

### **III. Results**

#### *Sickness*

Table 3 summarizes the data on reported illness in the previous 14 days (two weeks). Between 87 (Zewai) and 164 (Addis Ababa) persons per thousand people reported 10 have been sick in the previous 2 weeks. In terms of sickness episodes, these were between 87 and 18:j per 1000. Cough and other respiratory symptoms being the most frequently reported in all but Adamitulu, dominate the picture. Head and neck, diarrhea and other gastro-intestinal symptom complexes vie for second place.

TABLE 3: KIND OF ILLNESS AS PERCENTAGE OF ILLNESS EPISODES AND NUMBER of PERSON & SICKNESS EPISODES

ILLNESS and NUMBERS	ADAMITUL U		ZEWAI 01		ZEWAI 02		ADDIS ABABA 21/11	
	No.	%	No.	%	No.	%	No.	%
Feb rife (mitch etc.)	22	7.2	14	4.2	18	8.4	26	4.6
Cough & other respiratory	67	22.0	116	34.9	84	39.3	285	50.5
Diarrhea and other respiratory	55	18.1	66	19.9	49	22.9	78	13.8
Head and Neck (Headache etc)	78	25.7	69	20.8	27	12.6	85	15.1
Veneral Diseases	2	0.7	-	-	-	-	3	0.5
Skin	12	4.0	-	2.7	7	3.3	9	1.6
Maternal	3	1.0	4	1.2	3	1.4	6	1.1
Other diseases	49	16.1	45	13.6	18	8.4	66	11.6
Injuries	16	5.8	9	2.7	8	3.7	6	1.1
Total numbers of episodes	304		322		214		564	
Total number of persons	257		293		213		504	
Number of sick persons per 100 inhabitants	102		150		87		164	

In most cases single illnesses (symptom-complexes) were reported as shown in Table 4. No person reported more than 3 sickness episodes in the 14 days period. The age and sex, distribution of 'those reporting illness is compared with that of the study population in Table 5. We note that women are over represented in the illness group. The age group of less than one and over 45 years were over represented while those between age groups I and 4 were under-represented. Interestingly, the under representation of the age groups 15-44 especially for female is relatively small and becomes even smaller with rurality.

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TABLE 4: NUMBER\* OF DISEASES (SYMPTOM COMPLEXES REPORTED PER SICKPERSON

Number of Persons	Adamitulu	Zewai 01	Zewai 02	Addis Ababa 21/11
One	214	254	212	446
Two	38	35	1	53
Three	5	4	-	5
Total	257	295	213	504

\*Includes episodes for which the kinds of illness was not specified.

### ***Action Taken***

Table 6 & 7 show the kind of action taken by those reporting sickness in the last two weeks. Overall a large proportion of those reporting illness (about 37% in Adamitulu, 13% in Zewai 02 and Addis Ababa, 30% in Zewai 01) did not take any action. About 14% in Adamitulu, 23% in Zewai 01, 21% in Zewai 02 and a high 48% in Addis Ababa 21/11 had self (lay) care. Most of the sick, over 90%, limited themselves to action in one system of care in the two weeks period. In all, combined actions constituted 7.5% , 14.6% , 0.5%, and 9% in Adamitulu, Zewai 01, Zewai 02 and Addis Ababa, respectively. If we leave out change from no action (nothing) to action or the inverse combinations. We find the following pattern.

	Adamitulu	Zewai	Addis Ababa
Change from self (lay) care to modern care	7	-	47
Change from traditional care to modern care	1	-	2
Change from modern to self (lay) care	1	7	7
Change from modern to traditional care	-	1	2

TABLE 5: AGE &amp; SEX DISTRIBUTION: TOTAJ... POPULATIONS AND THOSE REPORTING ILLNESS (IN PERCENTAGE)

