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SUMMARY OF ETHNOGRAPHIC FINDINGS ON THE ETIOLOGY AND CURE OF
DIARRHEA DURING FIELD WORK IN TWO URBAN AREAS OF CAIRO
(BAB EL SHARIYYA AND IMABABA) IN MOH OUTPATIENT
CLINICS, MOH MCH CLINICS, AND HOMES.

The following summarizes the basic themes which surfaced in two weeks of informal, open-ended interviews with mothers in two low income areas of Cairo. During this work I aimed to discover qualitative, contextual information that would both complement more quantitative research by providing information unattainable in questionnaire surveys, and offer base-line data for future ethnographic research and for devising future quantitative research.

My preliminary research makes clear:

1. That mothers make extensive use of private MD's, and sometimes MOH facilities, to cure infant diarrhea.
2. That mothers have not always received complete instruction, which appreciates mothers' ideas about diarrhea etiology and remission, from health care professionals.
3. That while mothers have incomplete information about gefaf (dehydration) and mahlul (ORS):
 - a. Their ideas are not incompatible with the medical system's delivery of ORT
 - b. Mothers who have been exposed to modern medical information have tended to understand it if it is presented in terms familiar to them.

During these comments I refer to "ten women"; these were ten women I picked at random in an Imbaba MCH clinic for children under one year. Their responses are summarized in Appendix III, Chart B. At other times I refer to fifteen women: these were fifteen women that I interviewed at home in Bab el Shariyya (in which case they were identified at the MOH ORT outpatient clinic) and in Imbaba (in which case they were selected serendipitously by the nurse midwife from the Imbaba clinic who accompanied me; these women tended to be clients or freinds of clients of this nurse midwife). Since I operated under uncontrollable field conditions, my data is at times incomplete. References to "one-half of the group" are not meant to be statistical statements; rather, they are an attempt to indicate the prevalence of an idea or practice.

A. Definition of Unhealthy Child.

1. A child who has diarrhea is described as having taken bard (cold) or as having experienced some other unnatural event (eating contaminated food, teething, having an inoculation).

2. A child who is dehydrated or diarrheic is customarily described as:
 - a. underweight (khaas; literally lost weight; naa'is, literally "lacking")
 - b. having "wrinkley" (mukarmish) skin
 - c. being skin and bones
 - d. having inelastic skin (described by pinching skin as women have seen M.D.s do); this description is much rarer than (a) through (c).
3. A child who is healthy is an alert (mufarfish or musahsah) baby who is "filled out" (milyaana).

B. Diarrhea Etiology.

1. That diarrhea is caused by "pollution and microbes" (e.g. "bad food like store yogourt") is a popular notion. The idea originates from media health shows and clinic information. Women speak of "contaminated food" and filthy environment.
2. "Cold" (bard) is a very common explanation for diarrhea, and probably more popular than "pollution" if an MOH official is not eliciting the answer. One catches "cold" by being hot (from bath, closed room, etc.) and then being exposed to draft, outside air, etc. Basically, one's body is exposed to "extremes," a principle tenet of humoral medicine.
3. Milk is thought to be the source of diarrhea. Formula or store milk (kiyas) are blamed, probably because of their "microbes." Breast milk is never blamed for diarrhea, in my experience. Haleb (raw milk, boiled by customer) is seldom mentioned, but it is considered "heavy" so that it should be diluted for diarrheic babies. The focus on milk is probably due to a combination of factors:
 - a. it is the main infant source of nutrition;
 - b. it is also a potential source of (outside) pollution/infection;
 - c. "stopping milk" is emblazoned in the folklore of cures for diarrhea (and perpetuated by many M.D.s).

The relation between milk and diarrhea is a link to keep in mind while evaluating other ethnoetiological data.

4. "Teething" is an explanation customarily used in tandem with any of the above three explanations, but most often with bard.

"Cold" and "teething" are both situations which unbalance the body.

5. Summary

Mothers tend to view a bout of diarrhea as follows:

- a. It begins because the baby ate something that "had microbes in it," or otherwise imbibed microbes from the filthy environment, took a cold or is teething.
- b. In some cases women also associate diarrhea with some other event. Particularly in first cases, mothers seek these proximate causes; one woman I interviewed tied diarrhea to a recent measles shot, for, "the child was fine (halwa) and then this happened."

The search for a proximate explanation is perfectly normal. It does not mean the mother discounts the role of "microbes." Rather, she wants to situate the illness in ongoing events. It is also customary to link illness to an invasion/ alteration of body balance by afrangi medical inoculations, e.g.

