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The Impact of Poverty on the Health Seeking Behavior of the Poor: The Case of Debre Markos City of Ethiopia

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Abstract
Ethiopia is one of the poorest countries in the world. Accordingly, Shortage of house, inadequate water, poor sanitation, limited access to education and health, inadequate income and low nutrition are manifestation of poverty in general and urban poverty in particular. Describing the health seeking behavior of Debre Markos city in qualitative research design is the objectives of the study. Interview, case studies, FGD and observation are employed to generate qualitative information. Although access to health is relatively expanding in the city, the persistent poverty has prevented the poor households and individuals to utilize modern health centers in time of illness. Transport cost, consultation and medication cost and lack of awareness are factors to deter the poor from access to modern health centers. The study explores that the poor use spiritual (religious), traditional healer, witchcraft and self-treatment for illness that has no significant expenses as alternative health centers. Accordingly, the health seeking behavior of the poor people is influenced by poverty to use other alternatives. The study has explored the direct impact of poverty on health seeking behaviors of the city poor residents from cultural and economic aspects.
Keywords:- health, poverty and cultural

General Background of the Study

Ethiopia, located in the heart of East Africa, is defined by its linguistic, ethnic, religious and geographic diversity. The country with more than 90 million populations is one of the poorest countries in the world. Urban poverty which is characterized by poor housing conditions, poor sanitations, low nutrition, hazardous jobs and limited access to medical treatment compromised the health of the poor(Baker & sculler, 2004, Beal & Fox, 2009, MoUDC[1], 2011). Evidences confirm that infectious communicable diseases are the top diseases that have close relationship with poverty in Ethiopia (MoH[2], 2011).

One of the poor urban centers located in Amhara Region in western part of Ethiopia is Debre Markos city. 97% of the population belongs to Amhara community and Orthodox Christian church. In this respect, the city administration which is divided in to seven smaller unit of *kebele*[3] administration consists of a homogenized society in religious, linguistic and ethnic aspects. Under such social and cultural environment, the population is rapidly growing from 63000 in 2007 to 105000 in 2015(DMCA[4], 2015). The population growth is one of the fastest in the country as the average national urban population growth is 5 %(CSA[5], 2014). My argument does not put population growth as the sole cause of health problems. Rather, it is to show that the population is grown fast while in actual fact there is high unemployment, low nutrition, shortage of houses, and limited access to water and poor sanitation in the city. These socio-economic urban problems coupled with the population growth have considerable impacts and concerns on the health of the poor residents. The study explores how the poor reacts to their health problems? What factors shape their health seeking behaviors? How the poor manage their health problems? Are some of the issues that the study is intended to briefly describe.

Objectives

The study will make an attempt to describe the impact of poverty on health seeking behavior of the poor. It also explores the impact of poverty in shaping the health seeking behavior of the poor in to the cultural practice as an alternative illness treatment.

Methodology

The qualitative research approach is used to generate health related information from few purposely selected individuals. Accordingly, interview, case studies, Focused Group Discussion and observation are employed to collect data from the field work in the city. The qualitative data are organized to analyze, describe and explain the health seeking behavior of the poor.

[1] MoUDC- is an abbreviation for Ministry of Urban Development and Construction of Ethiopia.
[2] MoH- is an abbreviation for Ministry of Health of Ethiopia.
[3] Kebele is the local name for the lowest unit of administration in the country.
[4] DMCA- is abbreviation for Debre Markos City Administration
[5] CSA- is Central Statistics Agency of Ethiopia.

