

CONSULTANCY: DR. EVELYN A. EARLYAUGUST 4-21, 1983I. SCOPE OF WORK

My scope of work was to conduct primary research and establish guidelines for September/October ethnographic research on medical decision making and mothers' perception of diarrhea and ORT. Due to bureaucratic developments, I spent all my field time in Cairo. The first week was in Bab El Shariya and the second in Giza. I attempted to gain access to rural, "non-enlightened" utilizers in Giza as a contrast to Bab El Shariya. In fact, as a careful reading of field notes in appendices will indicate, there is probably as much diversity within as between the two field sites.

Since I was confined to Cairo, Dr. Hirschhorn suggested I include a cultural analysis of media programs available in my scope of work. I listened to the radio tapes and brainstormed regarding a possible radio play. I also read available reports on same.

II. PERSONS CONTACTED

Dr. Loutfy El Sayyad, Director General
Dr. Norbert Hirschhorn, Chief of Party, JSI
Dr. Ahmed Youssef Ay-ad-din, Assistant to Dr. Loutfy
Dr. Jerry Russell
Dr. Shafiq Nasr, Director of Research
Dr. Kammal Touhani, Assistant Director of ORT Unit, Bab El Shariya
Dr. Amar Ahmad, Resident, Bab El Shariya
Dr. Mary Khalil, Head of Giza MCH
Dr. Fawkiyya, Head of Imbaba MCH
Ms. Nawwal, Midwife, Imbaba MCH

Dr. Ahmed Youssef accompanied me on my clinic and home visits in Bab Sha Anyya (I am sure he can also provide you with some helpful comments). I would like to thank him for his able collaboration, which contributed greatly to the success of my research. At times we were joined by Dr. Amar Ahmad of that hospital, who was also enthusiastic about the project. I have not listed the 8 to 10 other residents there who assisted me as their names are too many.

Dr. Mary Khalil was most gracious in taking me personally to the Imbaba Clinic, in response to my request for a rural-clinic in Giza. There I was accompanied in the field by Ms. Nawwal.

III. SCHEDULE

- August 6 Met with Dr. Jerry Russell, Dr. Ahmed Youssef and office staff; discussion of research site; started to read project papers.
- August 7 Visit ORT unit in Bab El Shariya with Dr. Youssef; Met Dr. Nasr and discussed research plans with her.
- August 8 Met Dr. Hirschhorn; sat in on Dr. Russell's debriefing; started field notes and continued reading of project papers (this occurs intermittently throughout consultancy).
- August 9 Visit ORT unit and am introduced to outpatient unit where mild cases are treated in Bab El Shariya.
- August 10 Home visits in Bab El Shariya; meet Dr. Loutfy El Sayyad in evening at project office.
- August 11 Home visits in Bab El Shariya; return to project to meet Dr. Loutfy El Sayyad.
- August 13 Attend training session on ORT run for MCH clinic personnel in UHP clinics; arrange meeting with Dr. Khalil. Dr. Amar Ahmad was sick so Bab El Shariya home visits postponed.
- August 14 Meet Dr. Khalil in Giza; go with her to Imbaba MCH; return to Giza for discusison with Dr. Khalil. Imbaba MCH: Interview with mothers in clinic; home visits
- August 16 Imbaba MCH: Observation of pediatric clinic; home visits.
- August 17 Bab El Shariya: home visits.
- August 18 Imbaba: Home visits
- August 19 Writing report
- August 20 Debriefing sessions; finish writing report

IV. SUMMARY OF BASIC FINDINGS OF ETHNOGRAPHIC WORK WITH WOMEN IN
BAB EL SHARIYA AND IMBABA

In my two weeks of informal, open-ended interviews with mothers, I arrived to discover qualitative, contextual information that would both complement more quantitative research by providing information unattainable in questionnaire surveys, and provide base-line data for future ethnographic research and for devising future quantitative research.

A. Suggestions for Future Research

It is my opinion that limited research on the following topics would be most useful to the goal of the project.

- (1) Mothers' understanding of diarrhea and associated phenomenon. While this research can add to the paradigm suggested below, it should most directly address the following kinds of issues:
 - a) Self diagnosis (right/wrong) of mild or otherwise unimportant (because of teething, e.g.) versus critical diarrhea.
 - b) Comprehension of the principles of gefof and mahlul (possibly a before and after lecture/media event, etc. sample)
 - c) Impact of lecture/media/counseling, etc. on nutritional practices, both normal and at time of diarrhea. (My study unfortunately could not be made more intensive, home observation, continual probing in intensive interviews reveals changing answers: basically more liquids/foods "pop up" with probing. Number of administrators is, predictably, hard to pin down.)
 - d) The understanding of diarrhea in the context of other illness episodes (see interviews in appendices)
- (2) The process of teaching mixing of ORS and mothers implementation. (I suspect the problem is with original instructors at facility). One phenomenon I noted from my short study was the high number of women who abandoned ORS because their child refused it, because among other things, it was mixed too concentrated.

- (3) M.D. - patient and medical staff-patient communication. (An alternative to this might simply be effective "retraining" for MD's and paramedics on diarrhea treatment. Elsewhere I discuss this.) The three most critical issues here seem to be: (a) advice to stop breastfeeding; (b) patient expectation of quick (constipative) solution; (c) ineffective or insufficient instruction in ORS mixing.
- (4) Role of pharmacist in advising/packaging ORS. (One pharmacist I talked with in Imbaba has started to prepare ORS powder in 60 gm. bottles which he sells for about 50 piasters).

B. Ethnographic Base Line Material

Here and below I present some findings based on the detailed interviews in the appendices. Since these texts have not yet been transcribed, I can not refer to cases specifically but suggest that any interested reader consult them in their entirety. Women interviewed are lower income women in traditional quarters of Cairo.

CURATIVE ACTION, TENTATIVE PARADIGM

1. A mother with a diarrheal child either:

a. Decides case is mild, especially if child is teething, and treats it with medicine she has saved at home (often in the refrigerator) or she obtains from the pharmacy. If case doesn't improve in a couple of days, she goes to private M.D. or (if limited income) to Ministry institution.

OR
b. Precedes directly to private M.D. to get "medicine for diarrhea". She waits a couple of days, sometimes until the medicine finishes, and if case is not better, proceeds to another M.D. or to a hospital.

2. In either (a) or (b) above, a mother will usually take some steps to treat diarrhea at home. However, in general, she leaves the curing to the "medicine for diarrhea" (dowwadil-ishal). In the worst event, a mother stops all foods and milk and gives Karawiyn and tea. Most mothers try nisha bi mayy, lemonade, and mayyitruz. Almost none try vegetable or meat soups. About half of breast feeders stop nursing.
3. Women consider the bout to have "finished" because of some drug prescribed; usually at the last institution. They say their child "Kiff ala - x" ("got better by taking x drug).

While some realize diarrhea may stop by itself, if they have given a drug at the same time, they tend to tie cessation to the drug.

4. Other notes on mothers' perception.
 - a. If this is first severe case, especially in children several months old, mother will try to figure out why a perfectly well child suddenly got so sick. One mother tied it to a recent measles shot, for example they say: "the child was fine (halwa, literally beautiful) and suddenly this happened.

PERCEPTIONS OF DIARRHEA AND TREATMENT

In my comments on the glossary, I suggest some terms not listed there. Here I would like to summarize what I consider to be critical points in Cairene lower income womens' perception of diarrhea.

1. Gefof (Dehydration): The idea of "drying up" (the plant seems to be a promising metaphor) is familiar to women who have seen cases of malnutrition as well as gefof. The idea of the skin being wrinkley and the baby kind of shrinking inside the skin is part of this image. In baladi society metaphors abound (one woman talked of the insides drying up so they were like wood). The task the project faces is tying these images to correct use of mahlul. Since one common metaphor is that severe diarrhea is like an open water tap, one might explore that. (Frankly, I find the dried up plant more appealing and consonant enough with present baladi images.)
2. Mahlul (Rehydration): One critical factor is the conflation of mahlul and glucose. This may not be necessarily bad. But the project must keep in mind that women first think of IV's when they say glucose. There is a well established pre-ORS-therapy practice in Egypt of going straight to Abu Kish for IV treatment in the case of severe diarrhea.

Women who have been exposed to medicine can talk about Mahlul replacing liquids. However, they do not think in this way about liquids like tea or starch water; rather, they think these liquids constipate.

3. Milk: Women make the fine distinctions among breast milk, formula milk, Icban halib (bought from milk cows and leban kiyas (at grocery in containers).

There is incipient awareness of the practice of diluting leban halib during diarrhea rather than stopping it. Does the program want to support this?

4. Rebound Symptoms and other Miscellaneous Notes:

- (a) da'if (weak) is very general as is na'is (lacking -- e.g. in body weight). I'm not sure they are the appropriate terms to be used in media for diarrhea. I think women are discerning enough to use (as the radio play did) symptoms like sunken eyes.
- (b) Random comments of interest which women make in conversation. (These are kinds of ideas which should be kept in mind when deciding clinical instruction and media):
- i. Very young children can't tolerate rice water. They need to be 3-4 months old to drink it. (Of many other ideas on what children can "tolerate". For example, one mother put only half a packet of rehydrant, and said she was afraid that the baby couldn't tolerate more.)
 - ii. One should do nothing until one sees the doctor. One might otherwise take a mistaken curative step. (Yitlakhbat, which means literally "to mix up things"—as, for example, unacceptable medicine the mother might try, with prescribed medicine.) Some women extend this idea of yitlakhbat to food as in the case of the women whose relatives wanted her to try yogourt, whereas she wanted to wait to see what measure the M.D. prescribed.
 - iii. In the same vein as number two, many women say that they wait for a doctor's prescribed medicine to finish before they take another (institutional) curative measure.
- (c) See also my comments about glossary below for other ideas about women's perception of symptoms.

V. COMMENTS ON ETHNOGRAPHIC SOURCES AND OTHER RESEARCH

A. Nawal El Messori Nadim

Her work is probably the best anthropological work done in Egypt and should be taken more seriously.

