SOME STRENGTHS AND WEAKNESSES OF TRADITIONAL ACADEMIC

ANTHRO-SOCIOLOGICAL RESEARCH

A review of Health Care in East Africa: Rlness Behavior of the

Eastern Oromo in Hararghe (Ethiopia) by W .F .L. Buschkens and L.j .SlikkerveerI Oscar Gish2

ABSTRACT

Analysis of this monograph, and the research project from which it stems offers the basis for a discussion of some strengths and weaknesses of traditional academic anthro-sociological research. Such strengths are to be found in (small scale) studies of community value systems. The weaknesses arise when such studies are conducted either in isolation from wider national frame works or -as in this case -inserted into them almost at random. The volume contains many conceptual and technical errors. These fall, especially, in three categories: 1. ethnicity taken as a unique determinant of social consciousness; 2. conceptual and technical confusion over the nature of health service development and utilization; and, 3. failure to recognize (much less analyze) the fact of the Ethiopian revolution and its likely effects on the people and issues under discussion. Most of the specific recommendations of the research project are found to be ill conceived and often in gross error. Finally, the monograph demonstrates the difficulty of understanding the processes of social change through analyses based primary on small communities divorced from - or improperly located within -their wider social context. This difficulty is especially clearly demonstrated in this study as it was carried out at a special moment of dynamic revolutionary history, which moment the monograph's authors appear not to have noticed.

The analytical framework upon which this monograph is built follows the classical tradition of community based anthropological/sociological research; however, the findings of the monograph are placed in the context of wider socio-economic analysis and most of the recommendations offered by the authors arise more from this wider context than from their basic small-scale study. The research was carried out by two Dutch academics during the twenty-seven month period between August 1975 and November 1977. As they note, the "planned activities were often hampered by the conditions of war and revolution in which Ethiopia was lunged at that time " (p.XIII). The writing of the report was completed a little over two years later, in January 1980, and published references from the years 1978 and 1979 are included in the text. The references generally reflect the disciplinary backgrounds of the authors in that comparatively few relate to the wider area of health service development with which much of that monograph, including the great bulk of its recommendations, is concerned.

The monograph is strongest in its microanalysis of "health care systems in the highlands of Hararghe" chapter 3), "the villages studied and their population " , (chapter 4) and "the health situation among the Eastern Oromo" (chapter 5). In all, these three chapters comprise just half of the monograph's 127 pages. The authors are at their best when carrying out the classical anthropological/sociological small-scale study

[1] Published by Van Gorcum, Assen (The Netherlands), 1982.

2Department of Community Health, Faculty of Medicine, Addis Ababa University, P .0. Box 1176, Addis Ababa)
Ethiopia

and when dealing with community value systems. The problems, many of them quite serious, arise when they turn to wider issues and areas of examination for which they appear to be little prepared and their discipline at least in its traditional form -little adapted. This dichotomy, good micro-studies and poor wider contexual understanding, results in a group of conclusions of only mixed value and a set of recommendations of limited usefulness or possible applicability . The basis of this apparent contradiction, that is between (some) "good" microanalysis and "poor" macro-analysis, lies in the difficulty -if not impossibility-of properly understanding the process of social change when the roots of such changes are sought primarily in small communities and their traditional values, in relative or absolute isolation from the wider impact of national and even international economic and social developments, and their effects on these small communities. This situation is much compounded at times of revolutionary change such as Ethiopia was experiencing at the time the research for this study was being carried out, and which continues into the present. However, judged by the space allocated to events connected with the revolution, the authors seem hardly to have noticed its occurrence. In this connection, the limited participation of Ethiopians in the research project must have been a further limiting factor.