Poverty and Health: Conceptual Relationship

The concept of poverty is defined as multidimensional (Scudder, 2010; Baker & Sculer, 204)). It is multi-dimensional because the conceptual construction of poverty has been built on the social, economic and political phenomenon. Within these broader perspectives, income, literacy, longevity and even voices are incorporated as core components in the definition of poverty (Amis, 2002; Beal & Fox, 2009). Studies confirmed that urban poverty which is characterized by crowded houses(slums), inadequate income, poor sanitation, limited infrastructure and unemployment has considerable impact to affect the health of the poor directly (Abdella, 2008). The basic asset of the poor is not house, education, land, cash or any other physical resources to secure livelihood. In the first place poor is poor due to lack of those resources and assets. Those households and individuals who have access to these assets are better off in securing and managing the modest living. The only and basic asset of the poor is the labour-the able human body.

In this regard, health is one of the primary assets in the building of sustainable livelihood of poor households and individuals (Rackodi, 2002). The poor are engaged to any kind of work, though sometimes the works are contrary to their health, moral, ethics and religion of the poor so as to secure livelihood. Sex worker, garbage collector, laborious task and other works are some of the dangerous works where the poor are usually engaged for daily subsistence-some scholars called this kind of works as the 3Ds: Difficult, Dirty and Dangerous.

However, the able human body- the labour is a delicate asset that can be easily affected by various health problems. Studies confirmed that the health of the poor are vulnerable to various disease due to poor living conditions, low nutrition, lack of medical treatment and dangerous working conditions(Montgomery, 2009). In this regard, the basic asset of the poor- labour has always remained to be persistently vulnerable to health problems by poverty. For instance, poverty is recognized as the most significant indicator of morbidity and mortality in urban centers of Africa (Castro, 2005). Once the poor is affected by health problems, the recovery become difficult or takes long time due to lack of money and food for treatment of illness. The conceptual relationship between health and poverty is embedded as one can conclude that health problem is both the cause and at the same time the product of poverty.

As part of African country, the impact of poverty on the health of the poor households in Ethiopia is serious. Despite the recent progress in economic performance, low life expectancy and high child mortality confirmed the high impact of communicable disease and nutritional disorder in the country (MoFED[1], 2014). An individual with illness cannot work and then secure sustainable income for livelihood. Moreover, absence of income meant lack of pure water, poor sanitation, low nutrition and then vulnerability to various communicable diseases. Typhus, diarrhea, malaria, respiratory infection, HIV/AIDS, tuberculosis and other illness are the major communicable diseases in Ethiopia (MoH, 2010). For instance, a study conducted in 2007 indicates that 78% of sex workers in Addis Abeba were HIV/AIDS positive (Beal & Fox, 2009). Moreover in some cases, lack of awareness, the absence of the health infrastructure and professionals can prevent the health seeking behavior of the society at large. For instance, a study indicated that the benefit of cancer treatment has been very low due to the absence of the infrastructure, awareness and professionals (Zewdie et al , 2012).

Having briefly reviewed the poverty and health relationship, the question is how the poor manage their health problems. The poor reacts differently to their health problem based on the existing socio-cultural context. It is relevant to see the health seeking behavior in the framework of the cultural context of health in the society at large.

The Cultural Context of Health

The homogenized nature of the society in Amhara Region in general and Debre Markos city in particular reflects more or less the homogenous health seeking behavior within the natural framework of individual difference. Health is culturally defined as the gift of God. Conversely illness is the product of curse, unfortunate experiences, destiny and other natural and super-natural factors. Accordingly, health can be affected by God, ghosts, sorcerer, witchcraft and evil eyes to mention the major causes of health problems in the locality. Good and bad health are defined in such giver and taker perspective. In this regard, good health is not always ensured for life. Both good and bad health as a gift to the individual is subject to revocation, healing, relapsing, and transmission from one generation to another. In this broader cultural context of the health concept, health as gift of "God", is found to be beyond the control of individuals. Accordingly, health was not the manifestation of poverty until recently at least from spiritual perspectives. Sickness is a sign of revocation of the gift, or the result of bad spirit possession or intrusion. The causes of illness as the result of different factors are related to super natural and traditional practices. Under such circumstances, that sick person who suffered from illness whatever the causes can be rich or poor.