B. Giza - Assiut - Hawatka (Softy. Radar Research)

1. Glossary

- a. As noted in the glossary attached to this report, one very important distinction mothers make between healthy/unhealthy babies is degree of alertness. A sick baby is always sleepy or sleeping (na'im). A well baby is alert (mufanfish); this word means alert in a very lively way. Musahsah means more simply alert. (These terms might be added.)
- b. In my own observations, I noted that women who had some passing acquaintance with gefaf (not necessarily comprehension) would speak of "wrinkley" (mukarmish) skin. They might have seen a doctor examining for skin elasticity, but some (particularly Giza) might also be speaking more metaphorically/symptomatically about a child who is underweight/skin and bones, etc.
- c. In the same vein, a common description of an unhealthy baby not mentioned is a baby who has lost weight (khasayt, fem.) or is "lacking" (na'is)--usually weight. (See my comments above.)
- d. Terms which might be added to glossary as embellishments to the symptoms of diarrhea according to mothers' descriptions include:
 - ishal zayy al-mayy (like water) (some women say it comes "like a running faucet" (zayy hanafo yot al-mayy))
 - isahl zayy al-barsim (like (green) clover)
 - mothers notice mucous (mukhat) and blood (dam) in stools.

- e. As for treatment glossary, one could add:

diapeck or other constipative solution - "dawwa zayy al tehiama" (literally the medicine that looks like flour)

Pills can be further specified - "al Garsham al-bunni" or "Entervioform" (the brown pills, used to describe Entervioform).

Starch water - "mayyit nisha"

Babelae carrot - "Mahlul gazar"

2. Testing Product Name

- a. Predictably the name Ma' El Hayah (water of life) was least popular.

Since traditional women perceive MOH medicines as "zayy al-mayya" (like water, with the implication of "weak") and since solutions are low status medicine in general, a name which includes "water" would be less popular.

(I am not sure if the women were questioned as if the product were a medicine or not.)

Of course one of the issues the campaign faces is whether to promote OR as a food/drink or a medicine. Right now it is often conflated with glucose in the public mind. Glucose is seen as a medicine and is known to be given by IV.)

- b. It is noteworthy that the "most popular" (only 3 of 50 but no other name was given by more than 1 of 50!) name chosen was "a medicine for diarrhea" (dawwa li -ishal). This is the term I heard most often when women described the medications they sought at the pharmacy in cases of self diagnosis. (It usually means some form of Diapuk and/or Entervioform.)

Women also used this term for Rx's from the Dr.

3. Generdy-Abdel Ayiy Ali Article on Alexandrian Diarrhea
Feeding Practices

Results are not congruent with ethnographic observations in Cairo. Perhaps respondents had already encountered an M.D., who advised continued breast feeding, etc., at the research site.

4. Miscellaneous Notes on Project Materials

Note coverage study (Hassouna):

- a. (Coverage) Serious uses: home care → hospital or private M.D.

An interesting variation with diarrhea is: woman goes to private M.D. on first or second day and then may go to hospital (Abu Rish, Bab El Shariya, etc.) after a week of diarrhea continues.

(Coverage) Less serious: home care → 'pharmacy → unit and/or traditional healers OR home care → health unit.

I noted several women whose children had mild diarrhea. The mothers went, almost casually, to Bab El Shariya to "reassure" themselves. If they had felt the case severe, they would have gone directly to a private M.D.

Regarding homecare, I noted a sizeable proportion of middle level income women, with regrigerators, keep "medicine for diarrhea" on hand.

- b. Note re Wafan Morissa report on feeding/weaning.

Mothers believe fish, eggs, and tomato sauce foods to be harmful. This finding is consonant with ethnographic information

Given that most meat and vegetables are cooked in heavy tomato sauce, children end up getting only starchy foods like roles and biscuits.

When a child is sick, protein foods are withheld. Given chicken's status as "lighter", it is possible to promote chicken and vegetable soups.

As with the General study above, the information regarding diet during diarrhea (only 9% cessation of breast feeding, e.g. apparently #1 option (44%) on p. 27 includes women who continue to breast/bottle feed) does not fit with casual questioning and observations regarding diet during diarrhea.

- c. Notes on text (I believe this text is no longer used but was in materials I read).

Drama: "Baby in Our House"

Certain problems, like ORT not being effective, have already been discussed. The discussion of IV and ORT difference in Chap. 19 emphasizes information not as relevant as say: "ORT allows mother to save baby early." The situation is over contrived with M.D. as son of herbal pharmacist, etc., although in truth many Egyptian scenes are as contrived. Certain details are out of kilter with Baludi society. For example, since traditional children often do not wear diapers, worrying about being wet is not always relevant. (Young babies are, however, wrapped in clothes.)

IV. COMMENTS ON MEDIA CONSULTANCY OF B. BOOTH

I have the following comments on Bette Booth's media report and its annexes, in addition to my above comments on the radio program.

- A. Positive reinforcement of mothers who continue to feed breastmilk and soft foods could have been stronger in play dialogue itself. (I.E., repeated in different ways — e.g., an M.D. actually congratulating a mother, etc.) The message was given most strongly before the mother went to the hospital in the drama, but not repeated in the drama (as opposed to opening comments).
- B. I did not hear Dr. Kassom's interview mentioned in report. I agree with Bette's conclusion on P. 10 (pt. 6) that mothers want doctors to talk on program. (Note: Reaction to Fuad Muhaudis included mothers comments (again) that they want to hear doctor. F.M. might be used for a flashy T.V. commercial with slightly different goals than those on pp.7-8 of Bette's (handwritten) report.
- C. Testimonials of mothers. I think the idea is sound. However: 1) the tapes I heard were distracting because of background noise; it would probably not destroy their authenticity to have them conducted in a quieter setting. 2) listeners are accustomed

to "cribbed" interviews but is this the way the campaign wants to go?

- D. Re question: Can a technical message be taught in song format? My opinion is that probably one main point could be made--like, e.g., al-mahlul yi'awid al-mayy ("ORS replaces water lost") or "use a big water glass to mist mahluls" (this second point is critical in acceptance of mahlul. See elsewhere in my report for notes about mixing mahlul.)
- E. Re question: Are songs distracting? My personal opinion is that messages by announcer, interviews, or play parts interspersed with relevant theme songs is probably the most effective way to retain attention.
- F. Annex 1 on Physicians. (3c) Defining a way to change physician's merits is critical, in many ways the most critical part of the campaign. I have not worked on this but wonder what would happen if the program fell into the incentive/continuing education campaign which family planning has adopted.
- G. Other comments on media:
1. Presumably when plays/interviews, etc. are developed, cassettes can be made available to MCH et al centers. (The doctors at Imbaba MCH, e.g., were very interested to have copies.
 2. In Cairo Rabat al-Bayut would probably be the appropriate radio program to plug into.
 3. Re 20 pound prizes: one might explore supplying MCH clinics with rehydration glasses to be bought for 5 to 15 piasters as another media avenue.

VII. COMMENTS ON ALEXANDRIA RADIO PROGRAMS

The following comments are based on a hearing of the Alexandria radio tapes. The theme songs for these radio programs are very appropriate, utilizing tones of the kind which attract listeners. Also the baby's loud gurgles of joy are in keeping with popular and successful media. (e.g. children's songs on media).

One might explore take offs on popular songs (Ma Shiabsh shi Mshay, e.g.) if other songs need to be added.

A. Mother's Search for Health

This five part program gives an uncomplicated, easily digested message that dehydration can kill, and that a four hour "stay" in the hospital cured the baby suffering from nazla. His mother admitted in the fifth part that she feared the baby would die, or at least stay three or four days, at the hospital. Advice is given her by a knowledgeable older woman, an appropriate conduit of information.

My comments are:

1. The situation, while less contrived than the original script (where an herbal pharmacist clashed with his M.D. son on medical treatments), is simple at the expense of some information which illiterate/literate women radio listeners can digest.
 - a. We hear the baby was at the hospital 4 hours but we do not hear what happened there (ORT, etc.)
 - b. No information is given on mablul, presumably to keep the message simple; however, an account of the hospital visit might include this information. (I suggest elsewhere an alternative script where home treatment is given with mablul.)
2. Presentation of symptoms handled well. Plant metaphor excellent and aids comprehension.
3. One might consider adding an M.D. as voice of authority in addition to knowledgeable woman, given that many mothers go to M.D.'s in first three days. If added, that M.D. should loudly affirm continuation of nursing, since M.D.s now tell mother to stop nursing.
4. I found mother's fear of death at hospital over-emphasized. (Ethnographically it is correct, but I wonder if the media should reinforce it by so many repetitions of "I was afraid he'd die".)
5. Mothers don't congratulate selves much at the end (text calls for this).

B. Interview on Radio with Dr. Samsha

This interview was an excellent combination of the "competent M.D." and "loving mother" roles. I have no suggestions since I thought format and content excellent. But, to move on to subtleties, there were a couple

of times where the M.D.-low income mother status difference reared its head. (e.g. "the mother sometimes is lazy (titkasil) to push liquids, etc.). The most effective part of her interview was when she talked about caring for her own children.

C. I Was Asked to Think about Possible Radio Play Scripts.

Two different kinds of plays seem appropriate.

1. A "self help" use of ORS. This should include affirmation of medical personnel in some commentary.
2. A revision of the present play where mother goes to hospital for 4 hours. My revisions of this include:
 - a. More information about what happened at hospital. (despite Bette's comment re adding more information); I would suggest at least a statement like: "My son drank the ORS which replaces fluids (in a different/ safer way?) like IV's do for very sick babies.
 - b. A section where a doctor speaks authoritatively about glories of ORT. Since all the women run to doctors almost immediately it seems they must speak out clearly. (See my comments re "retraining".) I don't know about political realities here.

Since type # is already extant, let me rough out type I. I realize media experts may find it too complex. I assume medical nutritional details as per campaign. I should note that this message should be fleshed out by an M.D.

ROUGH SCRIPT IDEAS FOR RADIO PLAY

Program 1

Mother 1 notices symptoms (as per campaign message) of diarrhea (lay'in) in Samir and is advised by knowledgeable neighbor to push liquids and continue breastfeeding. Mother 1 objects (present standard reasons, including "will hurt child") but agrees to try. Mother 1 says she's accustomed to going right away to her pharmacy to get sawwa lil -ishal but will try knowledgeable neighbors suggestion.

Program 2

After two days, Mother 1 is distressed that Samir still has diarrhea (layin) and decides to go to M.D.

Program 3

At M.D.'s clinic. Mother 1 looks on while mother 2 with severely dehydrated baby gives ORS and baby starts to improve. (And actually, probably best if Mother 2 could have been there several hours and tells her story to Mother 1.) M.D. explains signs of severe dehydration clearly. (Or nurse explains? Would this be allowed?)

Program 4

Mother 1 sees M.D., who praises her when she says she has been giving child right liquids. M.D. asks if she has been giving mablul. (Possible here, but perhaps too complicated: Mother says tried and child refused. M.D. finds she's been mixing it wrong.) She says (ye - child refused) no. M.D. explains how to mix. (Alternative: M.D. asks nurse to explain.)