AGE GROUP	ADAMITULU		ZEWAI 01		ZEWAI 02		Addis A. 21/11	
	Sick	Total	Sick	Total	Sick	Total	Sick	Total
-1	9.4	4.8	5.5	2.9	4.7	3.6	5.2	2.1
1-14	36.2	48.5	31.2	44.3	40.4	45.6	32.0	42.2
15-44	29.5	34.4	46.9	45.4	41.8	42.6	42.7	47.9
45-64	13.0	8.5	13.7	6.2	8.5	7.0	15.3	6.1
65+	11.8	3.8	2.7	1.2	4.7	1.3	4.8	1.7
Total (number)	254	2,512	292	1,949	213	2,450	503	3,077
Male	35.4	48.7	35.6	51.9	41.3	49.6	37.8	48.0
Female	64.6	51.3	64.4	48.1	58.7	50.4	62.2	52.0

Table 6: KIND OF ACTION TAKEN BY SICK PERSONS BY KIND OF SICKNESS (IN PERCENTAGE)

ACTION ILLNESS	ADAMITULU			ZEWAI 01			ZEWAI 02			ADDIS ABABA 21/11		
	I	E	T	I	E	T	I	E	T	I	E	T
Febrile (Mitch etc.)	52.4	47.6	21	78.6	21.4	14	11.1	88.9	18	60.0	40.0	25
Cough & Other												
Respiratory	47.0	53.0	66	64.0	36.0	114	43.4	56.6	83	74.5	25.5	235
Diarrhae & Other GI												
Head & Neck (Headache etc)	43.2	56.8	44	39.7	60.3	58	8.9	91.1	49	53.2	46.8	62
Veneral Diseases	100.0	-	2	-	-	-	-	-		-	100.00	3
Skin	50.0	50.0	10	57.1	42.9	7	85.7	14.3	7	25.0	75.0	8
Maternal	66.7	33.3	3	-	100.0	3	-	100.0	3	25.0	75.0	4
Others	71.4	58.1	31	43.3	56.7	30	44.4	56.6	18	42.0	58.0	50
Injuries	41.9	28.6	14	50.0	50.0	8	25.0	75.0	8	16.7	83.3	508
Total	51.0	49.0	255	53.8	53.8	288	33.7	66.3	211	64.2	35.8	6

TABLE 7: ACTION TAKEN BY SICK PERSONS BY SEX (IN PERECNTAGE)

ACTION	ADAMITUL U		ZEWAI 01		ZEWAI 02		ADDIS ABABA 21/11	
	M	F	M	F	M	F	M	F
Nothing	33.7	37.4	29.8	29.3	10.2	14.6	13.2	13.1
Self (lay) Care	9.0	17.8	20.2	27.1	15.9	24.4	42.9	58.0
Professional Care	57.3	44.9	50.0	43.6	73.9	69.1	43.9	28.9
Total (number)	89	163	104	188	88	123	189	312

Table 7 shows the distribution of taken by sex. As in many other places (9,53), relatively more males resort to external (professional) action while females tend to use more self (lay) care Or take no action at an. In general, older 'age groups, those 65 and over in 'particular, tend to resort more to internal (i.e. action or self (lay) care) action (Table 8). Education tends to reduce non action and reinforces self care (table 9) while the role of religion was more difficult to asses because of the high preponderance (Table 10) of Orthodox religion in the areas studied.

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TABLE 8: ACTION TAKEN BY SICK PERSONS BY AGE (IN PERCENTAGE)

AGE (IN YEARS)	ADAMITULU			ZEWAI 01			ZEWAI 02			Addis Ababa 21/11		
	I	E	T	I	E	T	I	E	T	I	E	T
-1	60.9	39.1	23	35.3	64.7	17	20.0	80.0	10	46.1	53.9	26
1-14	47.8	52.2	92	57.2	42.9	91	29.1	70.9	86	64.8	35.2	159
15-44	48.0	52.0	75	49.6	50.4	137	35.6	64.4	87	67.9	32.1	215
45-64	48.5	51.5	35	67.5	32.5	40	50.0	50.0	18	63.3	36.4	77
65+	60.0	40.0	12	62.5	37.5	8	40.0	60.0	10	75.0	25.0	24
Total	50.6	49.4	253	53.9	46.1	293	33.6	66.4	211	65.5	34.5	501

