

HEALTH SEEKING BEHAVIOUR AND SELF-TREATMENT FOR COMMON CHILDHOOD SYMPTOMS IN RURAL GUATEMALA

by

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Summary – This study was conducted in the Guatemalan highland department of Sacatepequez, in a sample of 146 rural women insured by the Social Security system. It examined their health care behaviour when their children presented common childhood symptoms such as diarrhoea, fever, cough and worms. The mothers generally sought help and treatment advice from an older woman in the family, and did so more often for diarrhoea (82%) and fever (64%) than for cough (43%) or worms (28%). Obtaining advice in a pharmacy or from a drug seller ranked second (range : 8%-38%, depending on the symptom), before the procurement of professional help at a medical service (range : 8%-23%). Traditional healers were hardly consulted (range : 0%-3%). In the case of self-treatment the women predominantly relied on Western drugs : around 80% in diarrhoea and fever, and above 50% in cough. Herbs and traditional external remedies were little used, except in cough (27% herbs) and worms (58% external remedies). None of the mothers reported ORS as home treatment for diarrhoea. Problems of geographical or financial accessibility could not explain the low utilisation of the Western health care system. The acceptability of public services, however, was poor. Largely because the Social Security clinic did not prescribe the «potent» modern drugs mothers preferred for the treatment of childhood symptoms – at least, not for uncomplicated illness episodes. Women hence turned to the – partially informal – private sector, which unabashedly responds to their demands. Clear away the discrepancy between the «rational» needs perceived by the official health sector and the demands of the population is one of the bigger challenges to health care planning in transitional communities such as the one studied.

KEYWORDS: Health Systems Research; Health Seeking Behaviour; Health Care Behaviour; Health Services Utilization; Self-Care; Self-Treatment; Self-Medication; Lay Practices; Guatemala

Introduction

As in many impoverished developing areas in the world, public and semi-public health services are little utilised in rural Guatemala (12). Mayan Indians constitute more than half of the population of this Central American country and anthropologists have been widely interested in elucidating and explaining the role of traditional etiologic concepts in their health care behaviour. There is, however, no evidence that such concepts, more than the presence of specific symptoms, determine the use of Western services (2, 14). Therefore the present exploratory study was designed to examine the health seeking behaviour of mothers in function of the frequent symptoms of disease in children under five years of age.

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Methods

Study population

The target population of our survey consisted of mothers who had inscribed their children in the «under-five clinic» of the Instituto Guatemalteco de Seguridad Social (IGSS) in la Antigua, Guatemala. All wage earners in Guatemala are affiliated to IGSS, a social security system to which both employers and employees contribute financially. Membership ensures the worker, his spouse and their minor children free access to medical services and medicine at IGSS clinics and hospitals.

The clinic in Antigua covers the central highland department of Sacatepequez. Its 1989 under-five catchment population was approximately 3.000 children, of whom only 1.800 were inscribed. This entitled them to participate in a regular prevention and control programme, while their mothers were paid the transportation cost for the visits. Between July and December 1989 we selected for interview a random sample of 146 mothers who attended the preventive «under-five clinic» with their child. Their mean age was 29.2 years, and they had on average 4.4 children. Sixty nine percent of them lived in rural communities, 20% was «indigena» (i.e. belonged to the Mayan ethnic group) and 43% was illiterate.

This study population is, in several ways, a somewhat biased sample of the general population of the department : none wage earners (e.g. independent farmers, unemployed persons) and the «indigenous» population in general are under-represented among IGSS members; IGSS members have no direct financial barriers to regular care and an adequate supply of drugs; and the mothers in the study, who by inscribing their children had an established connection with IGSS, can be expected to be more inclined to use the clinic's curative services.