Program 5

Mother 1 returns home to tell knowledgeable neighbor her experience and about mablul. (Ideally, if program longer, both women tell another mother about mablul.) She also relates tale of mother 2 who was negligent. End with resolve to help women friends with nutrition and mablul and recognizing signs of severe dehydration.

VIII. CONCLUSION

Section IV is the critical part of my report. It must, however, be read in tandem with my appendices, which are literal field notes. Due to time and secretarial limitations, some of my interpretations of field notes are scattered throughout the appendices.

I would like to re-emphasize that I am providing all of my raw notes because I find them helpful contextual material. Sometimes they provide seemingly peripheal data, as in the case of patients' complaints in a general, pediatric clinic. However, I decided to include them all as one way of providing a "feel" for the kind of client this project aims to help.

I would be glad to further analyze the notes once transcribed.

APPENDICES

- I. Cases Referred to the ORT Unit of Bab El Shariya
- II. Home Visits
 - Bab El Shariya
 - Giza
- III. Outpatient and MCH Clinics
 - Outpatient Bab El Shariya
 - MCH Clinic: Imbaba

Note about appendices: These appendices have been typed from a tape translation into English of field notes taken in Arabic and English. The English has not been edited to read smoothly. In fact, often it is a literal translation from Arabic. Please try to ignore the awkward grammar.

CASES REFERRED TO THE ORT UNIT
OF BAB EL SHARIYA

The following are detailed notes of open-ended conversations with mothers referred from the outpatient to the ORT unit at Bab El Shariya. I provide the raw, anecdotal data to give a feel of various curative paths pursued before the mother arrived at Bab El Shariya. Notes assume following unless noted: traditional dress; only mother and child attending; moderate dehydration.

Interviews on Sunday, August 7, 1983

These were conducted intermittently during a general orientation and medical briefing in the unit. Dr. Ahmed Youssef accompanied me and participated in some of the conversations.

1. F. 11 months.

Mother in modern dress. Was here last Thursday and returned for assurance because girl's eyes still swollen and girl still fevered. Mother said doctor told her when the vomiting stopped, the dehydration would be over. Mother said this was girl's first (sic) bout of diarrhea. Girl crying too violently to continue conversation.

2. M. 3 weeks. Sibling 2M, 3F. Fa arzagi (daily worker, sells soda in street, etc.). Lives "nearby" in two rooms @ 5 L.E./month. Came here after one M.D.

- Tone of conversation: dismal. Mother considers baby "always weak": "When he was born he couldn't hold my breast to feed; I've been giving him Karawiyya." (Unclear how much milk he gets; she's nursing a granddaughter to maintain lactation, and sometimes evacuates her breasts and gives milk to son.) At another point she remarked: "He's been vomiting since he was born."

- Vomiting: "He vomits everytime he starts to nurse." (Dr. Ahmad encouraged her to try nursing and inquired specifically about projectile vomiting.)

- Curative action: Went to M.D. one week ago. Prescribed drops every 24 hours; sarab; and drops to stop vomiting. "My boy 'took wind' (khad hawwa) from the prescriptions (sic) and his diarrhea became green and he vomited from his nose and throat." (Why did you wait a week to come here?) "I wanted to finish the Dr.'s medicine." (What exactly did you feed son in last week?) Karawuyya about three times a day with

a nipple over a small bottle (indicates medicine bottle circa 50ccw with her fingers) I got from the Dr. I couldn't use a plastic bazaza from the pharmacy; it has marks by child's weight and mine 'isn't even on the map.' If he'd been born strong, he would be, but there are no marks small enough for him on the bottle.

Note: There is a hospital in Shonbra closer to her but she chose to come here because they are more famed for taking an interest (ihtimam) in children.

- Final tone of despair: "Kids keep getting sick until they become adults."

3. M. 3 months. Siblings: 3 F. Father - Driver. Five in Imbala. Came here after 2 M.D.'s then Abukish.

- Severe dehydration: Here since Friday. Nasogastric tube.

- Tone of conversation: Desperate. Father came to visit while I was there. He asked Dr. Ahmad if there was "more treatment" to be had for money; he would be glad to pay.

- Curative path: Had had diarrhea for 15 days. Took him to two M.D.'s. One was past Minister Dr. Mamdonh Gaba. "He was the only Dr. of the many we've gone to lately who recognized dehydration. The others all said cold (nayla) or diarrhea." He presented Sarab and mahlul and said to go to Abu Ri sih if son got worse.

"I went to Abu Ri sih when my son didn't improve but I left it because I was afraid (kha'ifa). A baby boy and a baby girl died 'right next to me,' with the IV in their scalp, and no body even noticed. We took a taxi from there and people riding in the taxi told us about this center (Bab Shaariya)."

(Diet?) The doctor said the water, tea, lemondade, and starch (m-shaa) (with water?) and that's what I feed him, plus the mahlul-- 4 packets in a bottle of Baralca water. I never nursed and he's had Babelac from birth.

(Exact details solicited). "I feed him 2 to 3 spoons in a bazaza, then he vomits." (Do you try again) "I let him rest and try again."

(Note: Saw case, much improved, on 10 August.)

4. F. 8 months. Siblings - 2F, 1M. Fa is company employee. Live in Amiriyya.

Dr. Ahmad notes patient not severely dehydrated. (They came in that unit, probably for air conditioning.) Has fever and bronchitis. He advises mother not to wrap girl so tightly in so many layers.

Girl has had diarrhea for 3 weeks — "since right after 'Aid el Fitr.'" Mother says 5 to 6 stools a day. No milk for 20 days, as per private Dr.'s instructions. Dr. also prescribed "three kinds of drops." Has fed nisa and biscuits. Started using mahlul 4 days ago, when came here.

- Summary of curative action:

- diarrhea for 3 weeks
- went almost immediately to private M.D. who presented medicine and said stop milk.
- when child did not improve and the medicine finished, mother brought to here.

(Note: Dr. Abdul Rahman gave a lecture to the mothers between my interview with the fourth and fifth mother.)

5. M. 9 months. (First child) Father is mechanic in the bus company. Mother lives in Helwar and is visiting her mother, who lives on Gaysh Street. Her mother, and her mother's landlords are with her.

- Curative action: Child has had diarrhea for four days. On day one she went to a private doctor who prescribed rice water with a spoon of Babeleu dried carrots and who told her to stop the milk. The baby vomited but she kept giving him it. Yesterday (day three) she came here to Bab Sharryya and went to the Fever Hospital (Hurrawiyot). Today she is back because she feels there has been no improvement.

The mother's mother (has 4M and 1F) said that her children never had diarrhea except when they were teething. She said that naslz ma'awiyya causes diarrhea (sic) and that filth causes nazla ma'awiyya. In the old days, she said, she gave Karawiyya and Nisha water for diarrhea. (How do you tell dehydration?) "When the eyes are sunken (dakhila lil guwwa)." The landlady volunteered: "When the child wants to drink water, when the skin stands up." (She said the doctor told her the second. Note these are older women.)

Interviews on Tuesday, August 9, 1983: Bab Sha'ariyya.

Part of the morning was spent in the outpatient clinic, where children with mild diarrhea are treated immediately, recruiting consenting mothers for home visits. I also observed insertion of GN and IV tubes in severely dehydrated babies. It is interesting to note that the only two fathers I saw in the unit were with severely dehydrated babies. (One of these babies had just arrived; the other father was visiting a baby hospitalized five days.) There was another severely dehydrated baby with marasmus whose mother was giving ORT for the first hours; the baby was vomiting and the M.D.'s planned to put it on GN or

IV soon if there was no improvement. (I saw this baby again on August 13; it had gained over a kilo on ORT and its father came with the mother to ask what to do. (Baby still severely malnourished) Vitamin-Nutrition instructions given.)

1. F. 6 Months. Siblings 3F and 1M. Mother from Said, one week visit to relatives.

- Curative path: Diarrhea from one week. Her relatives said to give girl some yogurt but she refused because she wanted to see what the M.D. would prescribe first. (Note: This information was volunteered in the midst of chatting later on in the conversation.) None of her relatives were free to accompany her so she came walking and asking in the street. Once referred to ORT unit from outpatient downstairs she went "up and down" several times until finally an M.D. accompanied her up. This is her first institutional resort.

- Home care: Cumin and Karawiyya and the breast. When I probed for exact feeding details, she said Karawiyya from a homemade (medicine bottle and nipple) bazzaza two times a day and breast feeding at night. ("I only nurse at night because I don't have much milk (lebanni da'if)") The girl has stools 3 times per day "like green grass, like corn (dur'a) in consistency."

2. F. 9 Months. Siblings 2F, 2M. Lives near metro. (The sick girl has a twin).

- Curative path: Girl has had diarrhea for ten days. She feeds her "a little" (habbit) rice and potatoes, and 3 cases of pasturized milk a day which she heats/boils. At night she nurses.

Describes girl as having hami (hot) stomach.

- General health and feeding: Says girl's health is good and this is the first diarrhea. The mother uses pasturized milk because she's "not free" during the day to nurse. She leaves the kid with a bottle.

3. F. 1 Year. First child. (See below re IUD. Woman dressed in traditional house dress.)

- Curative summary: Diarrhea from one and one-half weeks. Gave her water and mahalabiyya (from ground rice) and starch and rice water. The M.D. told her to stop Babelae with the diarrhea.

Conversations among mothers 1, 2, and 3.

My notes on the individual cases are shorter because the three began to spontaneously discuss kinds of milk, IUD, etc. and its virtues and I preferred to hear their comments. 2 gives pasturized milk to her child; sometimes she boils it, but sometimes she just heats it. 1 (the peasant)

interrupts to say: "But you must boil the milk!" 2 rejoins: "But it is not necessary because it is pasturized!" 3 asks why 2 doesn't just use powdered milk. (3 uses Babelou, which she stopped when baby got diarrhea.) 2 looks over at another, 4th (not interviewed) mother whose baby is sleeping and tells her to keep giving him ORT. 4th mother responds that she doesn't want to bother her sleeping baby. Mother 3 says she has no other children, that she inserted an IUD as soon as she ra'abanit (reached 40 days after birth at which time a mother ritually purifies herself); Says husband doesn't agree. Mother 1 is horrified. General discussion follows of value of children and gender-different views of same.

4. M 2 Months, 10 days. Siblings 2F, 1M. From Midar Sakakin. Rode metro. Husband retired from government.

- Curative path: Son has had diarrhea for 7 days. She brought him here 3 days ago. They presented mahlul, which she has been giving in a coffee cup (small, Arabic coffee one). (Dr. Ahmad asked to see the Rx which she said had specified this. The Rx was written Kub for Kubiyya, which is glass.); and also an antibiotic.

She has continued to breast feed.