Most of the issues touched upon above will be illustrated in the course of the discussion of specific chapters of the monograph

CHAPTER I

This first short, introductory chapter (10 pages) sets out the aim of the monograph and the project which produced it, its theoretical framework, and some details of the research activities undertaken. The aim of the project was to "conduct medical- sociological research among the Eastern Oromo of Hararghe, with special attention to the question of why this population group makes so little use ,of the modern health services offered in the rural health centres and health clinics " (p. 2). This "little use of modern health services " is termed under utilization which situation is said to exist "among other ethnic groups in Ethiopia as well " (p. 2). It is to be noted that a fundamental assumption, for purposes of basic analysis, is that health care is utilized by ethnic groups, as opposed, say, to urban or rural dwellers, or rich and poor etc. and further, that this under, utilization is the result of a conscious choice on the part of the Eastern Oromo -if not other Ethiopian ethnic groups as well -not to use these services which by implication at least, are assumed to be readily available should the Eastern Oromo choose to use them (an assumption which will later be shown to be erroneous). This underutilization is seen as posing a problem for health service planners and others and thus the rt"Search ostensibly "had to be focused on the formulation of policy recommendations to be passed to the Ministry of Health with a view to improving the population's access to these health services in order to enable the latter to function optimally " (p. 2).

As part of the theoretical framework a rather dubious typology of health service developments, based upon five phases, is offered. Most developing countries including Ethiopia supposedly have or will pass through these phases. Among the most notable problems with the phases on offer is that they discuss health/medical development in complete isolation from any political, social or economic developments, completely ignore all non-capitalist health (and political) experience, make no mention of the effect on health and health care in Africa and Asia of the transition in those areas from colonial to independent status, and the development of the primary health care (PHC) concept and the first international conference on PHC are mentioned only in passing. No connection at all is made between this conference and the development of the PHC approach, and the remarkable health experience of China and the effect of that experience on health care thinking internationally.

Other theoretical bases for the monograph are discussed on pages 5 and 6. Under the heading cultural anthropological: "modern health care can be introduced among a particular ethnic group ": note, again it is the ethnic group which is the key variable, not rich or poor etc. Under the heading sociological: improvement of the modern health care system is possible only if one has an insight. ..one needs to know ...knowledge of this behaviour is essential if one wishes to provide. ..if one has data" and so on; who is this "one',? Implicit is the idea that "we " are the "one " (it cannot be "them " because they already know about themselves) and that therefore it is an outside group ("us ') which must know "them " better so as to be able to introduce our (correct) ideas to them (here we go back to the early history of anthropology when it was more obviously a science at the service of colonial rule). Under the heading illness behaviour; "Discussions on the utilization of health services came underway in the1960 s in the United States of America ". Actually such discussions can be found in the relevant literature and in government reports of many industrialized countries going back at least to the earlier part of this century and in Asia and Africa to the 1940 's. Such discussions can be found in the writings of political activists even earlier. The authors write that in the United States in the 1960 s "it was observed that the health situation among the poor. ..was on the whole less favourable than among the well-to-do ..." and the category of the poor "availed itself relatively less of the health services offered" 1954 source is given for this observation] . As might have becn expected, long before it was observed by some academic the poor had known for themselves that they were more sick than the well-off. Once again the concept of a voluntaristic choice on the part of the poor not to avail themselves of health care is offered, which seriously distorts the situation as is existed in the United States prior to the Medicaid and Medicare legislation of the 1960's.

It is constantly implied that the poor choose the amount of health care they want, in the same way as do the rich. . Maurice King, in his important book Medical Care in Developing Countries (1966), is mistakenly cited as also claiming that the poor avail themselves "relatively less of the health services offered ". What King did say was that the rural poor in particular enjoyed less access to health services and thus used them less. The authors also are confused about the difference between underutilization and low utilization (more on this later).

CHAPTER II

This chapter is concerned with "Ethiopia and the Eastern Oromo ". Most of the material is basically factual and sets some context for the rest of the study. The absence of any explicit political analysis is notable, although ideological/political perspectives are implicit throughout. Some examples: a