Interviews

All interviews were conducted by one of the investigators (ED), who at the time was working as paediatrician at the clinic. They consisted of two sets of open questions. The first set dealt with health care seeking behaviour. The mothers were asked where they normally went for initial help and treatment advice when their children had the following signs or symptoms : diarrhoea, fever, cough and «worms» (lombrices). The interviewer used the terms mothers themselves employ. Thus worms, admittedly, is a diagnosis, but it is perceived as a symptom by the population. Women who did not normally attend the IGSS clinic with their sick children were asked about their reasons for not doing so. The second set of questions dealt with self-care (for the symptoms mentioned above) and the type of home-treatment normally given to children when relying on the advice of family members only.

Analysis

All questions were open ended and the answers were grouped in the analysis. With regard to health seeking behaviour the following classes emerged :

family : generally the mother's mother, mother-in-law or grandmother; in a few cases an elder female neighbour;

pharmacy : like the informants, we did not distinguish between proper pharmacies and unlicensed drug-sellers;

medical service : IGSS facility, government hospital, health centre, or private doctor;

healer : any of the different types of traditional healers,

none : no advice was sought and no action undertaken.

The type of home treatment was classified as follows :

antipyretics : drugs based on acetylsalicylic acid, paracetamol or acetaminophen (80% of the total) and pyrazolon-derivatives;

antibiotics : true antibiotics (90%), almost all of the tetracycline group, and hydroxyquinolines;

antidiarrhoeics : kaolin derivatives (most frequently) and difenoxylate;

cough medicine : a wide variety of expectorants and, less often, antitussives (mainly dextrometorphane);

herbs : concoctions which are ingested (it was outside the scope of this study to investigate the types of herbs used);

external treatments : preparations applied to the chest or stomach (e.g.: rubbing with a mixture of alcohol and herbs, applying a packing of white bread imbibed with a solution of garlic);

none : no specific treatment besides the usual maternal care.

The three first groups were labelled «modern drugs» in the final analysis. In some cases mothers used modern drugs (antipyretics and antibiotics) dissolved in a herbal concoction. These treatments, which constituted less than 2% of the total, have been classified according to the modern drug used.

Results

The answers to the questions related to health seeking behaviour are summarised in figure 1. The predominant role of the family (the elder woman) in giving treatment advice is obvious. It is also of note that the reliance on the family's advice depended on the presented symptom : it was more predominant for diarrhoea (82%) and fever (64%) than for cough (43%) or worms (28%). Although the studied population had free access to IGSS facilities, seeking advice at a pharmacy ranked generally second, before attending a medical service. Even after probing few mothers declared that they consulted a healer, but this may partly result from the interview being conducted by a person identified with allopathic medicine. Still, 117 of the 146 mothers participating in the study (80%) responded without diffidence that they would normally not attend a medical service when their children presented the symptoms under study. The reasons given were dissatisfaction with the reception and treatment at the clinic (49%), accessibility problems – distance, cost, availability of transportation and lack of time – (24%), and preference for home remedies (27%).

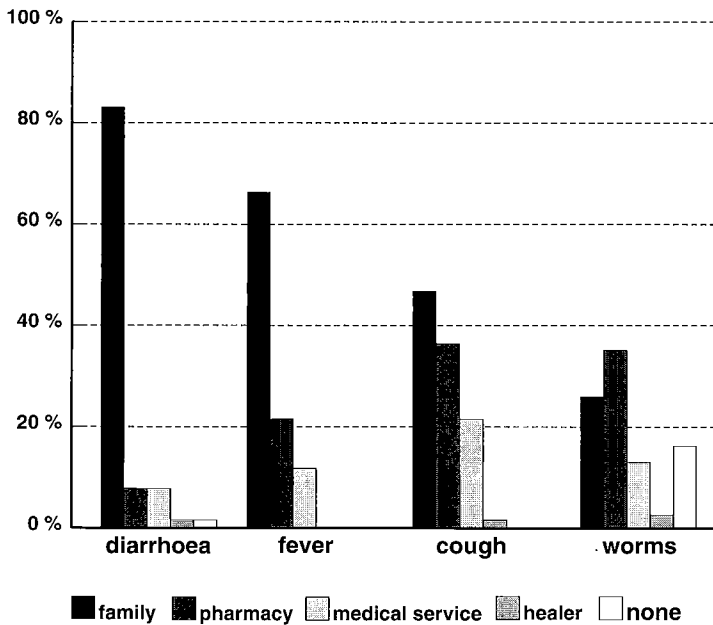


Fig. 1 :
Health seeking behaviour for common childhood symptoms. Sacatepequez, Guatemala, 1989 (n = 146).