- Ideas on diarrhea: Another son had diarrhea and she had been to a private M.D. who gave him 3 injections (glucose?) because his body was nāshit (dried up).

APPENDIX II

HOME VISITS

BAB SHA'ARIYYA: AUGUST 10, 1983

After morning observation in the outpatient clinic, Dr. Ahmed Yousseff from the project and Dr. Amar Ahmad, resident in the unit, and I went on two home visits to women we had agreed with yesterday. The first visit to a woman in Gumra was aborted since she had left to visit her mother, although she had told her neighbors we were coming. The second visit was to Qasayirra, which lies beyond Gumra.

Visit to Nadia in Qasayirra

Nadia lives in the top floor of the fourth story of a walk-up building which has one apartment on each floor. The other three floors have one family each, but she shares her apartment with her parents. Her brother and his wife live directly below them in a much spiffier apartment with freshly painted walls decorated with rolled painter designs. Her sister-in-law sat through the interview with us; her name is Sabah. When Nadia described her apartment to us, she mentioned it was only raw wood and not the plaster of her sister's. Nadia's apartment has two bedrooms off either end of a middle kitchen - entree area and a bathroom off to the side. There is piped water to the apartment building but she gets her water on the top floor via a hose from her sister's apartment. Nadia has a washing machine, boota gas stove, and television. She, like her sister-in-law below, keeps water in a zir. When I noted the machines, she said that they belonged to her parents actually. Nadia and her husband's families are originally from Benha, and have come in the last thirty of forty years to Cairo. Nadia's sister-in-law is also a blood relative.

Nadia's Pregnancy History

- M. 10 Years (this child has had polio and walks with a limp)
- F. 8 Years
- F. 5 Years
- F. died
- F. died
- M. died
- F. 1 year

Initial Probe of Curative Strategy

Nadia's one year old girl began a bout of diarrhea 3 days ago. The first day she gave her normal food (akil ādi), which she described as the rice pabulum (rūs rīri), which she ran out of and then gave regular rice. The diarrhea was maya khali, that is like water. On the second day the girl had diarrhea twice in the morning and twice in the afternoon and that is the day we saw her at the clinic where she was prescribed only the solution, which she bought and gave to the girl, one packet last night and one packet this morning, the third day. Today, the third day, in addition to the one envelope, she gave the child lemon with fūl (faba beans). Note: When she talks she said lemon before she said the beans, perhaps because she thought of lemon as the curative part of the food.

After a rough rendition of her three days, I probed for more details in a general discussion about diet. She mentioned nothing about milk so I asked and she said her milk in her breasts was dried up because she was taking contraceptive pills, and when asked why she didn't bring formula, she said because that her killed her two girls. (Note: I had not yet asked for dead children in the pregnancy history, and filled them in at this time). Her sister-in-law chimed in that the doctor she had seen about this bout of illness (see below) had prescribed formula but that Nadia had bought it. Nadia went on to explain that when she had bought formula, both girls had died after taking it, and she had become complexed about it, meaning it had made her obsessive about not using it. The colloquial expression is itaqa'at minnu. Later on in the discussion, when the father came in, he contributed the same feeling about milk and said that he didn't like it, and that when they had brought it he looked and found that the child was lacking in growth (Nāqasa). The father works with another person as a distributor, but seems to be someone who hauls things around rather than actually a driver. The children of school age are all in school.

A general discussion about their ideas on milk and on her curative action led to more details about this bout of diarrhea, which had actually completed another cycle of illness.

Additional Probe on Curative Resource

Two weeks ago the girl had gotten sick and she had taken her to a private doctor. (This is a doctor that she had actually seen with one of her two daughters who died. By the way, one of the daughters actually died in Bab Sha'ariyya clinic while she was waiting to be rehydrated by IV, and the other boy and girl died at home. Note that a child dying at Bab Sha'ariyya has not kept the mother from returning there.) Two weeks ago the private doctor wrote a prescription for bronchitis but the child did not get better. One week ago Nadia took her to Bab Sha'ariyya and they told her to throw out the medicine because it was not good. At that time they apparently diagnosed to deal with the fever and bronchitis. She then returned to Bab Sha'ariyya yesterday with the diarrreal symptom. She described the entire sequence as if it were all one continuous event, although she differentiates among symptoms.

Mixing of Formula and Rehydrant

The two doctors discussed with her in detail her mixing of the formula Similac. She said that she put three measures on a hundred to a hundred and fifty grams in the lined plastic baby bottles from the pharmacy. Dr. Ahmad pointed out that three measures are to be used with a hundred and eighty grams and that she had probably made the formula too thick which could cause digestive problems. We then asked to see the glass that she had used to mix the oral rehydrant in, and she brought a tea glass (kubiyet shay) which we estimated was about a hundred cc's. Dr. Ahmad told her that she should be using a 200cc glass, a water glass (kubiyet maya). "That's why your child didn't drink much of the rehydrant, since you told us before she wasn't craving it; it might have been because it was too strong." The only other glass or kubiyet that she had was one that she referred to as kubiyet kabair or kubiyet zir, that is a large cup which is out of aluminum and left on top of the water bottle or zir and dipped into it to drink from the zir. Dr. Ahmad explained that she should probably use that if she increased the amount of oral rehydrant packages used.

General Discussion about Diarrhea

When I asked her how she had cured the three children whom she felt died from the milk and she explained died from diarrhetic symptoms, she said that with them she would wait for two or three days and get the brown pills (that is Enterovioform), and feed them starch and water through a nipple of the baby bottle. She said that now she would give them rehydrant on the first day, that she would buy more when this ran out and keep it at home, and if the diarrhea increased, take them to Bab Sha'ariyya. When I asked if she had seen the rehydrant unit (she was an outpatient yesterday and not referred upstairs), she said that her sister's son had been ill and taken up to that unit and that she had heard it was nice.

A medical examination indicated that the child had recovered from diarrhea, and had a skin rash on her chest from heat. The husband asked us to see his sister as we walked back to the car. She was two months pregnant, perhaps with an ulcer, and Dr. Ahmad wrote a prescription.

Comments on Interview

In Nadia's system, it makes sense to associate formula with death, simply because both things happened in the same time period. Her explanation is logically similar to many other explanations of infant death where the mother looks for some approximate cause. Her view was probably also encouraged by the common advice given to stop milk during diarrhea. It seems that the matter of size of glass is critical. Women who are not actually given glasses at the clinic probably do not remember size. A woman yesterday in the unit had used a coffee cup to mix her rehydrant at home the day before, saying that that was what the doctor had told her. It is not clear where she got that information, because when we

checked the prescription the word cup - kub, classical for a glass, and not the word fingan, the word for cup, was written.

BAB SHA'ARIYYA: AUGUST 11, 1983

VISIT TO UM WALID IN GAMRA 11:10 - 12:00 PM

This women lives in one room which shares a common landing and bath with two other rooms on the same floor, both occupied by the landlord's family. The building is a four story walk up with four families living on three floors. Um Walid has the one room, gets water from her father's apartment upstairs and stores it in a large metal barrel (but much smaller than trash barrel), has electricity and a T.V., and a sewing machine. Her husband is an electrician who repairs radios, taking them into his home. Her father, who lives in the two rooms upstairs on the top floor, with a bath and kitchen internally to the apartment, seems to be a kind old man who was hovering around, talked to us during the visit, as was the women's husband. (This is the woman who had left to visit her mother yesterday when we came, and she was delighted to see us.) Her father was born in Menoufia, of a Manoufi mother and a Saiti father. Her father was employed in the ice company here in Gamra, the very place we turned off to reach this house a four or five block stretch later and he proudly told us that his company was one of five ice companies in Cairo. He also said he worked not for Egyptians but for the French, presumably pre-World War II, and like many men of his age in Cairo, reminisces about the old days of working for foreigners-- much different from the new days of working for foreigners!

Curative Action Information Based on Two Consecutive Probes, and Treatment Correction and Disease Development Information.

The child was first seen yesterday, day 2 of the diarrhea bout, Wednesday. On day 1, Walid had four movements which were green and of bad odor. His mother gave him starch with milk from the milk sold in bags in the grocery store (bags are Kiyas, and could also be used for the parphenated boxes of permanent milk). On day two, he had two movements and she brought him to the clinic where he was prescribed rehydrant, and she gave him two glasses of that. Today he had diarrhea twice, and she seemed to feel he was returning to normal, and so she was using his formula, SM, rather than the starch. When asked more specifically, she said this morning he had a little bit (habbit) of macaroni and water, and that now she would every three hours feed him either the formula SM or would use sugar water, giving him the formula four times a day. She mixes a 180 cc's, which she indicated on the bottle, with four measures of formula and $\frac{1}{2}$ a tablespoon of sugar. Dr. Ahmad indicated to her that 60cc's on one measure was prescribed formula which means she is mixing it too thick. Clinical examinations showed Walid to be in good health.

Pregnancy History

M. child died
 F. 2 years old
 M. 11 months, that is Walid

Discussion of Milk

Um Walid weened her son at 45 days, when he wouldn't take her breast. When I asked why, she said her milk was weak (da'if). She began to add a little bit of rice and potatoes + mular SM when he was about four months old. She said that ... gives pasteurized milk to treat stomach problems (literal expression: Yirahyah al-ma'ada, literally means to rest the stomach). She mixes the milk with starch, and here the general virtues of this treatment were discussed by the man as well, and her father said that starch, that one should even give an injection of starch (sic).

Mixing of Rehydrant

When we asked her to show us a glass, she had a water glass roughly 200cc's, but she said she had put a half packet of rehydrant, not a whole one. Why? Because to put all of it would be too heavy for the child (taqil alay). When Dr. Ahmad and I assured her that was not the case, she asked, "you mean nothing would happen to the child?" (The spirit of her response was the usual mild questioning of a mother needing to be reassured).

Walid's Illness History

She said the only illnesses that he has had are diarrhea and nazla, and that she has taken him to the Zahra hospital five times, and to Bab Sha'ariyya two times.

After visiting Um Walid, we went upstairs to her father's apartment, where Dr. Ahmad Ahmar wrote a prescription for the presumably brother of the mother, who had sprained his foot in work-related accident.

VISIT TO SABRIN IN DAHER, TAG HUSSEAEIN ALLEY: 12:50 - 1:25 P.M.

This visit was very short because I needed to return to meet Dr. Loutfy at 2:00 p.m. at the project, and because it took us almost an hour to find the back lane, which was two blocks long, where this woman lived. At one point a young man who worked at a nearby warsha or workshop rode in the car with us to help us find the place.