brief review of Ethiopian history is concluded with the following grossly inadequate sentences : "In 1952 Emperor Haile Selassie confederated the former Italian colony of Eritrea the first substantive mention of Eritrea] with Ethiopia. Later it was annexed to the empire as a province [two sources given 1. In 1974 the country became 11 republic" (p. 15). Twenty-two years of history in three sentences and nothing at all for the post-revolution period. The authors go on to claim that "the socio-economic development of Ethiopia. ..began before World War II"(p. 25) which implies no socio-economic development prior to the accelerated external penetration of the country which took place in the 'period between the two world wars. Such a statement as, "In spite of the efforts of the League of Nations to prevent acts of aggression against the country, Italian troops invaded" (p. 25), suggests a considerable level of ignorance of the events being described and in particular the so-called efforts of the League and especially its leading members. It is also claimed that during the period of the Italian Fascist occupation of Hararghe "many Eastern Oromo regained possession of lands to which they laid claim" (p. 26). This was supposed to have happened as a result both of Italian policy which tried to create internal divisions in Ethiopia and of "Mussolini's pro-Muslim policy" (p. 26). "The Eastern Ororno were not able to enjoy the benefits of ownership for long, however. Italian rule came to an end in 1941, when Allied Forces liberated Ethiopia and the Amhara resumed their former rule in Haraghe" (p. 26). It will no doubt come as a surprise to Ethiopians that (I) Mussolini Was pro-Muslim, rather than simply anti-Ethiopian; (2) Ethiopia was liberated by Allied forces (read, British and other foreign troops); and, (3) it was the Amhara who resumed their former rule in Hararghe and not an exploiting class of landlords. The rural land reform and peasants , associations' organization proclamations of March and December 1975, respectively, are briefly described in about a half page of text. No comment is made about their actual or likely effects, although the authors began their research in August 1975 and did not complete the Ethiopian phase of it until two years after the second of these proclamations had been announced; in addition, another two years had passed before they completed the writing of their report.

CHAPTERS III, IV, V

These chapters have been briefly discussed in the introduction of this review.

CHAPTER VI

This short chapter of seven pages describes in quantitative terms the "patterns of illness behaviour " of 434 Eastern Oromo, out of a total study population of 898, who had become ill over a 12 month period. Of these 434, some 275 had sought external medical aid from one of three medical systems, termed by the authors traditional, transitional and modern. The meanings of traditional and modern are clear enough; the transitional system, as explained by the authors, is based upon modern medicines dispensed by dealers offering medical assistance as self-styled dressers or druggists (p. 3)

Of the 275 sick persons of the study population who sought external medical help, 60% (166) first went to traditional healers, 18% (50) to the transitional system and 21% (59) to the modern system. If the total number of visits undertaken by the 275 ill persons is considered, that is including second visits to different systems than the first one, the total number of visits becomes 327: 53% to the

traditional system, 21.4% to the transitional and 25.6% to the modern. Based on these data the authors ask "the reason for people turning to the modern health care system in such small numbers? " (p. 104). However; if the transitional system was to be (more properly) classified as part of the modern system, based as it is on the dispensing of modem drugs, the data have a different story to tell. Then, out of the total 327 visits, only slightly more than half (53%) went to the traditional system and slightly less than half (4 7%) to the modem : one. It might be useful to note that even the traditional system frequently makes use of modem drugs, although the transitional one may also sometimes make use of traditional treatments.

In any event, there appears to be no great difference in utilization of the traditional and modem systems, which is surprising given the relatively easier access to traditional services which normally exists. (Although the authors provide some general information about health services in Hararghe, nothing precise is offered in this regard with relation to the particular population which was studied, e.g. numbers of traditional practitioners, drug vendors or modem services within specified distances of this population). The question which apparently needs to be asked, at least based on the data provided, is why overall utilization of all types of health services was so low in this study population? Out of a total study population of almost 900, there were only 327 visits for health care, about one-third of a visit annually per capita.

CHAPTER VII

This chapter discusses "utilization of the modem health care system" and lays the basis for the final conclusions and recommendations of the research project. Almost the entire discussion is directed at the under utilization of the modem health care system, although, as shown by the authors' data, when the transitional system is included in it (as it ought to be) it is not utilized less than is the traditional system. Data based upon King's estimate of 2.5 annual health care visits per capita as a desirable norm are used to show that attendance rates for the total highlands population of Hararghe should be 17.6 times greater than it actually was.

