

PLANS FOR A STUDY IN THE METHODOLOGY
OF RURAL HEALTH CARE

Reasons for undertaking the study:

During the last ten years, in piloting a modest primary care program in the mountains of western Mexico, we have become increasingly convinced of the importance of a "grass-roots" approach to rural health care. Our experience in Mexico concurs with recent conclusions of many other pioneers in rural health care, that the key to rural health care in developing countries lies in helping the local people learn to cope more effectively with their own health needs. We have found that villagers with as little as two or three years of primary education can be trained, in a matter of months, to provide appropriate preventive measures and/or effective treatment for many of the important health problems. Through distribution of the villagers' medical handbook, Donde No Hay Doctor (Where There Is No Doctor)--now used as a training manual for village health workers (VHWs) and as a model for similar handbooks in Asia and Africa--we have been communicating with pioneers of rural health care programs in many parts of the world. Thus, we have become increasingly aware of the tremendous need for further study into appropriate methods of providing villagers with the basic knowledge and incentive needed to better their own health. It is to help meet this need that the present study is proposed.

Scope of study:

Our intention is to gain first-hand knowledge, in a representative selection of developing countries, of approaches and methods presently being used to help members of rural communities--including mothers, school children, midwives, traditional healers, and VHWs--cope more effectively with their own health needs. Included will be countries, areas, or programs in which:

- 1) local, modestly trained health workers play a substantial role in the health care of their own communities;
- 2) traditional healers make--or are helped to make--significant use of Western medical concepts and/or pharmaceuticals;
- 3) lay members of given communities; are actively involved--or encouraged to become involved--in curative and/or preventive aspects of their health care.

Efforts will be made to observe, gather data upon, and evaluate:

- 1) methods of selecting, training, supervising, providing follow-up and evaluating the work of village health workers;
- 2) the range of ability, capacity for primary decision making, concern for patients, attention given to preventive and promotive aspects of health care, outreach and other factors which influence the effectiveness of VHWs;
- 3) the appropriateness and actual use of existing teaching aids, study guides and work manuals by VHWs and other members of the rural community;
- 4) appropriate vs. inappropriate use of Western pharmaceuticals and medical concepts by a) VHWs, b) traditional healers and midwives, c) the lay public, and d) the local medical profession;

5) the ways in which traditional beliefs, customs and attitudes toward illness and healing influence the VHW's conception and use of Western medicine and "scientific method"; and the need to take these factors into account both in training and in the development of teaching materials and work manuals;

6) economic factors, especially: a) earnings of health workers at all levels, b) if and how villagers pay for services and medications, and c) the extent to which the local health program is--or could be--economically self-sustaining;

7) ways in which beneficial aspects of traditional and Western-type medicine are being--or could be effectively integrated.

Approach to the study:

Phase I. Preliminaries:

A. So as to build upon rather than duplicate relevant study already completed, a preliminary survey will be made, through review of published material and through communication with leading authorities on rural health care.

B. Contact will be made with leaders of village-based health programs in different countries, in order to determine which programs we might profitably visit and where we would be welcome.

Phase II. Fieldwork:

Fieldwork will be low-key and, where possible, data will be gathered through interviewing and observing the health workers and villagers themselves. Whereas "hard data" as to the effectiveness of different health workers on the specific health problems will be difficult to obtain in the time allowed, a scheme of guidelines for estimating effectiveness is being worked out. Major emphasis in the field study will be on observation of training methods and materials in actual use, and on gathering data for the development of more effective teaching and work manuals.

Phase III. Follow-up: (Uses of the study)

We intend to use data and insight gained through the fieldwork in the following ways:

A. to revise Donde No Hay Doctor, adapting both language and content for better comprehension and use by villagers in other countries;

B. to prepare additional training and work manuals (in Spanish and English.) Plans include: a handbook for rural mothers on child care, a health primer for village children, and a villagers' manual of simple dentistry;

C. to write a provocative, well-documented account--directed at medical and lay readers alike--of the role and potential of the village health worker and other members of a rural community in improving the health of their own people;

D. to promote an ongoing, productive interchange of ideas, methods and tools among the pioneers in rural health.