

MEDICATION ATTITUDES – HOUSEHOLD SURVEY OF FAJSALABAD TEHSIL

Pages with reference to book, From 290 To 291
Abid Parvez, Naseer Ahmad Chaudhry, Fateh M. Chaudhry (PMRC Research Centre, Punjab Medical College, Faisalabad.
)

Muhammad Ashfaq (Department of Statistics, University of Agriculture, Faisalabad.)

INTRODUCTION

Quackery an ancient Practice¹⁻³ is an outcome of shortage and inaccessibility of qualified medical practitioners in this country. It is a threat to scientific medical practice and hazardous to the population. In spite of this, people still resort to various non scientific, sometimes crippling and even-life threatening ways, for their ailments. The present study was conducted to know the attitudes of people towards different modes of treatment and the reasons thereof in Tehsil Faisalabad. Faisalabad is the third largest city of Pakistan with an urban population of 1.12 million and rural population of 0.93 million⁴. Its industrial, commercial and agricultural set up is representative of the Punjab Province.

MATERIAL, METHOD AND RESULTS

This study included all urban and rural house holds in Tehsil Faisalabad. The urban area was divided into enumeration blocks which were further divided into three strata according to socioeconomic levels. In rural area each village was considered a separate block. Forty five urban blocks and 35 villages were randomly included in the sample by applying two stage stratified random sample technique. Twenty households from each block/village were selected, thus the total number of households was 1600. Information regarding socio demographic parameters, attitude of people towards different modes of treatment and the possible reasons were recorded by the Field Surveyors on the prepared proforma. Modes of treatment preferred were classified into three groups. The households in Group 1 preferred Government hospital/dispensary treatment, in group 2 private hospitals + Specialists + general practitioners and in group 3 proforma was for homeopaths, hakims, quacks, faith healers (Peers) and self medication.

RESULTS

Of 1600 households surveyed, 900 were urban and 700 rural, covering a population of 11,395(6614 urban, 4781 rural) persons. The average household size for urban and rural areas was 7.3 and 6.8 and male to female ratio 1.12:1 and 122:1 respectively. The urban (545%) population, preferred MBBS doctors, Specialists and Private hospitals and the rural population preferred homeopaths, hakims and faith healers (Table I).

TABLE I. Percentage distribution of households by most preferred mode of treatment.

Mode	Area				Rural	Both
	Urban					
	Lower Class	Middle Class	Upper Class	Over-all		
Govt. Hospital/ Dispensary	12.0	11.9	8.7	11.6	17.0	13.9
Pvt. Hospital/ Dispensary, Specialist, Doctor (MBBS)	46.6	56.2	77.7	54.5	30.6	44.2
Homeopath, Hakim, Quack Peer, Self	41.4	31.9	13.6	33.9	52.4	41.9
Total:	100	100	100	100	100	100

The overall preference for group 2 mode of treatment was for proper diagnosis and rapid relief and group 3 for easy availability, lower cost, sympathetic attitude (Table II) and the easy access (Table III).

TABLE II. Percentage distribution of households by most preferred mode of treatment and reasons.

Area	Urban			Rural		
	Govt. Hosp/Dispensary	Pvt. Hosp/Dispensary, Specialist, Doctor (MBBS)	Homeopath, Hakim, Quack, Peer, self	Govt Hosp/Dispensary	Pvt. Hosp/Dispensary, Specialist, Doctor (MBBS)	Homeopath, Hakim, Quack, Peer, self
Reasons						
Cheap	22.9	2.8	36.6	22.1	1.3	30.2
Easily available	8.8	16.0	29.3	12.7	6.8	40.7
Proper Diagnosis	51.2	43.5	2.0	40.9	57.3	0.6
Rapid Relief	13.3	28.4	5.2	14.9	26.7	2.3
Sympathetic Attitudes	0.8	4.1	6.1	0.4	3.3	2.6
No side effect	-	-	3.9	-	-	1.2
Faith + Fame +						
Others	3.0	5.2	16.9	9.0	4.6	22.6
Total:	100	100	100	100	100	100

TABLE III. Percentage distribution of households to nearest available mode of treatment.

Mode	Area		Both
	Urban	Rural	
Govt. Hospital/ Dispensary	1.2	5.8	3.3
Pvt. Hospital, Specialist, Doctor (MBBS)	29.0	2.6	17.4
Homeopath, Hakim, Quack, Peer	69.8	91.6	79.3
Total:	100	100	100

DISCUSSION

The standard of health care in a country depends on the available medical facilities and the manpower. In Pakistan there was 1 doctor for 4,000 and 1 hospital bed for 2,000 persons in 1977^{6,7}. Although the figures have improved in 1986 but they / are still not as good as other Countries⁵⁻⁷ (Table IV).

TABLE IV. Populatio/Doctor and Bed.

Country	Popula- tion/ Doctor	Popula- tion/ bed
USSR ⁶ (1977)	289	82
Italy ⁶ (1977)	481	96
USA ⁶ (1977)	568	159
UK ⁶ (1977)	654	112
UAE ⁶ (1977)	769	439
Japan ⁶ (1977)	840	94
Saudi Arabia ⁵ (1980)	2537	690
India ⁶ (1977)	3846	1333
Pakistan ^{6,7} (1977)	4000	2000
(1986)	3400	1760
Sri Lanka ⁶ (1977)	6250	338

Non-availability of government hospitals and dispensaries in rural areas, lack of diagnostic facilities, medicines and manpower in few that are available and the high cost have made group 1 and 2 modes of treatment out of reach for an average Pakistani. They, therefore, resort to unscientific and at times hazardous modes of easily available, low cost treatment of group 3 as is shown in this study. Taking this study as a base line a comprehensive survey of government health facilities and an attempt to improve the health manpower and hospitals may bring some change in the health status of people of this country.

REFERENCES

1. Lyons, AS. and Pettrucelli, R.J. Medicine, and illustrated histosy. New York, Hany N. Abrams, 1978, p. 67, 72,196,301.
2. Saffron, M. Medicine, an illustrated history, by Lyons A.S. and B.. J. Pettrucelli. New York, Hariy N. Abrams, 1978, p 485, 489.
3. Brieger, G.H. Christopher's text book of surgery, 12th ed London, Saunders, 1981.

4. 1981 District Census Report of Faisalabad. District Census Report No. 49. Islamabad, Population Census Organisation, Government of Pakistan, 1984, p. 22.
5. Makkah Region Comprehensive Development Plans, Final Report; Saudi Arabia, Ministry of Municipal & Rural Affairs, Kingdom of Saudi Arabia, 1984, p.62.
6. The world almanac and book of facts, 1983. New York, Newspaper Enterprises Association, 1983, p500.
7. Economic Survey 1985-86. Islamabad, Economic Advisors Wing, Ministry of Finance, Government of Pakistan, 1986, p.12.