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Sabrin is Bakriyya, and her son, Tamir is two months old. Her husband works as a baker, and they have one floor of a four story building. They have three bedrooms and their own internal bath and kitchen, with quite new furniture including a freshly painted bright blue kitchen cabinet. They have several feronic pictures on the wall, which with their names led me to think they were coptic, but they also had a wall hanging of Mecca. Both the mother and father have education through middle level school, but the mother has never worked outside the home. Her mother is here today from Zawiyya hamra because her sister's sister has tonsillitis. Dr. Ahmad looked at her prescription and told her to wait and take her prescription and see how she did, since her infection was not severe enough to warrant a tonsilectomy, and that if she did not get better to come to the hospital and he would take care to direct her correctly. Although the parents are both educated, like most Egyptians, there were various amulets pinned to the baby's clothes. When I asked about the two sided coil (hazā'a) the father said it was because someone had entered on the mother and child with meat shortly after the birth. (See accounts elsewhere of Mushahara.) He said that it would endanger the child, not the mother, and that his mother-in-law had brought the amulet from a steel maker or an iron maker (haddadi). Yesterday the baby had an iron bracelet around its leg which the mother said she had bought with money she had begged from 10 people named Mohammed.

Curative Path

This is the first time that her son has had diarrhea, and he contracted it one week ago. She gave him Enteroviroform until she could go to the doctor, which was in his clinic. (If her report is correct, she eagerly gave the medicine she knew about as soon as possible.) The doctor told her not to give the baby any milk (note that the mother is breast feeding) and not to feed it. He prescribed the following medication: Enterviroform, Flagil, Enteroquin (a sulphur drug for amoeba), an anti-emetic, and treptophenicol. She gave the baby the following liquids all recommended by the doctor: Karaywiyya, Yansun, rice water and starch. He told her to give it every two hours and bazaza, starting with 50cc's, and increasing the quantity as the baby got better. She said by the sixth day she was giving a 100cc's at a feeding. He did not benefit from the medication, and the women's mother contributed the comment that the child vomited when he took the medicine. This woman was seen by Dr. Ahmad this morning in the clinic, a week after her visit to the MD with no curative resorts to other institutions in between. We visited at 1:00, and while she had bought the rehydrant on the way home she had not yet given it because the child was asleep.

Observations on Interview

Unfortunately, our time was very limited. Note that a relatively educated woman resorts first to a private doctor and although she actually lives about a ten minute walk from the Bab Sha'ariyya clinic (which we only discovered once we found the house), the women had not heard of until she visited the clinic this morning.

GIZA: AUGUST 15, 1983

The following interviews were held with random women in the section of Azbit Sa'ida, a section of Imbaba, which is heavily populated by Egyptians originally from the south or Said. Many of them lived in Zamalik until about forty years ago when their land was bought up by enterprising Egyptians who then used it for housing development. When they were talking to me, they made certain to differentiate between these Egyptians and the English! As one woman put it, they were simple agriculturalists who didn't know what the value of land in Zamalik would be. There there were lemon groves, and when they came here there were agricultural crops. Today the area is as urban in character as other popular quarters, with streets lined with four story walk-up buildings. The area lies approximately one mile to two miles north of the Imbaba MCH center. It was where I was taken when I requested a rural area. I have asked my companion to take me to a more rural area tomorrow.

My companion was Nawal, a Hakima (five years of training after preparatory school; this is the old system of training midwives; presently they are given only three years and called musada muwalida). Nawal is from Imbaba, and is taking me to areas where she is known as the midwife and had delivered, which of course cuts down the time needed to establish rapport. She graduated from qasr el Aini in 1960 and has four children. She is 38 years old.

1. Rasmiyya.

This woman has one son, nine months old. Her husband is in the army. He has been fevered for three days but would be hot and then cool. He has had diarrhea for one day and intermittent vomiting. From the first day she stopped breast feeding and went to the doctor who prescribed suppositories and constipative medicine as well as rehydrant which she makes by boiling water and cooling and putting it in a bazaza.

My interview with this woman was extremely short because it was begun in the street and predictably children began hassling us. At this point we moved to a smaller alley way where we could settle ourselves away from the maddening crowds. I did not question Nawal's decision to work in the street, although it would have been preferable to sit in the home with women. However, the street had the overwhelming advantage of allowing us to recruit new volunteers for interviews as we interviewed the former woman. We could do this because Nawal knew women from the area. Today, Monday, was the day for pregnant women at the clinic so there was no opportunity to recruit patients for home visits. However, in another part of these appendices I present some interviews with the pregnant women as a sample of populus not attending clinics for diarrhea.

2. Bakhat

She has an eight month old daughter and a three year old son. Her husband works in a private sector store as an employee. She has six years of education. She started the interview by spilling out the story of her son, who has had fever and boils for the last eight days and whom she took to Dr. Shukri (apparently a favorite pediatrician in this area) who wrote a prescription including an injection.

As for her daughter, she has had diarrhea for four days; she has two to three occurrences per day, it is yellow, and partially formed. She has done nothing except give the girl some Kurellia and mint because she believes this diarrhea is the result of teething. For the same reason, she has continued to nurse the baby. She has not seen any doctors.

When asked what causes diarrhea, she said cold (bard) which one gets for instance from bathing and going down to the street for warming up. A doctor also told her one could get bard from drinking cold water. Bakhat had no idea about rehydration but talked about constipatives like Diapack and about pencillin. She is registered in the MCA clinic and gets regular injections in the health unit for her children, but otherwise does not seem to be an attendor at Ministry of Health Institutions.

Her favorite radio program is raba al-Bayut. As the interview drew to an end, Nawal told the woman that she must go to the doctor with her diarretic girl; it seems that even a worker who has been through oral rehydration seminars as has Nawal is pushing for the doctor and not the MCH clinic.

3. Madiha

She has a six month old daughter. Has lost another daughter at six months "from diarrhea and dehydration" (she mentioned the death before I had time to get a pregnancy history, as an answer to a leading question - had she heard about gefaf) and a son who was still born. The daughter died two years ago. She is the second wife of a husband who is a driver for the Uthman Construction Company. She lives in two rooms with a shared toilet and buys water from the neighbors, has a buta gas stove, electricity, television, radio. Her family is from the Fayoum Oasis and they all live in this area.

Story of her daughter who died at 6 months from dehydration 2 years ago.

"My daughter was sick for two months before she died. I would take her to Abu Rish Hospital and get glucose in her veins in her head, staying there the whole day but coming home at night. Then I would stop for two days and find that she had lost lots of weight. (Abbatal yomain wa abboos wa alay ahha hasait halus.) (What did you do for her when you were at home?) I would give her the carrot riri (she called it Mahlul of carrots); That's what she was living on. She also took medicine. (What about milk?)

I stopped her milk. The doctor in Abu Rish said to stop it. She never recovered. She was originally referred to Abu Rish by a doctor that I went to. (What was her diarrhea like?) It was like water, it was like there was an open tap. I would give her water and carrot solution and it would just come out the other end."

Current illness bout of six month old girl.

She does not have diarrhea all the time (Ala tul) but two or three times a day with partially formed stools. Today she has constipation, and Nawal recommended the mother give her helba or fenugrek. Her mother wants to see if she is teething and has given her no special treatment. The baby girl nursed for the first four months and then left the breast "by herself." She was then given riri. At this point in the conversation Nawal interrupted to say she should give her food even if she vomits it, for example the egg yokes or faba beans. Madiha feeds her daughter riri every three hours and if there is none available, she feeds her milk with starch. At this point Nawal recommended grinding her own riri, giving her similac, Petit Mari biscuits, helebia, and water.

Mediha's girl baby has not had any major illness. At fifteen days, she had diarrhea and vomiting. Mediha took her to the doctor and after two days when she had not improved, (ma gatsh ala alag), took her to Abu Rish. "She was vomiting incredibly. It was night time when I went to Abu Rish and they gave me medication for every twelve hours, every six hours in drops. After that she got better right away."

Observation:

Mediha had lost two children and so went immediately to the doctor when the third one got sick at fifteen days. She waited only two days for the prescribed medication to do its trick, and when it didn't resorted to the central hospital. By the third day the diarrhea had limited itself. The case the baby girl has now is very mild and she shows no signs of dehydration. Nevertheless, one might note that since Mediha conveyed an intensity of concern about her child's health given past death, she had done nothing for four days and what was probably a mild case of diarrhea and has explained this by teething. That is, teething seems to be a powerful explanation within popular etiology.

Perception of Gefaf.

In answer to my question about her knowledge of gefaf, "when my baby girl who died was examined, they said that she had the illness (mard) gefaf. Her body was all wrinkled and she was very tired (ta'aban awi).

Good Parents

A good mother is loving towards her daughter (hanin ala bint) and shows interest (ihtimam). A good father does not keep his children from having any advantages (mya hrumsh i ilu min haga). He also gives them haniyya.

Family Planning

Mediha uses foam suppositories to prevent conception. She plans to have one more child later on.

Radio Program

Mediha says she doesn't listen to the radio. A passing woman contributed the information that she had heard about gefaf on the radio and you could tell it by pinching skin (she made the motions in mid air with her fingers) but she could not say exactly what gefaf was.

4. Nadiya

Lost male child at two months, then had female now 6 years and two males, four years and 1 ½ years. Has attended school through sixth grade. Her husband was a laborer in Saudi Arabia but has not worked for two years. She has registered herself in the MCH clinic but only goes for birth. If her children are sick she goes to the hospital. Has not heard of gefaf. As for Mahlul, she has; "isn't that what prevents diarrhea?" (Yimma'a ishal). Her oldest male whom she lost at two months died from a fever; "he was hot at three in the morning but we could go nowhere with him and I gave him some aspirin, but in the morning I found him dead. She says that her spacing of births has been natural and not only does she not get pregnant while nursing but sometimes goes for a year afterward.

Her baby boy has been sick off and on for the last two months. Two months ago after his having diarrhea for two days she took him to the Imbaba General Hospital. At that time she had stopped breast feeding, giving lemon water and sugar water. (You didn't go to an M.S.?) No, I have no money. At Imbaba General they said that my son had nazla and wrote a prescription of syrup and Rehydran. They told me orally how to make the Rehydran. I take a spoon of it per glass, a big glass you drink water in, of cold water. I threw away the rest of the oral Rehydran packets when my child got better.

Feeding.

At 1 ½ years I am still breast feeding my child and he also eats whatever we eat. At five months I started to give him Faba beans and rice and halabia and biscuits. Little by little one thing at a time.