The authors are correct in that King did take 2.5 annual visits per capita as a desirable norm, but as their own quotation from King points out, "The average number of outpatient attendances per person per year falls precipitously the greater the distance that separates the patient 's home from the modern health institution" (p. 7) and so, as the authors add, "even a distance of 7-8 kilometres to a modern health service [is] too large " (p. 7). And yet, as the authors report, 70% of the Eastern Oromo villages "are located further than 10 km. away from some modern health facility" (p. 105). The authors have taken King's utilization norm and then ignored the distance factor when asking why this norm is not being met. Based on their data it is likely that 800/0 of the Eastern Oromo live beyond the 7-8 kms which is the largest part of the effective catchment area of a modern health facility in Africa. It is worth noting that the utilization of modern health care facilities by the study population was three times higher for people living only 4 kms from a facility as compared with those living 14 kms away, and almost 10 times higher than for those residing 42 kms away. The research study under discussion would have been more persuasive if it had compared the choice/utilization of traditional or modern health care services according to the distance the ill had to travel to reach them. The study makes some useful observations on existing barriers to greater utilization of the modern health care system, in particular the economic costs of utilizing the system (fees and transport) and the socio-cultural distance between modern health workers especially those of a different ethnic background, a majority in the area under discussion and the ill.

CHAPTER VIII

This last ten page chapter offers conclusions, recommendations and a proposal for a pilot project". The conclusions repeat the authors' view that the basic problem of the modem health care system as offered to the Eastern Oromo is that they "feel they have been exploited to a minority status " and that partly as a result of this "they have adopted a defeatist attitude with respect to any measures designed to improve their position which are offered them from outside " including the modem health care system (p. 119). It is further claimed by the authors that "the Eastern Oromo are at present in a phase where they are striving (once again) to find their own identity.

Islam is offering them a useful instrument in this" (p. 119). This statement is somewhat surprising, coming as it does in the midst of the Ethiopian revolution which was/is certainly not based upon any conventional religious structures and yet has managed to mobilize tens of millions of Ethiopians. Despite the fact that at least some of the other conclusions reached by the authors may be correct, even these are mostly not useful due to their lack of overall perspective and necessary depth. For example, to state that "many Eastern Oromo consider the treatment and services provided by the rural health facilities to be so poor that they do not think it worthwhile covering a geographic distance of more than 8 km. to go there" (p. 119) is in error on at least two counts. First, there is always some distance beyond which people will think that the benefits of going to any service will be out weighed by the disadvantages (the authors themselves cite sources which state that 7-8 kms is the maximum reasonable distance people in Africa can be expected to travel to health facilities) and, secondly, even in countries in which services are heavily utilized, say in Tanzania where the population averages four to five annual contacts with them, relatively few people travel over 8 kms to obtain these services.

A number of probably correct observations are made by the authors about the socio-cultural gap (ethnic, based upon religion and language) between the Eastern Oromo and modem health system personnel in Hararghe. However, the arguments would be strengthened if socio-economic class differences and not just ethnic ones were recognized to exist.

Most of the recommendations offered by the authors do not appear to be directed to anyone in particular; they are just well "offered ".In addition, many of them are quite naive; for example, "we would recommend that in any measures aimed at the improvement of the Eastern Oromo's situation, the historical and socio-cultural factors determining their present status in Ethiopian society should be taken into consideration " (p. 121). Of course, but do the authors really believe that any government, and especially a revolutionary one, needs such a "recommendation ", and in particular coming as it does from two visiting scholars? Another problem with the recommendations offered by the authors is that too many of them do not grow out of the research itself; for example, those concerning health insurance schemes, the use of mobile teams, fee structures etc. While some of the suggested recommendations may be correct, others are positively wrong (e.g. the use of mobile teams for the routine delivery of health care) or irresponsible in the absence of any solid knowledge or research on the subject (e.g. payment to community health workers). In any event, there is nothing in the body of the research report to justify the majority of these recommendations: they are based entirely upon the personal views of the authors regarding the provision of health care in rural Africa. While in some cases such personal views may be justified, they must then be supported by considerable experience in the relevant field.