I -Internal i.e. nothing or self (lay) care

E --External i.e. modern or traditional professional care

T -.Total numbers

TABLE 9: TYPE OF CARE BY LEVEL OF EDUCATION (IN PERCENTAGE)

EDUCATIONAL CARE	ADAMITULU			ZEWAI 01			ZEWAI 02			Addis Ababa 21/11		
	I	L	E	I	L	E	I	L	E	I	L	E
Nothing	40.5	26.7	36.4	30.8	25.4	30.4	20.8	13.6	7.2	15.7	16.9	10.2
Self (lay)	14.4	17.8	13.1	22.4	32.8	21.7	16.9	22.7	32.5	42.6	50	57.2
Professional	45.1	55.6	50.5	46.7	41.8	47.8	62.3	63.6	70.3	41.7	33.1	32.6
Total (number)	111	45	99	107	67	115	77	22	111	108	130	264

I – Illiterate (includes read only)

L – Literate

E – Elementary Education or above

Table 10: TYPE OF CARE BY RELIGION

RELIGION	ADAMITULU			ZEWAI 01			ZEWAI 02			ADDIS ABABA 12/11		
CARE	OR	M	O	OR	M	O	OR	O	M	OR	M	O
Nothing	38.4	27.5	100	30.0	23.1	-	11.5	33.3	-	13.7	13.7	7.1
Self (lay)	12.8	21.6	-	23.8	38.5	33.3	20.8	26.7	-	52.7	52.7	61.9 6
Professional	48.8	51.6	-	46.2	38.5	66.7	67.7	40.0	100	33.6	33.6	31.0
Total	203	51	1	277	13	3	192	15	4	387	387	42

OR – Orthodx

M – Muslim

O - Others

## Self (lay) Care

The reasons for the choice of self (lay ) care are given in Table 11. In all the study sites, the most frequent reason for making use of self ( lay) care is the perception that the disease is minor. It is interesting to note that, this reason becomes more, preponderant with urbanization. Poverty is the next most important mason. Other reasons such as non-availability of, non-confidence in, etc. modern care 'were mentioned very rarely. In fact only one person front Addis Ababa mentioned non-availabil 1ty of modem health care as a reason. Not even in Adami Tulu where nearest government service is 7 kms away, was non-availability of modern health care given as a reason. Only 22 people thought modern care either does not work £or the kind of disease they had or had failed.

TABLE 11: REASONS FOR SELF (LAY) CARE

REASONS	ADAMITUL U		ZEWAI 01		ZEMAI 02		ADDIS ABABA 21/11	
	No	%	No	%	No	%	No	%
Disease in Minor	13	39.4	31	47.7	23	56.1	146	46.6
What I did is the best	4	12.1	1	1.5	2	4.9	6	2.3
What does not work	-	-	2	3.1	-	-	6	2.3
Modern failed	1	3.0	8	12.3	-	-	5	1.9
Modern not available	-	-	-	-	-	-	1	0.4
Poverty	10	30.3	5	7.7	8	19.5	40	15.5
No time	1	3.0	3	4.6	3	7.3	12	4.7
Others	4	12.1	15	23.1	5	12.2	42	16.3
TOTAL	33		65		41		258	

TABLE 12: SELF (LAY) CARE BY HOW USED

Table 12 shows how self (lay) care was used. As we have seen above most self (lay) care was utilized alone, and very few made use of it before, after or concurrently with either modern or traditional professional care.