Prevention of Diarrhea

"To do this I wash everything very well. (Note here her answer to what she had learned from watching T.V., a favorite program of which - of course it must be health since I am a doctor - is Your Private Doctor (Tibbik k al khas). She said that on that program, "we heard about microbes and mulawith (pollution) and found out that in the case of diarrhea one should take drops and a constipative medicine (this is all commonly referred to by women as something that looks like flour, sometimes yellow), and Rehydran.

Nadia's Apartment

She lives with her family in two rooms with a shared toilet and brings water from nearby houses. She was born in Giza where her family still lives, whereas her husband was born in Said where his family still lives.

5. Rawhiyya

Has daughters five years and two years and son eight years; lost one son at three months and one at birth. Husband is day laborer. She has six years of education.

Daughter has had diarrhea for a couple of days and she took her to a doctor and has been giving her mint and correlia. Eight year old son has had fever for ten days and she was admitted to the fever hospital with him for a few days. "When he is my sole son, I worry. Also diarrhea makes me worry about my children."

(Causes of diarrhea?) It comes from leban glass, or powdered milk. I have breast fed all of my children except for the last who takes a bottle. I wean them at two years but at around seven months I start giving them boiled potatoes, rice and milk, halabia, and tea and milk.

(What is gefaf?) "If you make milk in a bezaza there are microbes in the bezaza and that causes gefaf." The woman has heard of Mahlul but is not quite clear on what it does or what gefaf is. When I asked about cures for gefaf she talked about putting a teaspoon of leban with turkish coffee and said she learned this at the Imbaba Hospital. She would give her son mahlul four times a day when he was sick with fever.

This woman is Saiti and said at the beginning of the interview that she didn't know anything although of course she has six years of school. As we closed, she said impulsively, of course there were household remedies (wassa baladiyya) like lemon in tea, seven-up and lemon in coffee.

Rawhiyya has an impressive upper row of silver teeth!

6. Sa'adiyya

She has one son aged 1 year. No schooling. Her husband is in Army. Lives in one room and carries her water up to the fourth floor; Has a budda gas stove, a T.V. and electricity.

Pregnancy History of Miscarriage.

Sa'adiyya has miscarried twins two times at about six months according to Nawal. Nawal then got her a reference, as her trusty midwife, to a prominent gynecologist who cured her and she gave birth to her now only son. Nawal told her she shouldn't be cured again, that is she was planning to just have one child and said that that was enough, but she is now pregnant again in about the seventh month.

Given her pregnancy history, its no suprise that Sa'adiyya is very cheerful with her child. She said that he had only had diarrhea one time, the first day of the last feast which was in late June, early July. Since everybody was closed for the feast, she took her son to Agouza emergency room where they wrote her a prescription for an injection and other medicine. Then the next time he was open, in a day or two, she went to the famous doctor Shukri, who looked at her medicine and gave her some more. After three days the child was well.

(Cause of Diarrhea?) Filth and germs. I only breast feed my child, although during the day I leave him with my mother, so he drinks halib (that is milk that is bought raw in large containers and boiled). At seven months I started giving him potatoes and corelia but no faba beans or other solids. Now he takes tea with milk and yogurt.

I have heard about Mahlul on the T.V. and that it is good. I saw a doctor talking about it who told us to mix Mahlul with cold water and use until we could go to the doctor. I didn't go to school but I listen to T.V. and radio all the time. When I was not able to become pregnant I sat in front of the T.V. and listened to everything everyone said.

(What is a good mother?) Someone who keeps her children clean and gives them clean food. (Good father?) Someone who is fond and loves them (hinayin). He gives his children priority.

(What is an unhealthy child?) Sickness is horrible. The child is weak and always sleeping and not active. (Active is mashit.) (Healthy?) A healthy child is mufarfish, or alert and active.

GENERAL OBSERVATIONS ON HOME INTERVIEWS IN GIZAAUGUST 15, 1983

These women were in a sense self selective since they knew a nurse-midwife from a clinic who was doing home delivery. However, several of them were simply gathered from by-passers and not personally known by the nurse midwife. Although they are not in a rural area they live so far from central Cairo that they do not regularly pass through central markets like women in Bab Sha'ariyya. Their housing is the typical popular house found all over in the suburbs of Cairo ringing the city. Some women have not gone to school and some have gone through the first six years, and there was a variety of information and mis-information. The very fact that women would stop in the street and volunteer information about the latest T.V. show on gefaf indicates that this is the kind of subject that will be talked about so if media is made sufficiently clear so that it can be repeated from woman to woman, it will be. I might note that at the end of interviews, I would repeat the correct information about gefaf, diarrhea, and mahlul and add where information was incorrect.

These women, like many being interviewed, show a clear pattern of going to the doctor on the first or second day (unless they perceive the diarrhea as stemming from teething); women who have lost a child are particularly prone to do this. Depending on a woman's pregnancy history which influences to some extent her sense of urgency, and depending on a host of other subjects including what is going on in her everyday life, the woman may wait anywhere from two to seven days using a doctor's prescription before resorting to a hospital. These women went to Imbaba General Hospital and not to the MCH clinic. This is consonant with other findings on urban Cairo - that is, that MD's are the first resort, and centralized hospitals rather than any local MCH unit, the so-called last resort. This pattern of resort is to be kept in mind while devising immediate campaign to educate mothers to treat mild diarrhea and recognize severe diarrhea. This observer wonders if that first visit to the M.D., given the general mind set of M.D.'s to call for things like cessation of breast feeding, is at least worthless if not somewhat harmful in some cases. Such resort strategies of women should indicate the critical priority of continuing education for health professionals.

Another point which emerges in the above home visit is that more women know about gefaf than actually understand what it is. It is a term which has entered everyday parlance, but now needs substantial explanation. Although this observer had some questions about the frequency of the phrase, gefaf kills children, in the radio plays, it is indeed true that women perceive this as having happened. This observer would like to see the amount of repetition of the idea of gefaf being depletion of fluids needing to be compensated for in future radio plays. That is, good advice is given in the early parts of the play about nutrition and replacing fluid but that is not repeated during the two parts of the drama that deal with going to the hospital as much as it might be. Rather we hear over and over

again that the baby is going to die without any affirmative talk of what one can do to stop it from dying.

IMBABA: AUGUST 16, 1983

Today I told Nawal that I needed to see women from more rural parts of Imbaba. She, probably not totally seriously, took me to a street where she pointed out a stable with some animals inside it. (I had also joked with her that I wanted to go ride a water buffalo in an attempt to get her out into the periphery of Imbaba.) I had done observations in the six month to one year pediatric clinic this morning and we had time for only two home visits.

1. Karima

She was born in Attabi (which made Nawal claim that this woman was from far away, as if rural) and came to Ezbit Saida in Imbaba when she married. They have a three room apartment with T.V., Radio, piped water. Their rent is 10 pounds a month; they took this apartment twelve years ago with key money of a 100 pounds. She has no education. Her husband is a government employee and makes about 60 pounds per month.

Pregnancy history

- M. 10 years old, was not breast fed because refused the breast
- M. 5 years old. Was weaned at six months on potatoes, rice, mehallibya and Semilac. She also gave him leban barrani.
- M. Mahmud - 14 days old. She used Nawal as a midwife, but after four days of being extremely tired before birth, she went to Farouq Hospital (gala), which she had heard gave good treatment, and where she had had her first birth).

She has had no deaths or miscarriages and is of the opinion that every five years with no family planning on her part, she gets pregnant. She said that after 40 day's purification she would go to a doctor to see what she should do for birth control. She was not prepared to make any decisions herself.

Diarrhea

Her children have had it only when teething, and she takes them to the doctor to get a treatment (allag), the medicine "like flour" (i.e. constipated medicine). She believes children get diarrhea when they are a little tired (taban shway), when they catch a cold (bardan), or when they are teething. When they have diarrhea ma'aditu bardan, literally

their stomach is cold. Note: Since Nawal was only picking a mother she could lite on so that she could excuse herself to go to deliver, I did not really get a sample here of a child with diarrhea; however I used the opportunity to ask some other general questions. Karima said that her children were in good health and had only had occasional problems from teething and fever and that she has taken them to a private M.D. every two to three months when they were growing up. She said if they had diarrhea she would go to a doctor as soon as possible, and if it was the middle of the night she would go to a pharmacy, because after all there are always night pharmacies. She said she would start breast feeding and that a doctor in Attabi, whom she goes to because she is originally from that area, had told her to do this and to give the baby rice water. She said she never goes to the MCH clinics because they are crowded, but rather goes to a doctor and pays 3 pounds for an examination. As for gefaf, she had not heard of it, but she had heard of mahlul. when her cousin was in Abu Rish Hospital and treated with mahlul and with emersion in water.

Good Parents

A good mother raises her children and does housework. A good father supplies enough for his children and the house (Yikafi awladu wa baytu).

Media

Her favorite T.V. programs are serials, and her favorite radio rabat al bayt.

Taditional - Modern

People in modern quarters like Zamalek are well off (mabsutin) and have pretty houses. People in baladi quarters like ours have limited possibilities (ala adbihum). If she had a hundred pounds to spend for anything she would get wardrobes for her children, another clothes washer, and paint the house walls with oil paint (zayt) and not gir.

2. Aysha

She was born in Aswan in souther Egypt and came here when young, growing up in a nearby district of Ardazzit. She went to school until the sixth grade. Her husband is the owner of a shop. Her apartment which is above Karima's is the same as Karima's. She has lived here for nine years.

Pregnancy History

- F. 8 years
- M. 6 years
- F. 5 years.

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Like Karima, she has had no miscarriages or dead children. She delivers in the Muwaziffa Hospital.

Treatment of Diarrhea

(Again I solicited general ideas since Nawal had not gotten the sample I described today). Diarrhea is caused by eating food that has been contaminated (akil maksuf, literally uncovered food) and by hot weather. If my child has diarrhea in the middle of the night I give him or her medicine which I keep in the refrigerator on reserve, the medicine like flour, (What is gefaf?) It is when the child does not look normal and is underweight and demands water. I heard this from doctors treating other children while I was sitting in the clinic. I also saw them write prescriptions for mahlul.

General Curative Strategies

I do not use government clinics because they are crowded. When the child has a fever or lots of diarrhea I take them to a doctor. (What is the worst incident you remember with your children's health?) When my son had a fever in the middle of the night. I gave him suppositories, which I also keep on reserve.

Good Parents

A good mother raises her children well and teaches them. A good father has good behaviour (aslubu kiwayis, and tariqtu kiwayis). He acts well with the children and with the mother (act is actions, tisarafat).

Media

My favorite program is Rabat al Bayut which comes on at nine fifteen in the morning and talks about family problems and about how to organize your house (nizam bayt) like how to wash vegetables. I like T.V. serials at night. (Note: everytime Nawal is around when I ask this question she tries to interrupt and get the women to say they have watched Tabika al Kahss, a medical program on T.V. but it is clear that if these women watch it they are not aware that it is a program.)

