints. On the other hand, the few studies that have been conducted indicate hat self (lay) care with both modem and 1traditional1 drugs could be very important (9, 14, 56). Attempts to promote self-care in the Third World are growing moth as part 0£ the Primary Health Care movement, and therefore with the best of intentions (104), but also for less avowable intentions such as a greater market or multinationals (23)

Self-care in Ethiopia

As in many other countries, little has been recorded about self-care in Ethiopia. There are numerous confirmations of its widespread practice and has a long historical tradition. The most vivid experssion we know of is that of Ludolphus (quoted by Pankhurst 1961, (80)) who says that in 17 century Ethiopia "in most Distempers every Person is his own Physician and used such herbs as he has learnt were useful from his Parents.

We know that for certain diseases /eg. taeniasis. /treatment is almost completely an internal (home) affair. For the other diseases, lay consultation is the rule before going to professionals in the indigenous

or "Western" system. This is, abundantly illustrated in Ethiopian literature in, which reference to health problems and steps taken to alleviate these problems abound. [For a brief sum many of the Ethiopian literature in Amharic up to 1974 in which the practice of self (lay) care is illustrated, see (45)]. Almost invariably the first action of the sick is to consult friends and/or neighbors. For example, a recent novel by a famous Ethiopian author (39) makes action taken toward restoring one's health central to a self-study, we believe that these fictional works indicate the central role played by self (lay) care in the life of the people of Ethiopia. A more recent study (9) in the Eastern part of Ethiopia has clearly documented the role and importance of self (lay) care in this part of rural Ethiopia.

*The numbers refers to the bibliography at the end of the paper

**For bibliography on self-care 110.

Issues in Self-care

HF A/2000 through PHC has been adapted as a goal for the nations of the World at the Alma. Ata conference (106). HFAJ/2000 arose, essentially, as an outcome of the medical care crisis in the imperialist world (i.e. the developed capitalist countries and their neo-colonial dependencies) * (34) .The achievements of the socialist countries have been important factors in indicating ways for possible solutions for health problems (86) , since it is clear that the conventional biomedical approach is not relevant (44, 66, 74, 85). If the conventional approach were to be used the sheer magnitude, I of the financial outlay necessary will be prohibitive (98), and thus a serious look at the age old practice in terms of mitigating high demand and the attendant high cost of conventional {institutional) care is inevitable. Thus self-care was perceived by some as a way of passing some of the financial and other burdens to the individual, however, it could, under a different socio-political setting, also perceived as part of revolutionizing self-reliant practice by the masses in the process of molding their destiny. In this case self-care becomes part of a liberating process instead of an extension of the control and exploitation mechanism of imperialism (For the relationship between medicine and page see 76).

There is a lot of debate going on in the developed (capitalist) countries with respect to the motivation's, the role and potentials of self-care and self help movements. The nature of the debate and the extent of participation vary from country to country, {57) and reflect the specific concerns of the academic circles involved and the crisis (health and other) situation in which monopoly capitalist countries find themselves in. A lot of the issues are, therefore neither comprehensible nor of immediate relevance to workers in under developed countries.

The issues in that present debate might be grouped into:

1. Why interest in self-care now?
2. The role and potential of self-care

A number of reasons could be advanced for the rise of interest in the self-care issue (30, 55, 59, 60, 61). The shift in the pattern of disease towards more chronic illnesses (from 30% to 80% in 40-years), with the attendant shift from cure to care, are often mentioned. The inadequacies (failure) of the 'official' health care system with its maldistribution, increasing cost and the general issues of its

effectiveness (16, 44, 66, 67) are also important factors. From a more clinical perspective, changing life-styles and their impact on health have also some bearing (59).

Self-care has also been considered as a "reflection of larger and more profound areas of social discontent with the quality of life" (46,47) as part of the movement to liberate oneself from the stifling domination of experts and bureaucrats. (6,44) In this context, some look at the self-care movement as being promoted by a relatively small but strident minority seeking redress for grievances resulting from the handling by professionals, or denial of access to professional care, or as an attempt to challenge the existing social control of medicine. On the other hand, inspite of the protest of its advocates (47), the possibility that the self-care/self-help movement might serve as a victim blaming mechanism and may be used to distract attention from the more relevant structural (social-political) issues in health development has been stressed by others (17, 54, 77).

Definitions of Self-care

Definitions of self-care could be very extensive or narrow, theoretical nr practical (essentially in terms of research ability) (18, 36, 81), It has been defined as substitute (44), supplementary or additive to professional care, (57) or as 8 discrete component in the health care delivery system. Some define it as a source rather

*For, sometimes questionable, attempts to see the PHC movement as part of the struggle for the New Economic Order, See 35.

than a form of lay medicine (24). Others (29) have defined it by the role play, thus singling out important component of the concept: self diagnosis, self-medication, self-treatment and, patient participation in professional care. Simon et al (93) have listed and classified self-care activities related to acute cardiac symptoms.

Ozias (79) defines self-care as "making decisions and taking actions which improve personal physical, social and emotional health or reduce risk factors. Levin (59) in the same vein, defines it as "a process whereby a lay person can function effectively on his or her own behalf in health promotion and decision making, in disease prevention, detection and treatment at the level of primary health resource in the health care system. Most of these definitions suffer from individualistic bias and therefore a more community oriented definition has been urged (71).

Self-care is increasingly used to denote health care activities including those by the family, neighbors, etc. in short, all non-health professional resources (54). This is the approach adopted for the present study. Thus the study reports upon all health related activities (promotive preventive, curative) taken by the individual, his family, neighbors and other lay persons. Because of the nature of the faculty and the methodology employed, this often boils down to measures taken when a person is ill (see methods). In this study no attempt at value judgement on the nature of the care, licit or illicit self medication (64), is made.

Some definitions of self care include a large variety of measures;- diet, special foods, first aid materials, exercise, massage and medication (48, 81). Others, (64) limit themselves to self-medication by "modern" drugs. In the present study simple modification of diet (drinking tea for cold, limiting food intake for diarrhea, etc.) and limited modification of physical activities at home (bed rest, etc.) have not been included as self-care thus, perhaps, increasing the no-care category .

Objective of the Study

It is often very difficult to distinguish self, (lay) care from the care of traditional healers, a field which still awaits appropriate epidemiological exploration. The potential role of informed self-care as well as the possible mishaps must be recognized (113) present study was undertaken as a first step in the elucidation the nature, magnitude and role of self (lay) care thus giving background information for

the assessment of its place in the drive for Health For All by the Year 2000". For a number of historical (70), socioeconomic and political (72) reasons. Ethiopia presents unique opportunities for such a study.

As very little is known' about self-care in Ethiopia and the differentiate on between lay care and "traditional healer" service could prove difficult, this study is exploratory with strong emphasis on delineating the issues and on methodological development and capability building for more extensive future studies. The following questions are explored: What do people do when sick.? What are the characteristics of persons opting for self (lay) care? Why do they opt for self-care? How in relation to other options of care, is self (lay) care used? What measures (drugs etc) do people use for self (lay) care? Is self (lay) care safe?