They believe that the sick person needs to go to those healing powers which presumed to be the causes of illness for treatment. As the people are influenced by Orthodox Church, the first priority for treatment of

[1] MoFED- is to mean Ministry of Finance and Economic Development of Ethiopia.

illness is the holy water(*tsebel*) and holy soil (*emnet*) of the Orthodox Church. They also go to the traditional healers who are recognized and trusted to have knowledge on the health problems and medicinal plants. Although officially a taboo and illegal in Ethiopian context, there are also people who are using sorcerer and witchcrafts as center of healing in the city.

On the other hand, with expansion of education, the development of modern health infrastructure and medical professionals, the society attitude is gradually changed to accept modern health institutions as the best healing centers to illness. The government health policy which is based on prevention focused on the expansion of health education as the core health problems revolve around the communicable diseases. The training and placement of health extension worker in all *Kebeles* has a lot of contribution to improve the cultural concept of health. The idea of preventive methods through sanitation and nutrition has now captured the attention of residents. And yet, in time of health problems the poor are still have financial and access problems to use the medical centers. In this regard, the health seeking behavior can be explored in cultural and economic aspects.

The context of Health Seeking Behavior

The context of health seeking behavior can be broadly seen in to two categories. In this regard, the economic and cultural factors reflect the major health seeking behaviors in the city. It does not mean that the two categories are unrelated or the only factors. Rather they are closely related and complementary to explain the health seeking behavior of the society. The gender, occupation and age are also factors that are interwoven with both the cultural and economic elements.

The Economic Factors

According to the data from the health office of the city administration, there is one government old hospital and more than 8 government and private clinics and 8 drug vending centers. The informants and FGD participants agree to accept access to health centers in the relative context of the city as adequate. However, they seriously questioned that the facilities, medical supplies and the professional human resources are still in chronic short supply.

The city health officials agreed to the short supply of medical infrastructure and professional and at the same time argue the steadily improvements in the health infrastructure and number of professionals in the health centers. For instance, they mention the success of the maternal health program that enable all mothers to give birth in the clinic or hospital in 2015. This program, which is successful in three aspects, has changed the maternal health related behaviors. It reduces the maternal death and related problem during birth. Secondly it discourages and erodes the traditional practice of maternal delivery in home. Moreover, maternal expenses have become free of charge in all health institutions that totally changed the health seeking behavior of mothers from economic point of view particularly poor mothers. Two ambulances are allocated to provide 24 hour services. The poor mothers confirm that the introduction of friendly treatment and attractive traditional practices [1]of mothers during birth at health centers has contributed much in changing the health seeking behavior of poor mothers towards the health centers. It is successful due to the integration of the local cultural practice with the modern practice. It can be taken as a point of reference for the building of synergy in any development program if it properly integrates the local cultural practice with the new one.

However, the poor who are living in slums, poor sanitation and low nutrition have suffered from health problems. Informants and case studies confirmed that the poor are very much aware of the need to go to clinic or hospital for treatment when the member of the family is sick. However, their health seeking behavior is determined by the expense of the health costs and the level of health problems. The common diseases such as common cold, headache, simple and even body sore, minor body cut and damage are considered simple and not necessarily seeking modern health treatment. Moreover, the elders are not given attention in time of illness as the problem is always thought to be associated with age. The poor women and children are not given equal attention in time of illness and treatment. When the poor are asked why they do not go to clinic or hospital, their answer was that it is not too serious to spend time for that illness. A saying in Amharic (*gunfan zemed newe*) lit." common cold and human being are close relatives" proved the level of health seeking behavior of the poor. In the further discussion of the possible infection and permanent damage with the case studies, they reveal the truth that the main reason is lack of money. In this respect, money emerged as a major factor in shaping the health seeking behavior of the poor.