Traditional - Modern difference

People in traditional quarters can relax and do what they like, wearing their house dresses to the market and so on. (Ihna ala rahatna, literally we are at peace.)

Observations

Today Nawal got me women who do not go the MCH clinic, not because they are unable to, but because they find it too crowded. It is interesting to note the practice of keeping extra medicine on hand in the refrigerator.

BAB SHA'ARIYAA: AUGUST 17, 1983

I spent quite sometime in the outpatient clinic doing general observations and getting two patients for home visits, and the rest of the time while waiting in the oral rehydrant unit upstairs. There I talked with a woman who has an eleven month old daughter as her only child, and has been in the rehydrant unit for four days. She said she thought her daughter got diarrhea from taking her measles shots. She has not breast fed her, until the staff encouraged her to do so. The first day of diarrhea she went to an M.D. and got Rehydran and other medications. When they did not work on day three she went to another M.D. who referred her here where she has been for the four days. The mother was desperate and said her daughter had been zayy al qamar (literally, like the moon) before nothing had ever happend to her. She was obviously distressed and tried to understand why this should happen, thus the ideas about the measles shots. She also said that she was afraid to eat chicken because she was afraid the fat would come out in her breast milk to her daughter. The woman's mother had been encouraging her to eat things like this to strengthen her, and the unit staff also began to encourage her. The baby girl looked much better, and had been on intravenous treatment for a couple of days and now on oral rehydration.

Observations on Two Home Visits

Both-of the mothers that Dr. Ahmed Yousseff and I visited today were from fairly close by the clinic and were from fairly well off families. I hypothesize that they only came to the clinic to get reassurance about her child who had very mild diarrhea, and if they had been concerned they would have instead gone to a private doctor for examination. Interestingly, they probably came at the end of the clinic to avoid the lines, knowing that if they actually missed the clinic they could go that night to a private doctor or wait to see if the diarrhea got more severe. The class of women that go to a government clinic for reassurance only have different motivations than the class of women who go to get free medicine. One must keep a different priority of the clinic clients in mind while providing services. It is not clear to this observer that all of the mothers who are at clinics need to be there but this is a complicated question that has to do with ministry services and free medicine.

1. Fatima

She is originally from Bab Sha'ariyya, and lives in a large apartment with three rooms and an entree and a toilet and a bathroom occupying the whole first floor of a building a few blocks from the clinic. She remarked that her baby was tanned because they had just returned from a vacation on the Mediterranean at Gamasa. Her husband is a government employee, clearly pulling at least 80 to 100 pounds a month. She has had three years of education.

Pregnancy History

M. 5 years

M. 1 year, named Hani

Both of her births have been cesaerean at Ain shams Hospital. She says that because of that she could not tolerate nursing, and has given both boys powdered milk (babilac) until about 7 months. She says that she takes birth control pills.

Hani's Diarrhea

Yesterday was his first day; it was green and like water and occurred about five times. He had no diarrhea today, but she said she went just to check on him and reassure herself. Yesterday, she gave him tea with lemon one time, starch three times and lemon with starch one time. She fed him in a bottle and gave him as much of it as he wanted. Hani is one year and she stopped giving him babilac at seven months and now on his regular diet gives him riri. When Dr. Ahmed pointed out that it is only grain and does not provide any milk, she added that she also gave yogurt and vegetable soup to the child and sometimes chicken soup or apple juice.

Knowledge of Fatama

The difference between nazla and ishal is that nazla causes gefaf. which she knows from having her doctor talk about it, whereas ishal stops (yi'ata) . When Dr. Ahmed pointed out that diarrhea could lead to gefaf as well, she said that is if it gets more severe (yizid). She has heard about mahlul before, but I noticed today in the clinic she asked if one should put a packet with a whole glass of water or not. When we talked to her in the home, she said she would often just take a 1/4 of a glass of water with a packet since that is all her child would drink. When she gives mahlul she gives it three or four times a day and she knows that it compensates for loss of liquids.

Observation

Even an educated mother seems to have trouble mixing mahlul; this may be one of the most important parts of the campaign.

Good Parents

A mother gives good raising (tarbiyya kiwayisa) and makes sure the children learn (tihafiz ta'alimhum). A good father also protects his children (yihafuz).

2. Fatima

Her husband is an electrician and they live in a three room plus bath and kitchen apartment in the top floor of a building across from the police station in a winding back lane. They have a magnificent view from their balcony, and electricity, running water, colored television, etc. She claims they took the apartment four years ago with 4,000 pounds of key money, perhaps an exaggeration. She has not gone to school.

Pregnancy History

M. 5 Years

F. 4 Years

F. 8 months, Mona

This is the second day of what appears to be mild diarrhea for Mona, who had two movements yesterday. Fatima took her to the out patient clinic in Bab Sha'ariyaa, where she was given a prescription for Lomotil, an expectorant, and an antibiotic (Embinox). (Note: the doctor writing the prescription for the first woman interviewed today returned to me and said, "If you are making a study of oral rehydration then I will write a prescription for that program!" Obviously, the second doctor who saw this woman did not feel compelled to write for the program, oral rehydration). Fatima described this bout in the following way: "When I feed her in the morning, she does not take the food well. (Literally she tires.) When asked how she treats diarrhea, Fatima replied she gives lemonade, starch and milk (haleb), and tonics. The child refuses to eat when she tries to give it potatoes with lemon and salt on them. As for causes of diarrhea, she mentioned teething, cold (cold) which could be caught for instance when one bathes and takes wind so that his body is tired (gismu ta'aban). Fatima is still nursing Mona but she also supplements her diet with halib, which she dilutes. She knows about mahlul, because it was prescribed to her at Faliha (see below). She says that in the case of gefaf, the stomach dries up (butnu yshaf). She says she has heard about it on the radio. Fatima keeps various drugs on hand in the refrigerator in anticipation of her children's illness. She showed us a bottle of Paracetamol for colds and fevers.

Narrative of Bout of Diarrhea Two Months Ago

Mona had a diarrhea with mucous and I took her first to Bab Sha'ariyya two months ago where they wrote out her medicine for her fever, vomiting, and diarrhea. After two days when she didn't get better I took her to a doctor in Midan Gesh who wrote a prescription for antibiotics and Mahlul of carrots, which would help cure her intestinal problems (yilif missaranha). She got better on this prescription. Then after a week I found that her condition had deteriorated again and I took her to Kahlifa hospital which people said was good and where I once had my kidneys x-rayed. There they prescribed more antibiotics and Chemotrin (a sulfur drug), and she got better on that prescription.

Observation: Note that mothers commonly wait a few days and then go to a new facility, in retrospect evaluate the different drugs whose boxes and empty bottles they may keep for reference. The expression "He or she got better (khif) with that medicine" is a common phrase used to describe some successful treatment which the mother will then be prone to try again. One also hears mothers saying that this treatment works one time, but low and behold did not work this time!

August 18, 1983--IMBABA: MET OPPA

Today Nawal took me to meet Oppa in an effort to satisfy my request for a rural setting. I said I wanted to talk to a woman with children under 2, who was originally from a rural area. We met Nadia standing in the street, and when she said that she had spent her first five years in Mansur before coming to Cairo to attend school, Nawal grabbed her. I had already refused to talk to three or four women.

1. Nadia

She was originally married to a man who had a store in the middle of town in Suleman Pashe; when he died she inherited one-eighth and each of her two daughters inherited one-fourth. She took the money she had and got an apartment here in Mitobwa, and married a kumsari, or ticket taker, who lived in the area and had seen her. She has attended school through the sixth grade in Abdine where she was born. Her mother is from Mansur and her father is from Binha. Her father was a worker in a flower factory. She lives in a two room plus salle apartment with her own bath and kitchen. T.V., washing machine.

Pregnancy History

F. 10 Years

These two girls from first husband

F. 7 Years

M. 2 Years

F. 8 Months (Gahid)

Three months pregnant (said she wanted to abort this child, but her husband refused)

Feeding

She breastfeeds children until they're two months old, starting them on solids like biscuits, potatoes, and rice from about seven months and supplementing them with powdered milk, particularly now when she feels her milk is weak. She said she gave powdered milk four times a day. She also supplements with halib, tea with milk, and yoghurt.

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Hypothetical Treatment for Diarrhea

She said she would take the child right to the doctor but if it were the middle of the night she would give medicine which she keeps on hand in the refrigerator. She showed me a medicine she had, Imodium Hydrochloridin. She has used Mahual before but didn't get any for the last bout of diarrhea because her child won't drink it. She said she puts the whole package in a half cup of water and, of course, the child refuses to drink it. She understood the compensation of liquids provided by mahlul. As for special foods for diarrhea, she just gives regular food (akil adi). I suggested some traditional foods and she said that corelia causes diarrhea and when I said why not something with starch, her husband interrupted and said "Because she doesn't make it". Nadia said, embarrassed, that she was lazy, but she was also joking. As for cause of diarrhea, she said it was from nazla ma'yya and when I said what was that from, she said from microbes. At this point she returned to her narrative summerized below to say that Gihad really got diarrhea a month ago after eating rich tabika with tomato sauce.

Narrative of One Month Bout with Illness

Note: the below was extracted with numerous probes and it is summarized here.

One notes that as is true medically, women too see diarrhea as sometimes occuring with a cluster of other medical problems. They are interested in sorting out the symptoms and sorting out the relevant cures, but they do not necessarily use the same logic to do so as do medical doctors.

(Note that later Nadia said this entire bout was caused by Gihad eating rich food.)

Four weeks ago Gihad got sick. She had diarrhea about two or three times a day and she had fever which is why I took her to the first doctor, a woman who examines in a charitable-type large clinic for 50 piasters. This happened on a Tuesday four weeks ago. I had bathed Gihad and taken her down into the street and she caught a cold. She had a temperature of 40. The doctors said she had nazla bard. And prescribed these two medicines. (an expectorant, Abipeat, and a drug for colic, Walirine.) By the second week my daughter was crying because she was constipated. I gave her anise and mint to make her bowels move. I went again the next Tuesday to the same woman doctor who said she had nazla ma'ayya, that is she had a problem with her intestines (ta'ab fi ma'aditha). The doctor prescribed an antibiotic, mahlul gaffaf, and this medicine (chloramphenicol) and cidoctine. By the third week she had gotten better but then she got worse again and so I took her to a new doctor whose examination cost two pounds, who said she had nazla bard, and referred her to a specialist who said she had an ear infection. He gave her some eardrops. By the fourth week she didn't have diarrhea but she had a fever of over 40 and last night when that happened I took her in the evening without wasting any time since fever is dangerous to the Ta'mim Sahha in Doqqi. There they told me that all her medicine she was taking was wrong and she should stop it, except for the Walirine. (At this point there was a discussion about the problems of mixing up too many medicines together between Nadia and her husband). At Doqqi they said she had swayit bard.