Given the predominant role of older women as providers of treatment advice, one could expect strong reliance on traditional herbs and external remedies in the case of self-treatment (i.e. after seeking advice from family members only) of common childhood symptoms. This hypothesis was, however, not confirmed at all (figure 2). Modern drugs seemed to be well incorporated amongst the «household remedies», and they were by far the primary choice for the home treatment of diarrhoea (77%), fever (80%) and cough (52%). Moreover, while some 68% of the mothers used antibiotics in diarrhoea, none of them reported Oral Rehydration Salts as a treatment option. Herbs were generally little used, except for cough (27%). Only in the case of worms were external remedies (58%) preferred over Western medicine (17%).

Discussion

We interviewed mothers about their normal actions for common childhood symptoms and did not study actual illness episodes, but responses of rural dwellers to questions about hypothetical episodes have a high correlation with their actual health seeking behaviour (12). Nevertheless, we – intentionally – studied a population group in which few financial barriers exist to the utilisation of western health services and it could, furthermore, be of concern that the mothers' responses were influenced by the interview situation.

Quantitative extrapolation to the general population is thus somewhat difficult, and bound to produce biased results. But the direction of the potential bias is predictable : over-reporting of the use of western services and modern drugs. This makes our results even more striking at the qualitative level. It should, finally, be kept in mind that the focus of this study was on health seeking practices, given the locally available array of care providers, and not on the health beliefs that may form the basis for a particular behaviour.

The heavy reliance, in Sacatepequez, on self-treatment and on the elder female family members for health advice is in line with results obtained in other developing countries (3, 9). The findings are also consistent with scarce earlier observations in the highlands of Guatemala. Woods (13), in the sixties, found that nearly half of all sickness episodes in an urban environment were treated by self-prescription of modern drugs and he described a service utilisation pattern that was comparable to the one reported here – including a low utilisation rate of traditional healers, although modern medical services had only recently been introduced in the town he investigated. Sheldon (12), who studied in the eighties a rural Guatemalan environment, concluded that availability and geographical accessibility of health services was not a prime determinant of their utilisation. The premises for his conclusion have however been questioned, since the access to services was difficult in the departments he investigated, and hampered by internal armed conflicts.

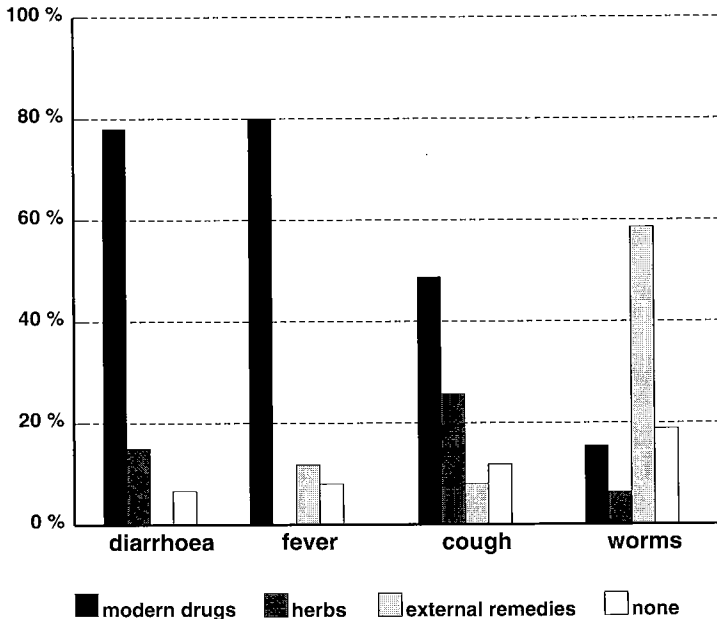


Fig. 2 : Type of self-treatment for common childhood symptoms. Sacatepequez, Guatemala, 1989 (n = 146).

