

POPULATION ACCEPTABILITY TOWARDS FORMAL AND INFORMAL
HEALTH SERVICES IN AN EGYPTIAN RURAL COMMUNITY.

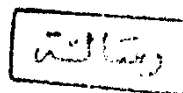
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وَعَلَّمَكَ مَا لَمْ تَكُن تَعْلَمُ

وَكَانَ فَضْلُ اللَّهِ عَلَيْكَ عَظِيمًا

صَدَقَ اللَّهُ الْعَظِيمُ

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The candidate

SUMMARY

A household survey was done to describe health services provided by the traditional health practitioners (THPs) in a rural area, Belbeis district, Sharquia Governorate in EGYPT. We also describe the population acceptability of both formal and informal health services. Three villages were selected depending on presence or absence of formal health service units , and a total of 232 houses were sampled. Each Family/House was subjected to a questionnaire/interview inquiring about different health/medical services offered and/or needed by the family.

The three villages proved to represent different levels of socioeconomic development. This study concludes that THPs are still practicing in rural community in the studied area in EGYPT, rural people continue to rely particularly on dayas in delivery attendance, health barber provides some essential health care services to the people and also bone-setters in dealing with bone troubles. It was clear that socioeconomic level has a role on health care utilization. It was recommended to train those THPs with continuous supervision and evaluation as well as further indepth studies for efficient utilization of health services offered by primary health care centers.

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INTRODUCTION

Recent studies in the developing countries have viewed Traditional Health Practitioners (THPs) as having important roles to play on health care particularly in rural areas (Assad & El-Katsha, 1981). Rural Egyptians have had an access to both traditional and formal health/medical services, so rural Egypt is considered a good setting for studying population's acceptability towards both systems. The role of the Barber like that of the Daya is passed down in the families. Traditionally, the barbers cut hair and shaved beards but over time they began to provide first aid services, give injections, and circumcise boys and sometimes girls. Before the extention of government health services to the rural areas, the barbers issued birth and death certificates and reported deaths to the county health office. In rural Egypt, traditional birth attendents (TBAs) are the most important source of wide range of advice, psychological support, and health and ritualistic services related to marriage, fertility, child birth, and maternal and child health. TBAs have strong influence on the progress of community health programmes; for instance the family planning program in Egypt was hampered in 1970s by rumors initiated and/or spread by TBAs (Warwick, 1988).

Despite the fact that governmental policy concerning Dayas has undergone several major changes in recent decades and their activities are considered illegal, it is now estimated that

10,000 dayas continue to practice in both urban and rural areas in Egypt (Carney, 1984). Several recent studies show that at least 80 % of deliveries among rural and poor urban are carried out by dayas, and that th daya perform other functions that render them indispensable to their communities (Assad and El-Katsha, 1981).

Bone-Setters are also popular figures in Egyptian villages and poor urban areas. The bone-setter can distinguish between fractures, sprain and dislocations (Assad and El-Katsha, 1981).

Few studies have been done in this area in Egypt, and it was felt that another study may reveal new facts and explore the situation of THPs in rural Egypt.

OBJECTIVES

The present study was designed with the following objectives:

1. To describe the health/medical services provided by traditional health practitioners (THPs) in rural area, Belbeis, Sharquia Governorate.
2. To determine the population acceptability towards the formal and informal health services in that community.

LITERATURE REVIEW

Health and Medical Care:

Personal health care (or synonymously Health care) is a term usually used to include all the services provided to an individual by a health care professional (or under his immediate supervision) and aiming at maintaining or restoring health. Usually, Personal health care is provided on a one-to-one basis, and when the provider is a medical doctor these services are usually called " Medical care". Health care has a wider meaning than medical care as it involves such activities as health education, care for nutrition, rehabilitation, that can provided by non-medical specialist (Lester Breslow, 1980).

The 28th World Health Assembly in 1975 and the Declaration of the Alma Ata in September 1978 have witnessed the birth of a new era in the philosophy of health care. Since then, most of the world countries adopted the concept of Primary Health Care (PHC) as a strategy as well as "Health for All by the Year 2000" as an objective (Maxcy, 1980).

The primary level of health care should provide the essential health care to every individual in the community. It should be based on the community needs, socioeconomic status, culture and traditions. Primary health care should be viewed as a strategy of reorienting the health care system, and as a consequence reallocating the skills and finance which are now concentrated in the hospiatal sector (WHO Report Series, 1987).

Formal versus Informal Health Services:

Formal medical care system depends mainly on the system of physicians, with various degrees of specialization, nurses and nurse aids. Formal medical care is usually provided in Health Centres, hospitals and private clinics.

In view of health services there is no community that has not developed its own traditional system of care, in whatever form they may exist they provide useful curative services for people not only in rural areas but also in large urban cities (Oyeneye, 1985). They provide cheapest means of health care and clients are free to pay in kind or cash after treatment. Traditional health systems are also characterized by low training costs as well as low operating costs (Oyeneye, 1985). This systems have a profound influence on health believes and the utilization of the formal health care system. Although previously thought to be harmless, some of the practices of the tradiitonal health practioners turned to be very dangerous, as they are now incorporating the new practices and drug into their prescriptions.

Traditional Health Practitioners:

Traditional Practitioners may be classified according to Bannerman (1975) into four groups; first, those who received a full training in modern medicine; second , those who trained in traditional medicine but have some knowledge of modern medicine,

third;; those without formal training but have obtained qualifications in some particular traditional medicine; they practice only traditional medicine, fourth; those without either training or qualifications and who are practicing traditional medicine through apprenticeships with other traditional practitioner, they include traditional birth attendets and some herbalists. Bannermann et al (1983) proposed that traditional practitioners can be categorized as: "Hakim" as medical practitioner, the "attar" as the pharmacist, the religious and medicine man as psychotherapist, bone-setter or "megabbarati" as orthopaedic surgeon and "daya" as midwife.

The term traditional birth attendents (TBAs) is used by the WHO and is defined as a person who assists the mother at childbirth and who initially acquired her skills delivering babies by herself or by working with other TBAs (Verderese et al, 1975).

In a study done by Hassan et al,1985, they defined THPs as individuals usually from the local community who had no formal training or experience in medical care and who are officially unrecognized by the health authorities but provide some limited primary health care services to the people. They include the traditional midwife who is a female publically called ' Daya
↓
'and thr traditional healer who is a male publically called ' health barber '.

THPs in Some Other Countries :

In Nigeria, in Bendel state study, there were 37,684