The "recommendation for improvement of the utilization of the modern health care system " suffer from post of the problems cited above. There is hardly a recommendation to be found in these two pages which is not open to question. It is painfully obvious that this section of the authors' manuscript was not critically read by persons experienced in the planning and development of national health care systems in Africa -as opposed perhaps to some who may have been exposed to "pilot-type " projects. The authors propose various types of new community health workers; the Primary Health Worker (PHW) and the New Style Health Assistant (NSHA). While being quite familiar generic types, this specific attempt to apply them to Ethiopia evidences ignorance both of how personnel structures are developed in general and the already existing structure of health workers in Ethiopia in particular. For example, it is recommended that the PHW be given a course of training of "no more than two years in the first place " (p. 122). The NSHA should also receive a two year training course. These recommendations contain numerous contradictions and errors, for example:

1) The PHW, both generically (following from the Chinese barefoot doctor) and specifically in Ethiopia in the form of the Community Health Agent -and the Traditional Birth Attendant -is not a full time health worker but a community member (specifically in Ethiopia, peasants ' or urban dwellers ' association) carrying out part time health activities which are rewarded in some form or other by the community; as such, the initial training given to such people varies between a few weeks and a few months in virtually all countries in which they exist. Although two year trained community nurses etc. function in many countries, they are invariably salaried staff of a government or private agency.

2) To provide up to two years training for such workers is inevitably to turn them into full time health professionals, at least in the context of most Third World countries and certainly in the case of Ethiopia. In addition, it is not possible to provide PHWs with the same period of training as their immediately senior supervisor, the NSHA, as this would violate the principles of manpower structures as they are practiced everywhere.

3) Health Assistants in Ethiopia now receive eighteen months training and Community Health Agents around three. These time periods have been arrived at based upon the whole host of factors which must be taken into account when planning national manpower structures in any particular sector, e.g. the tasks to be performed by different cadres in the same sector, the relative training periods and reward structures for these different cadres, the size of the budget for the sector and its expected growth, various political and other related factors etc. etc.

The last few pages of the monograph contain "a suggestion for a way of achieving distance reduction by means of a pilot project ". It is not clear why the authors felt the need to include this material as part of a scientific research report, aside from any considerations of its intrinsic validity .The suggestion is for another), pilot project to test the "feasibility of our [the authors] recommendations" (p. 124). This reviewer, for one, is doubtful that many African governments -and the Ethiopian one in particular -would be interested in experimenting with still another externally created rural health pilot project. The Third World is already littered with the residue of such projects.

The naivete of the authors is demonstrated once again in these few pages. They appear not to be aware of the normal procedures for project development in the context of government decision-making, or even relationships within the structure of the Ethiopian government. They suggest a project supervisory committee which should "have representation 0£ the Ministry of Health, the University of Addis Ababa (Institute of Development Research), the World Health Organization and the Provincial Government and Health Service of Hararghe "sitting on it. If necessary, advisors may be added" (p. 124). What is particularly striking about this proposal is the absolute absence of any representatives of people's mass organizations on the committee. The earlier concern £or peoples (ethnically speaking) and communities seems to have been lost here in favour of a top-down bureaucratic organizational structure. No provision is made £or representatives of the peasants, or urban dwellers' associations, the womens', youth or labor organizations, or the incipient structure 0£ the political party COPWE; even representatives of the Islamic faith or other of the more traditional Eastern Oromo structures, including those 0£ the traditional healers, have been left out. Surely, even the " Amhara rulers " 0£ the Eastern Oromo, to whom the authors have previously offered the advice 0£ considering the "socio-cultural factors determining [the Eastern Oromo's present status in Ethiopian society" (p.12) would not think 0£ developing a proposal of this type while totally ignoring the participation of the people's organizations.

It is suggested that the proposed project committee should, among other things, select a project manager and staff. They, in turn, would draw up curricula and prepare the action research. Only then "a Local Health Council made up 0£ representatives of the three medical systems and the peasant associations should be initiated by the pilot project staff" (p. 125). Thus, only after all significant decisions have been reached is there room £or a "local health council" to take part. The project staff, presumably mostly non-local -i.e. non-Eastern Oromo -and perhaps even non-national, are to control the entire project during its 1-most important phase, that of formulation. But even during the implementation stage of the project, at least as described by the authors, there appears to be no specific role to be played by the "local health council ". In fact, no tasks are assigned to them at all except to exist -at least in this text.