It is therefore remarkable that the present study leads to similar results in different and more favourable conditions. The IGSS clinic in la Antigua is easily accessible for the catchment population by regular public transport, services are free and supplies of medicine are adequate. Most importantly, by participating in the preventive «under-five clinic» the mothers in this study have proven that they attend the service when they find it worthwhile. One might therefore conclude that, despite the aforementioned enabling factors, mothers do not generally find it worthwhile to consult for childhood diarrhoea, fever, cough or worms. This is in contrast with the experience from other developing and developed countries, where the utilisation of health services by insured persons is high, or at any rate higher than that of the uninsured (1, 4).

The mothers forwarded a variety of explanations for their behaviour, ranging from dissatisfaction with the service – more than half of them – to preference for home treatment. These reasons, seen in light of their attending the «under-five clinic», could be contributory rather than explanatory. Notwithstanding, discontent with the attitude of the personal in the public sector has been reported world-wide and bad reception was found to deter from using public facilities (11). Another explanation for the low acceptability of the curative services and the ensuing non-attendance may nevertheless be found in the discrepancy between the desired treatment for given symptoms and the one received at the IGSS clinic.

Anthropologists have emphasised the pluralistic nature of health seeking behaviour in developing rural communities (5, 13) and have singled out perception and labelling of illness among the determinants that explain low utilisation of Western health services (8, 10). But they have tended to focus on the dichotomy between modern and traditional medical beliefs and systems, and paid little attention to the care suppliers (15). Our study population's health seeking behaviour in relation to the different possible suppliers seems utilitarian, except perhaps for worms, an entity which is associated with many traditional beliefs. When their children are ill, mothers, understandably, look for a quick solution and rapid symptom relief. They expect this to be best obtained with Western drugs, which they believe are efficient. The preferred «potent» modern drugs like antibiotics, antidiarrhoeics and cough medicine are easily available in the pharmacy or in the neighbourhood store. But, in line with the WHO advocated rational drug use policy, they are not given out at IGSS for uncomplicated illness episodes. This study, like some others in a different cultural context (6, 7), indicates that the population, if it does not get the drugs it wants where it is supposed to seek health care, turns for help where it can get what it wants.

CONCLUSION

Modern Western drugs have penetrated rural populations in Guatemala to the extent that they have become the preferred and predominantly used – albeit technically «irrational» – form of (self-)treatment for common symptoms of childhood diseases. The public and semi-public health sector play only a minor role in the distribution and delivery of these drugs. The demand for them is met by a large and poorly defined, partially informal, private sector.

Clear away the discrepancy between the needs perceived by the official health sector and the demands of the population is one of the greater challenges to health care planning in transitional communities such as the one studied here. This gap can not be bridged by simply expanding the physical coverage of the public sector. Nor by delivering well intentioned but culturally inappropriate «health education» messages. And certainly not by stimulating a takeover by a private sector which responds unabashedly to the population's demands.

Recours sanitaire et auto-traitement pour des symptômes infantiles courants au Guatemala rural.