What would you do if you had a hundred pounds to spend on anything you wanted? I would spend it on something of benefit (something that yinfa'a): clothes for the children, paying off debts, etc.

2. Muhasin

She was born in Mufia and came here fourteen years ago when she married and has not gone to school. Her husband is a painter (na'ash). She lives directly below Nadia, her apartment is even more plush because it has a colored T.V. She was with Nadia when we met them in the streets.

Pregnancy History

- F. First born, died
- M. 15 Years
- M. 12 Years
- M. 10 Years (Hemophiliac)
- F., 7 Years
- 2 Miscarriages
- Now on birth control pills

Unfortunately, she had been giving medical information to the midwife at the same time that I was talking to Nadia, so it was impossible to re-solicite all that information. Instead I chose to ask her general questions.

A good mother? She serves her children and husband (tikhdamhum). A good father? He provides food and other necessities for his children. Her husband wanted to answer the questions as well and said a good father spends on his children (yigīb qirsh).

Views on Diarrhea

She said if her child had diarrhea she took them to the doctor at the hospital, as well as giving them starch and water and lemon one or two times a day. Her husband interrupted her to say there was an injection for diarrhea, which we questioned, and then it appeared it was for vomiting. He also mentioned Enterovioform and Antroicide.

As for media, Muhasin liked the songs on the radio, the serials on films on T.V., and her husband likes the foreign serial "Hart to Hart".

If she had a hundred pounds she would spend it on clothes for the children and make something for the house, maybe stuff a mattress. Note: as this point the assistant midwife announced; "By the way, nobody saves any money these days since they need to spend it all to live".

Her husband said he liked the T.V. show "Science and Faith" run by a doctor, a program which speaks about everything from goiters and back problems to religious issues. He said that the doctor has a clinic where one pays just one pound for an examination.

APPENDIX III

BAB SHA'ARIYYA CLINIC

A. Bab Sha'Ariyya: August 10, 1983

Note: the following cases are listed by number, with the description given by the mother bringing the child to the out-patient clinic. These notes are by definition incomplete, because of the press of patients, but give a feel for the kind of mothers being seen in the out-patient clinic in Bab Sha'Ariyya. These are the mild cases which were referred from the more general out-patient clinic. The moderate and severe cases are referred upstairs to the oral rehydration unit. Thus, the following should all be moderate cases referred for treatment to the out-patient clinic and immediate release.

1. Eight month old patient who had fever last night and diarrhea for one day; mother stopped giving patient the formula Babelac.
2. Child has vomiting and diarrhea but no mucous or blood in stools. Nurse sitting nearby advises mother to use a big tea glass with clean water to mix solution at home.
3. Child has diarrhea, but is not drinking the Rehydran in the out-patient unit because of sores on mouth.
4. Child has green stools which are watery.
5. Child was fevered last night and didn't sleep.
6. Child only has diarrhea, green in color.
7. Child has diarrhea and cries continually. (Doctor asks how much diarrhea) every half hour, yellow and light water.
8. Boy starts crying when layed on table for exam, and mother reassures him he will not get an injection. M.D. writes her prescription for Ampicillin and Rehydran from outside pharmacy. While this mother being examined another mother is instructing a nearby mother not to flood her child with the Rehydran compound but to give it to him in sips one at a time.
9. Nurse throws away pacifier of woman before her child is examined. Mother laughs and tells the nurse to watch out and not stick her hand on the safety pin holding the pacifier.
10. A woman is coming for the second time this bout of diarrhea.

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11. Mother describes child as weak and sweating a lot. When she felt doctor didn't write enough drugs on the prescription, she added that the child had colic (muguss). This started a debate as to why she hadn't said that symptom in the first place. This kind of bantering in an effort to get more drugs is very common, and the doctors tolerate it because they know the woman is trying to get free medicine. This woman's prescription ultimately read aspirin, beladona, warand, and a tonic.

12. Mother already has been prescribed Flagyl and Rehydran solution, which she said she had used one time a day.

13. Woman butts in the line because she wants an examination but is told she has already had one from the other doctor. She requests this one re-examine and feel with his hand (yihiss bil idū).

14. Woman with 2½ year old son who has had diarrhea off and on for the last four months. She weaned him at 1½ years and gave him milk and sugar water, then potatoes and rice. He has not eaten meat from the day he was weaned. She claims that every time he eats meat he gets diarrhea. His stools are like water coming from a pipe.

Description of the Clinic

The clinic today is slow because most patients know this is the day for the diabetes clinic and they try to avoid the crowd that it brings. There were two doctors examining, each behind his own examination table with a nurse sitting next to him. There was a scale which they did not use. There were three benches on which the mothers sat while they gave their child oral rehydrant out of the thermos. They were suppose to check back before leaving. The doctors consistantly did a check for degree of dehydration, and since I was sitting there one asked sociological questions such as how many rooms in an apartment, though of course some women only live in one room so the question doesn't make sense to them. The clinic has no Rehydran so that is prescribed from an outside pharmacy. A typical prescription is for an analgesic, vitamins, and sometimes a sulfa drug.

B. IMBABA PEDIATRIC CLINIC

This is the pediatric clinic held for six to twelve month old children. Today there were three doctors examining, and I recorded the complaints presented by mothers to one of the three doctors.

1. Nine month male with fever for last three days and teething. Mother points out pus in ears. At end mother requests cod liver oil in addition to her prescription.

2. Male, one year and two months, with boils, and mother complains of teething. Doctor gives instruction about cleaning the mouth and applying the gentin.
 3. Female, eight months with diarrhea and fever all the time for the last ten days. Mother has gotten Rehydran powder here before. She says she makes the packet, liter size, in four glasses of water. She has been giving the (medicine like flour) (constipative) three times a day and formula. She mixes the formula with starch because if she gives regular formula the child gets diarrhea. The doctor advises her to dilute the formula, to use two instead of four measures, and to give the girl potato and carrot water.
 4. Five month boy. His mother cuts in front of the line saying she's taken a permission to leave work to come to the clinic. He has diarrhea five times a day, and she has given him starch and milk. The doctor tries to persuade her to nurse. Mother claims child refuses to take anything. Doctor encourages her to try vegetable soup, rice water, and diluted formula.
 5. One year old girl with bronchitis. Mother says no cough or fever. Mother wants to get some prescription, and she settles for at least vitamins! However, the clinic has none, so she agrees to take a prescription for vitamins to an outside pharmacy. She then asks for something for the child's nose, and the doctor agrees to prescribe nose drops, again from outside. The mother exclaims, "I guess I won't get any medicine here! How about a calcium?"
 6. One year old male with extended stomach, whom the doctor has examined before for diarrhea. Mother says no constipation. Then mother asks for medicine for a cough. The doctor asks, "Does he have a cough?" and examines with stethoscope and agrees to write medication for a cough. Doctor asks, "Why didn't you tell me about all the symptoms at once?"
 7. Female child, one year. Mother worried about excessive perspiration. Doctor assures her that it is natural with fever and prescribes her a rash powder for use after baths.
 8. One and a half year old male with fever whose mother said that he will not take anything by himself. His mother complains that he cannot stand, although his twin sister does.
- Note: We are interrupted by one of the nurses who says to stop writing prescriptions for vitamins and calcium because they have run out in the pharmacy.
9. Female, about one year. No fever but dry mouth. Doctor prescribes glycerin. When mother finds out the medication is not available here, she asks for some eye ointment. (The usual progression of presentation of symptoms).
 10. Female, year and a half old. Mother wants tonic. No other apparent symptoms.
 11. Female, nine months old. Mother says she screams when she tries to nurse her. Doctors ask how her intestines are and mother replies "Would I know?" Doctor gives nutritional advice. Mother asks that doctor look at eyes and doctor prescribes medication. As a last ditch effort mother asks him to look at scab on back of head.

12. Female, nine months. Mother complains that child urinates all the time, and doctor reassures her that this is normal. Doctor prescribes cough medicine and says there is no cod liver oil.
13. Female, one year. Eye infection. Mother is already using Teramycine which she got from an outside pharmacy. Doctor tells her about cleaning eyes with clean cotton.
14. Male child, about one year. Mother is worried because he walks and has not yet started teething. Doctor reassures her and prescribes the third shot of calcium for teething. Mother requests vitamins, but there are none.
15. Male, about one year. Bronchitis.
16. Male, one and a half years with boils, whose mother complains that he also scratches himself. Doctors prescribes sedative, penicillin, and ointment.
17. Female, ten months. Has has fever and brochitis for one week and the medication the mother got from the doctor has not worked. Mother complains of cough and runny nose. Says she's afraid to feed the child yoghurt because of chest problems; doctor advises trying mahide la'viyya and ful. Mother has not bathed child for 15 days; doctor's advice is to go ahead and bathe but just to avoid the fan and open doors which bring breezes. Doctor prescribes expectorant and sedatives.
18. Female, nine months with infected ears and simple cough.
19. Male, about nine months. Mother says his body is fine(gismu halwa) but that he has a cough. Doctor examines with stethoscope. Mother comments that he had diarrhea and she took him to Abu Rash, and made rice water, tea with milk, but that he doesn't eat anything else but french fries!
20. Male, one and a half years who is fevered in the middle of the night and vomits but has no diarrhea. His mother has his hair tied in pink ribboned pigtails, and the doctor commented, "Won't you let him dress like a boy?" (Of course, it is customary to dress a boy like a girl to avoid envy.) Prescription for vomiting.

In reading the above presentation of symptoms by mothers, one notices the same kind of bantering as one saw in the Bab Sha'Ariyya clinic with others attempting to get as much free medicines as possible. This of course is one of the things that happens in the Ministry of Health clinics, although some mothers value advice and prescriptions from outside pharmacies more than they value free medicine. There is a certain repertoire of medicines which are very popular with mothers, including anykind of tonic or vitamin, referred to overall as muquawiyat; various ointments for skin and eye rash/infection; cod liver oil in particular; and of course the three shots given at the time of teething which all the women have heard about.

One thing that is interesting about today's clinic is the small number of cases of diarrhea. There are several possible explanations. Women who have children with diarrhea that they find worrisome go straight to private doctors. Women are presenting other symptoms first which they know might get free medicine. Finally, women who use Ministry of Health simply bypass MCH clinics for more severe symptoms (a finding of other health utilization studies in Cairo).