C. Curative Recourse.

When woman has a diarrheic child:

1. She usually follows an initial home remedy, even if only "until she can see an M.D." She then:
 - a. cuts back on solids, if any, and stops laben halib (cow milk) or else dilutes it. (By day 3 or 4, she may try potatoes with older children.) She may stop breast feeding, sometimes on an M.D.'s advice.
 - b. may use medicine available from the last bout.
 - c. will most likely use a battery of home remedy liquids--e.g., karawiyya, yansun, tea with lemon, mayyit-ruz, and starch water.
 - d. in a minority of cases, makes no feeding changes until she can see the M.D.; she says that she is afraid to "mix up" (yitlakhbat) remedies.
2. If the bout seems mild to her (particularly if she thinks it is "from teething") she may do no more, or she may:
 - a. use medicine (called dawwit al ishal; note: this was the most popular name in the media interview; in everyday parlance, the term refers most often to Diapeck, but also to Entervioform) which she already has stored in her refrigerator or which she obtains from the pharmacist.

b. visit a local MOH clinic just to be assured that all is well. (Such women may go at the end of the clinic hours to avoid the rush; if they "miss" the clinic, they loose little because they were not overly concerned.)

3. If the bout seems severe or if a mild bout worsens, she may:

a. use a home remedy (stashed medicine, traditional foods) until she can go to a private M.D. (Day two is the most common day.)

b. visit a private M.D., visit another M.D. three or four days later, and then--if the problem persists--resort to a MOH hospital or clinic.

Note: (1) the MOH hospital is seen as a "last resort," consulted after seeing one or two M.D.s.

(2) a woman may wait until medicine prescribed is "used up" before she resorts to another M.D. or the hospital. However, some women use two or three sets of prescriptions IN TANDEM.

4. The following are common curative patterns:

a. The mother will tend to treat mild cases with no fever using home remedies (mayyit ruz, etc.), stored medicines, and new medicine from the pharmacy. Eight of the fifteen women in home interview [and five of the ten women at the MCH clinic] specifically mentioned these home remedies; four of them said they stopped breastfeeding. Five said they continued "normal food."

b. The mother will consult a private M.D. by the second day if she thinks the bout severe. At least half of the fifteen women said they would go to an M.D. by the second day. [The number was probably higher because an MOH official was with me.] Over half of the ten women said they would go straight to a M.D.

c. The mother will tend to use MOH facilities for reassurance (sometimes waiting til the end of the clinic to avoid long lines) if she thinks that the bout is not severe. Four of the fifteen women interviewed said they would go to MOH facilities.

d. The mother's use of ORS is uneven; many women do not mix it correctly nor do they understand its curative role.

Of the fifteen women interviewed at home, on direct observation at least one-third did not mix ORS correctly. Some mixed it too weak because they feared it might be "too heavy/strong for a young child."

Of the fifteen women, a couple thought that ORS "prevents diarrhea"; several of them understood gefaf as an illness (mard) which "dries up the stomach." Only two volunteered on their own that they used ORS to cure diarrhea.

Of ten women at the MCH clinic, four had heard of ORS mahlul. The one who understood gefaf best was illiterate but learned of it on a trip to Abu Risch.

D. Medicines Used in Curing Bouts of Diarrhea.

1. Dawwa li-ishaal ("the medicine for diarrhea") was the term most used by women for diarrhea medications. By this term they meant:
 - a. Diapack and other constipatives; they described these as dawwa zayy al-tehinna ("medicine like flour (in water)").
 - b. Entervioform, still used in Egypt.

Mothers often think of the dawwa li-ishaal as "stopping" the diarrhea; this is what they are most interested in.

2. Women were more vague about other antibiotic and anti-colic medications customarily prescribed by M.D.s.
3. Roughly one-third to one-half of the women I interviewed (albeit many of them were at clinics) said they had heard of Mahlul (ORS) before. The connection between mahlul and gefaf (dehydration) is not well established in many women's minds. However, those exposed to proper information seemed to grasp the concepts of dehydration and rehydration.

Mothers conflate mahlul and glucose. Many used the two Arabic words interchangeably. When women say glucose, they tend to think of IV treatment and of the famous center for same, Abu Risch.

Women may talk of mahlul replacing liquids. However, they do not think this way about liquids like tea or starch water; rather, they think of these liquids as constipative.

4. Women's grasp of specific medications is noteworthy. At least one-fourth of the women I spoke with used specific names like entervioform for medications they had used. (Four of the ten women at the MCH clinic named specific drugs.)
5. Women think in terms of "stopping" (up) the diarrhea. To this end, they put starch in the formula or in the water.