Résumé – La présente étude a été conduite sur les hauts plateaux du Guatemala, dans le département de Sacatepequez, dans un échantillon de 146 femmes assurées par le système de Sécurité Sociale. Elle a examiné leur comportement sanitaire quand leurs enfants présentaient des symptômes courants comme diarrhée, fièvre, toux et vers. Les mères se procuraient généralement de l'aide et des conseils thérapeutiques auprès d'une femme plus âgée dans la famille, et ceci d'avantage pour la diarrhée (82%) et la fièvre (64%) que pour la toux (43%) ou les vers (28%). Obtenir des conseils à la pharmacie ou auprès de vendeurs de médicaments (étendue : 8%-38% en fonction du symptôme) occupait le deuxième rang, avant la recherche d'aide professionnelle dans un service médical (étendue : 8%-23%). Des guérisseurs traditionnels étaient rarement consultés (étendue : 0%-3%). Quand elles avaient recours à l'auto-traitement, les femmes utilisaient surtout des médicaments occidentaux : autour de 80% en cas de diarrhée ou fièvre, et plus que 50% en cas de toux. Des herbes et des remèdes traditionnels d'usage externe étaient peu utilisés, excepté pour la toux (27% d'herbes) et les vers (58% de remèdes externes). Aucune des mères ne mentionnait la solution de réhydratation orale comme remède pour la diarrhée. Des problèmes d'accessibilité géographique ou financière ne pouvaient pas expliquer la faible utilisation du système de santé occidental. L'acceptabilité des services publics, par contre, était mauvaise parce que la clinique de la Sécurité Sociale ne prescrivait pas – pour des épisodes non compliqués – les médicaments modernes «puissants» que les mères préféraient. Les femmes se tournaient en conséquence au secteur privé, partiellement informel, qui répond impudemment à leur demande. Éliminer l'écart entre les besoins «rationnels» perçus par le secteur de santé officiel et la demande de la population est un des défis importants pour la planification sanitaire dans des communautés qui sont, comme celle étudiée, en transition.

Gezondheidszorggedrag en zelf-behandeling voor frekwente ziektesymptomen bij kinderen in rural Guatemala.

Samenvatting – Deze studie werd uitgevoerd op de centrale hoogvlakte van Guatemala, in het departement Sacatepequez, in een steekproef van 146 vrouwen die onder het stelsel van de Sociale Zekerheid vielen. Ze bestudeerde hun gezondheidszorggedrag wanneer hun kinderen frequente ziektesymptomen zoals diarree, koorts, hoest en wormen vertoonden. De moeders zochten gewoonlijk hulp en behandelingsadvies bij een oudere vrouw in de familie; dit gebeurde vaker voor diarree (82%) en koorts (64%) dan voor hoest (34%) of wormen. Advies inwinnen in de apotheek of bij een geneesmiddelenverkoper kwam op de tweede plaats (amplitude : 8%-38%, afhankelijk van het symptoom), vóór het bekomen van professionele hulp in een medische dienst (amplitude : 8-23%). Traditionele genezers werden omzeggens niet geraadpleegd (amplitude : 0%-3%). In het geval van zelf-behandeling gebruikten de vrouwen vooral westerse geneesmiddelen : ongeveer 80% bij diarree of koorts en meer dan 50% bij hoest. Kruiden en traditionele middelen voor uitwendig gebruik werden weinig aangewend, behalve voor hoest (27% kruiden) en wormen (58% uitwendige middelen). Geen enkele moeder vermeldde orale rehydratatie oplossingen als huisremedie voor diarree. Problemen met geografische of financiële toegankelijkheid konden het lage gebruik van het Westerse gezondheidszorgsysteem niet verklaren. De aanvaardbaarheid van de openbare voorzieningen was echter laag. In grote mate omdat de «potente» moderne geneesmiddelen waar de moeders de voorkeur aan gaven niet voorgeschreven werden in de polikliniek van de Sociale Zekerheid, althans niet voor niet-gecompliceerde ziekteëpisodes. De vrouwen zochten daarom hun toevlucht in de – deels informele – private sector, die zonder schroom op hun vraag inspeelt. De tegenstelling wegwerken tussen de «rationele» noden erkend door de officiële gezondheidszorg-sector en de vraag van de bevolking is een van de belangrijke uitdagingen voor de planning van de gezondheidszorg in gemeenschappen die, zoals de bestudeerde, in overgang zijn.

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