[1] The reception and treatment package of mothers includes the preparation and provision of selected food just like any one used in home as ritual practice after the birth of the child. The preparation and provision of food and drinks includes porridge and coffee ceremony in health centers to make the mother feel the health center as home. I have observed the preparation of the food and coffee ceremony in one of the health centers where all expenses are covered by the health center. This is a method that attracts all mothers to give birth at health centers and at the same time a beginning to include the local cultural practice with the modern practice. The appropriate mix of the local with modern practice has brought radical success of the maternal health program in the city.

Case studies and FGD participants revealed that the treatment of common cold in medical center is considered by the poor households as luxury as they do not have adequate money to cover the cost of the medical treatment. It is only for serious illness that they visit health centers and this is not done timely. It is done after staying sick for several days to see and examine the level of seriousness of the illness. Then they can make decision based on the priority in their livelihood strategy. The transport cost, consultation fee, medication and household income, types and level of health center, priority of livelihood and the possibility of loan are seriously examined before they decided to go and use health centers to treat the illness. The poor are unlikely to choose the distant, expensive and professional health centers. Even in the cheap, near and poor facilities of health centers, a case study indicates[1] that the poor avoided some medical examinations and medications due to lack of money. The treatment remains incomplete and the illness is uncured and relapsed. Although the health seeking behavior of the poor to modern medical centers is positive, lack of income has come to be the first in shaping the health seeking behavior of the poor households and individuals.

Although the city administration has introduced the system of free paper to cover medical expense for the chronic poor, many of the poor households do not use it for various reasons. They have various factors why they do not use the free paper access to medical centers. The problems include lack of awareness and complex bureaucratic procedure to get the free paper. Even few poor households who are entitled to get free medical treatment complain that the system is not properly working as it only covers the consultation and laboratory fees. They complain that they are marginalized when it comes to the medication as they are instructed to buy the medication outside the health center from the private ppharmacy. It is a kind of treatment that has no medicine as the poor do not have money to buy the medication. At the end, it becomes a recognized disease without having medicine. The poor patients without medications are not conceptually different from those who are not taking diagnosis. It shows that modern health centers have become a sign of marginalization, inequality and inaccessible to the poor. The free paper is not as such as helpful to the poor as it has been resonated.

However, the financially capable residents prefer to travel long distance to Addis Ababa for treatment where there is better medical facility and professional human resource. The local health institution is left only to the poor who even have financial constraint to fully utilize the local health centers. Some of the poor informants complained that they are losing their health by low quality of food, bad working conditions, dirty houses and lack of medical treatment. Moreover, the poor do not have the capacity to quickly regain their health once vulnerable to illness. Once the poor faced health problem, their effort and spiration to get their health back from the support of modern health centers is shattered by psychological stress, hopelessness and poverty. The impact of poverty is clearly seen as a determinant factor to shape the health seeking behavior of the poor. Poor informants and FGD confirmed that the health seeking behavior is here determined by the economic capacity of households and individuals. However, any society has always a means as a survival strategy. Another alternative that shape the health seeking behavior of the poor is the cultural practices.

Cultural factors

The cultural practice of health seeking behavior emanate from the concept of health as gift of God. The most important local practices can be seen in to four categories as religious, herbal, witchcraft and self-treatment. Of all the types of illness treatment approaches, the religious (spiritual) health treatment approach is the most important and influential practices in the city.

The holy water (*tsebele*) and holy soil (*Emnet*) are the major component of religious treatment practices. The holy water and soil have deep religious meaning that provide psychological and spiritual alternatives to health problems. Although it provides service to all illness, its treatment for anxiety, mental problem, intestinal problem and joint problems are widely acknowledged. The holy water treatment has its own procedures and fully managed by the local priests and churches. Drinking the holy water, showering the holy water on the body of the sick and sprinkling the holy water in and outside home to keep the intrusion of evil sprite and sorceries away are some of the practices. The procedure demand three, five, seven and more days with the consent of the priest to attend for the treatment just like out patients in the modern medical centers. It is preferred by the poor that they first strongly believe it would cure them from illness. Moreover, it is easily and equally accessible to all. Lastly, the most important part of the service for the poor is that the service is given freely to all.