This entire issue is particularly important in that it is at the root of so many failed projects, many of them going back to before World War II, of this type; that is, essentially externally developed with only nominal input by nationals and virtually total exclusion of any genuine popular local participation. It would take the discussion too far a field to expand on this theme1 but it is critical to an understanding of the philosophical and political underpinnings of this particular research project and its recommendations, including the one for the proposed pilot project.

Of course, the basis for what has been discussed above is the political, economic and technical domination of the "south " by the "north ". Such projects have usually been funded externally; the Rockefeller Foundation had been especially active in (this area in the earlier days before USAID took up this particular "burden " With regard to the project proposed by the authors, they suggest that for the first five years of its existence (an unspecified amount of) "finance should be provided by the Ethiopian Government and, possibly, by multilateral (W .H.O., World Bank) and bilateral aid agencies " (p. 124). The authors do not say if they had discussed the proposed project with any of above-mentioned organizations.

It is a subject on which more is being written these days. for a good example see E. Richard Brown, "PublicHealth in Imperialism: Early Rockefeller Programs at Home and Abroad", American J ournal of Public Health,

SOME CONCLUDING REMARKS

It may fairly be asked why so much time and trouble has been taken to review this particular research monograph. There were several reasons: one is that it is a fair example of this type of work, although one which tends to expose its underlying assumptions rather more than is usual; for another, the background of the Ethiopian revolution (although its reflection barely shines through the pages of the text) which makes analysis of the study especially pertinent at this time; and finally, because this is one of the few studies of its type to have been carried out in Ethiopia. Many of the problems of the study stem from the authors' basic framework of analysis; that is, ethnic rather than class based, or at least some appropriate mixture of the two. The particular analytical framework chosen by the authors not only obscured the reality of the Ethiopian revolution for them, but did not allow them to see that many of the problems they discuss are not unique to the Eastern Oromo but exist also for the great mass of the Ethiopian people no matter of which nationality .The analytical framework also helped to confuse many of the authors' technical judgments; for example, what they presume to be the low utilization rate of the modern health care system by the Eastern Oromo and the reasons for that low utilization rate. In fact, as discussed earlier, these issues can only be understood properly against a wider perspective than that of the ethnic one which is offered by the authors.

The authors ' limited experience of health services and their development must be judged an important additional constraint to the work of the research project. Virtually unexplainable gaps in their knowledge of the specific structure of the Ethiopian health care system are also apparent. Perhaps these may be explained by the fact of their relative isolation from Ethiopian authorities and specialists while conducting their research. Of the approximately 65 persons whose assistance to the project are acknowledged, only 14 are Ethiopian (virtually all the others appear to be Dutch except for a number of academics from the United States). Of the 14 Ethiopians, four were university figures associated with the project primarily on an administrative basis, two were medical doctors based at a government hospital who conducted a health survey in two villages, two "doctors" unidentified except as to name, one research assistant one administrative person from the Ministry of Health, and "five members of the target group of the Eastern Oromo participated in the field research as qualified interpreters/ enumerators " (p. XIV). It is clear that there was virtually no Ethiopian intellectual input into this research report.

The most valuable aspects of the study are: I) it was done; 2) it offers some base line data from which to measure future changes; and 3) its focus upon some socio- cultural issues with regard to one specific Ethiopian nationality group, the Eastern Oromo, at a time when the Ethiopian government is so actively concerned with the nationalities question may make its positive contribution. At the same time, it should be recognized that there may be little which is raised by the authors that is not already well known -at least in a general way -to the responsible Ethiopian authorities.

The authors have, however, missed a major opportunity to focus in their study upon the processes of social change at a very special moment of dynamic revolutionary history .Instead of focusing upon this "special moment " and its potential, they chose to focus upon the past. And when focusing upon the past, they did not do so as a guide to the future and in particular not the future which Ethiopia has chosen for itself -a socialist one -but primarily as the basis for creating still another

research project. As all should know by now, the task of scholars is not merely to understand the world, but to contribute to its change.