



Measures taken when a family member is sick in Kersa woreda, Eastern Hararghe, East Ethiopia

This policy brief explains the health seeking pattern of households in 12 selected kebeles of kersa woreda, Eastern Hararghe

Introduction

In order to identify and diminish the risks to which individuals in a community are exposed and to conduct appropriate and effective actions in public health, it is crucial to have prior knowledge of the characteristic and predominant ways of thinking and acting of a population. It is a given community’s perception of a specific alteration that indicates the problem’s severity and determines both the decision to treat and the appropriate form of treatment. It is reported that out of all the symptoms people experience, only 10-30% of the illness is presented to the physicians. The rest is believed to be treated by other mechanisms or tolerate the illness

In the kersa longitudinal project area, from March to April 2008, 476 respondents from each studied households have been asked about the type of measures taken when a family member is sick in the study area. In this policy brief, the respondents have been asked about the background characteristics of the study subjects, the type of measures taken by the family for sick family members, the reason for selecting the specific type of measure and for what kind of disease/ illness the family seek the specific measures.

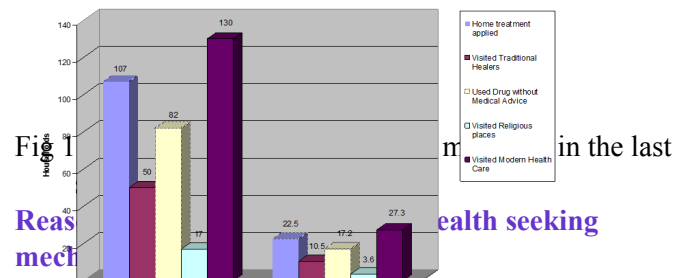
Household population

The usual household members of the 476 sampled households were 2,198. The overall sex ratio was 1 male per 0.93 female. Age structure indicates that 47.7% were under 15 years, 44.9% of 15 – 49, 3.9% of 50-59 and 3.6% were 60 years and above. The average family size of the studied households is 4.6, and ranges from 1 to 18.

Measures taken for sick family members

The respondents have been asked whether the family has utilized home treatment, traditional healers, drugs without medical attention, religious places or modern health services for sick family members in the last six months. It was understood in the study that the studied families have sought treatment from one or multiple

means which have been already mentioned. As it has been described in Figure 1, it was found out in this study that the proportions of people who have ever used home treatment for sick family members in the last six months (22.5%) are comparable to those who have used modern health service (27.3%), while 3.6% of sick individuals have been taken to religious places to seek out treatment. A quiet significant number of households (17.2%) have used drugs without medical attention and about 10.0% of the families visited traditional healers for sick family members.



The respondents have been asked why the family utilized the selected treatment measures for sick family members. Most of the respondents replied that they selected the treatment means because they believe that the disease can be effectively treated by the selected treatment measures. The rest reasoned out that they selected the treatment measures because no other means is available in the area and the disease can not be treated by other mechanisms.

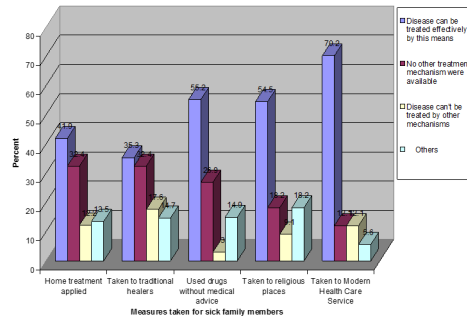


Fig 2: Reason for selecting type of measures taken for sick family members

Type of illnesses that caused the family to seek treatment

The study participants have been asked about the kind of disease that caused the family to seek out treatment. There were 29 categories of symptoms of disease reported by respondents. Headaches were the most commonly reported illness with 127 (21.4%) cases and congenital malformation and depression were the least reported (0.5%) health problems.

Among those families with sick family members reporting headache illness, the majority (32.3%) of them have used drug without medical advice to treat sick family members. The rest headache cases have visited modern health services, home treatment, traditional healers and religious places as it has been reported by 26%, 24.4%, 15%, and 2.4% of the respondents, respectively.

Abdominal pain is the second highly reported disease. When the studied household members suffer abdominal pain, 38.3%, 36.7%, 13.3% and 11.7% of them visited modern health care, utilized home treatment, used drugs without medical attention and went to religious places, respectively. The third frequently reported illness, diarrhea, was addressed by half (50%) of the households by visiting modern health service. The rest 21.7%, 19.6%, and 8.7% of the diarrhea cases have been managed by using drugs without medical advice, home treatment and traditional healers respectively.

Policy Recommendations

It is believed that an appropriate and timely health seeking behavior is developed by improvement of socio-demographic and socio-economic characteristics of individuals. In this cross-sectional survey, the result describes the family health seeking pattern in the study area is not satisfactory, regarding the utilization of modern health services. There are about 20% of households who simply buy drug and use for sick family members without medical advice. One – quarter of this group described that they used this measure since other treatment mechanisms are not available in the area. Half of the households who have conducted self treatment have replied that they believe this measure is effective. When we see the educational background of the studied population, excluding the underage children, above 50% of the household members are illiterate or didn't attend formal education and about 15% have attended only first cycle elementary school, below grade 5. Intervention strategies need to emphasize on the awareness creation about early and appropriate treatment mechanisms. Pharmacies and drug vendors in the woreda need to avoid selling drugs without proper prescription. The availability of health institution needs to be improved for the community to have better access.

Kersa Demographic Surveillance and Health

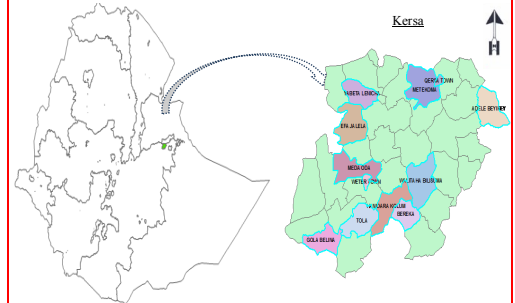
Research Center (KDS-HRC),

Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