The crowed of people at the holy water center confirm that the society has still strong belief on the holy water in the power of healing. Of course, all churches are not providing the service in the city. Only *Medhanelem, Teklaymanot* and *Bata* churches are providing the Holy Water services. Moreover, the rich men after seeking treatment from various health institutions resorted to Holy Water. It shows that it is not only lack of money it is also a belief that shape the health seeking behavior of the society. The belief has brought both the poor and the rich together at such health seeking behaviors. Even people who are living with HIV/AIDS seek medical

[1] A poor woman called Fenta told me that she had intestinal problem where she was told to give three sample :blood, stool and urine where she did not have money . She avoided the samples and began self-treatment in home.

treatment from the Holy Water for two social reasons. The first one is to avoid the stigma and marginalization as the Holy Water does not have specialization as per the type of illness. The second point is the deep belief on the power of the Holy Water to heal as the concept of health is defined as the gift of God. There are also cases who practiced the traditional and modern health treatment parallel. It is the belief that both have potential powers to heal an individual from the illness.

The traditional healer such as herbal medicine which has relatively low cost than the modern health institutions are also visited by quite significant size of the population. Most of the herbal healers have religious education (Islamic or Christianity). They prepare medicine from plants and treat the illness with the prescription. In the city, there were only six healers and I found them they were not as such busy like modern health and holy water centers. They claim that they have herbal medicine almost to all illness though the population preferred their specialization on skin, sore, intestinal and mental related illness. However, they are being controlled by the government so as to regulate and prevent the side effects of their treatment.

The witchcrafts and shamans are also unofficially visited as optional health seeking behavior. Sorcery and witchcrafts are also used to heal individuals from illness, though legally unrecognized. In most cases, they give oral instruction how the illness can be treated. However, their major task is focused as fortune teller on education, wealth, health and love and future fate. The herbal healers, sorcery and witchcraft require some small amount of money though less than the modern health center treatment.

Home treatment is the major component of the health seeking behavior of the poor. They identify illness types; seriousness began to treat those illnesses by food, rest and common available herbals medicines. Most illness are treated in such a way mainly due to lack of money to take modern medical treatment. As the result the duration of illness will be lengthy and sometimes complicated to easily recover. The self-treatment is the widely practiced treatment among poor households and individuals as an alternative treatment from the modern health centers.

The health seeking behavior of the poor has close attachment to cultural practice. The cultural practice particularly the religious treatment of illness is found as equal, humanitarian, accessible and contextual. The persistence of the cultural practice shows the strength and influence of the spiritual and the indigenous knowledge. It still greatly influences the health seeking behavior of the poor. Moreover, the health seeking behavior of the poor to the cultural practices is strongly influenced by the financial constraints.

Conclusion

Ethiopia which is a country of diversity in terms of linguistic, ethnic, religious and geographic perspectives has diversified health seeking behaviors. The poor are affected by various communicable diseases. It is also confirmed that the poor have limited access to health centers due to financial constraints. The study also explored the importance of the health concept as the gift of God to clearly understand the health seeking behavior of the society. The poor and rich all alike use the Holy Water, herbal medicine and witchcraft openly and widely as an alternative health centers in the city. The study shows that the cultural practice still stands as one of the alternatives of the poor in their health seeking behavior.

The health seeking behavior is therefore, broad that has no single factors. Although, the economic factors are related to modern health institution and thinking, the study revealed the imbedded reflection of inequality and marginalization in the concept of modern health services. It measures the health seeking behavior in terms of income and financial capacity. In this regard, one can argue that modern health institution practice is an outsider, uncontrolled and ultimately marginalized the poor from its benefits and services. On the other hand the cultural practice is cheap, psychological, insider, accessible and accommodative in the local context. Although the cultural practice can be seen as an alternative treatment center and complimentary, poverty still stands tall in a considerable degree to influence the health seeking behavior of the poor in the city.

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