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TABLE 12: SELF (LAY) CARE BY HOW USED ADMITULU ZEW AI 01 ZEW AI 02 Addis Ababa  
21/11

HOW	ADAMITULU		ZEWAI 01		ZEMAI 02		ADDIS ABABA 21/11	
	No	%	No	%	No	%	No	%
Exclusively (alone)	27	84.4	55	82.	42	100	198	94.2
Before Other care	-	-	1	1.6	-	-	39	14.6
Concurrently with other care	-	-	-	-	-	-	13	4.9
After other care	3	9.4	6	9.4	-	-	10	3.7
No answer	2	6.3	4	6.3		-	7	2.6
Total	32		66		42		267	

*Drugs used in self (lay) care*

A lot of self (lay) care (Table 13) was carried out by means of modern drugs, however, quite an important proportion of the respondents used home made ( traditional) remedies. In this connection, an effort was made to find out if respondents had drugs (traditional or modern) at home and if so, what they thought they should be used for.

TABLE 13: SELF (LAY) CARE BY NATURE OF CARE (IN PERCENT AGE )

Self (lay) care, Ethiopia-1984

	Adamitulu	Zewai 01	Zewai 02	Addis Ababa 21/11
Took Modern Drugs	14.4	22.2	40.5	65.6
Took Home (traditional) Remedies	82.9	76.4	59.5	28.5
Other (Massage, Advice, etc)	5.7	1.4	-	5.9
Total (Number)	35	72	42	256

TABLE 14: CHARACTERSTIC AND REPORED USE OF DRUGS

	ADAMITULU	ZEWAI 01		ADDIS ABABA 21/11
I. No of Drugs - Total	348	233	278	379
No of Drugs per household	0.66	0.68	0.62	0.76
II. Traditional drugs-number (as % of total)	173 (49.7%)	124 (53.2%)	119(42.8%)	54(14.2%)
Traditional drugs per household	0.33	0.36	0.26	0.11
Traditional drugs for specific use	66	51	39	39
Traditional drugs o specific use	107	73	80	15
III. Modern drugs (no) per household	(173) 0.34	(109) 0.32	(159) 0.36	(325) 0.70
Modern drugs for non-human use	14	15	2	10
Modern drugs use unknown	13(8%)	11(12%)	16(10%)	58(18%)
Modern drugs determination	65(40)	28(30)	68(45)	36(11)
Modern drugs use not possible (%)	25(16)	14(15)	14(15)	67(21)
Modern drugs appropriate Use (%)	58 (36	41(44)	49(31)	154(49)



It would be noted that for a high proportion of the drugs kept at home, the nature of the drug could not be ascertained by the interviewer because there was no proper labelling on the containers. The unlabeled drugs and those for non-human use are not included in Table 15, in which the opinion of the respondents on the use (indication) of the drugs kept at home was compared to that indicated by the manufacturer as described in Africa MIMS. For those drugs for which use could be ascertained from the labels, the respondents did not know or were uncertain of their use in 8, 12, 10 and 18 cases out of a hundred in Adamitulu, Zewai 01 Zewai 02, Addis Ababa respectively.

TABLE 15: OPINION ON THE USE OF MODERN DRUG (FOR HUMAN USE)  
 COMPARED TO THAT INDICATED BY MANUFACTURERS

OPINION DRUG (ACTING ON)	ADAMITULU			ZEWAI 01			ZEWAI 02			ADDIS ABABA 21/11		
	Alimentary	-	2	12	-	-	18	-	3	8	3	2
Cardiovascular	-	-	4	-	2	1	-	-	1	-	2	12
Analgesic/Antipyretic	2	5x	3	1	5x	3	3	3x	1	4	12x	16
ENT	-	-	2	1	-	1	-	1	5	4	1	19
Ophthalmic	-	-	20	-	1	6	-	-	14	1	-	12
Genitourinary	-	-	-	-	-	-	-	-	-	4	2	4
Infection	4	12xx	2	1	4xx	2	3	11xx	12	11	32xx	15
Vitamin and other Nutritional	5	-	4	5	1	-	6	3	2	26	6	4
Antiallergic	1	-	1	-	-	-	-	-	-	-	-	4
Respiratory	-	6	10	1	1	8	1	2	5	1	6	39
Dermatologic	-	-	-	-	-	2	1	1	1	3	4	4
Total	13xxx	25	58	11xxx	14	41	16xx	24	49	58xxx	67	154