E. Diarrhea Remission.

1. "He/she got better taking medicine X" (Kaff ala-dawwa X) "prescribed by that doctor/hospital" is the most common expression heard. Mothers keep empty container/reserve supplies of new medicine and use them for any next bout which they deem to be similar. Diapeck (constipative) and Entervioform are favorites.
2. "He/she got better by him/herself" is also quite popular--an incipient appreciation of the self-limiting nature of diarrhea.

3. Summary

Mothers feel:

- a. One should use up the medicine prescribed or at least give it a chance before going to a new M.D. or hospital. (Three days is a common wait.)
- b. Something acts to end the bout of diarrhea.
 - a. drug action is most commonly mentioned; usually the last drug that the woman tried is credited. A changed diet is rarely mentioned.
 - b. some mothers will say that the diarrhea stopped "by itself" but there is an overwhelming tendency to link it to some force, and a medicine is easiest in this regard.

(Note: This belief that stopping, stopping up, and curing are all related may make some mothers reluctant to use ORS alone, or reluctant to see it as efficacious.)

F. Suggestions for Future Research

Research on the following topics would be most useful to the goal of the project.

1. Mothers' understanding of diarrhea and associated phenomena. This research can add to construction of curative paradigms.
 - a. "Self" diagnosis (right/wrong) of mild versus critical diarrhea.
 - b. Comprehension of the principles of gefaf 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 via 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.
 - e. Curative patterns. (Do mothers overutilize M.D.s in the "second day of diarrhea," for example.) (Do mothers depend on pharmacists?) (Do mothers use MOH facilities for reassurance in mild cases?)
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; this frequently occurred because the ORS was mixed too concentrated.
 3. M.D. - patient and medical staff-patient communication. (An alternative to this might simply be effective "retraining" for M.D.'s and paramedics on diarrhea treatment.)
The three most critical issues here seem to be:
 - a. nutritional advice (not enough details; wrong advice, like to stop breastfeeding);
 - b. patient expectation of quick (constipative) solution;
 - c. ineffective or insufficient instruction in ORS mixing.
 4. Role of pharmacist in advising/packing ORS. It is clear that women often resort first to the pharmacist, especially at night. Also, pharmacists will begin to innovate if ORS becomes popular. (One pharmacist I talked with in Imbaba has started to prepare ORS powder in 60 gm. bottles which he sells for about 50 piasters.)

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Appendix III

B. Chart of Ten Random Women at MCH Pregnancy Clinic on 15 August 1983, Imbaba.

The following information was elicited to "get a feel" of ideas of women clients at a MCH prenatal clinic. Many women at such clinics ultimately deliver with midwives. They come to clinics to "register," fearing that they will not otherwise be able to get a birth certificate.

Woman's Name	Number of Children	Woman's Education	First Resort for treatment of diarrhea	Other treatment for diarrhea which woman self-prescribes	Nutrition at time of diarrhea (Weaning information in brackets)
		Husband's Work			
1. Kheriyya	2F	6th grade employee in hospital	M.D.	"yellow medicine" (Nimerol), glucose	cane sugar juice; lemon; food when better (potatoes & veg. at 8 mo.; wean at 1 yr.)
2. Gabalat	2M	none coffee server	pharmacist or M.D.	none	rice water; starch water; stops breast feeding (nurse til 2 yrs.)
3. Nadia	2F	none skilled carpenter	M.D. or medicine from pharmacist	"syrup you take every 6 hours"	(after 3 mo., her babies stopped nursing and she used formula)
4. Fatahiyya	3M 1F	none suffragi	gives mint or cumin after 3 days, M.D. if not better		(knew about mahlul a M.D. had prescribed)
5. Suad	4F 1M	none laborer	pills from pharmacist; if not stopped in few days, M.D.	glucose	no special nutrition

6. Nadia	5 (M&F tog.)	3 yrs. education driver	M.D.	Entocid	orange juice, lemon, <u>karawiyva</u> ; spatis (M.D. told about <u>mahlul</u>)
7. Nadra		none day Laborer	M.D.		stop breast feeding--M.D. told her; tea cup of <u>mahlul</u> (she knew about <u>mahlul</u> because prescribed before)
8. Khayta	10 (M&F)	none vondor	M.D.		stop breast feeding; <u>karawiyva</u> ; tea & lemon
9. Nadia	1M 1F	2nd Secondary office employee			(has heard of <u>mahlul</u>)
10. Megda	3F	12 years (school health visitor) <i>army</i>	pharmacist or M.D. after 1-2 days	Nimerol	<u>karawiyva</u> stop breast feeding; "light foods"

Note: I have given information within each category as women volunteered it. This was a crowded interview situation with no opportunity to probe, so much information is incomplete. Note that all the women (four) who volunteered information about mahlul when I asked about it are noted in ()'s under nutrition. Only three of the ten women knew about gefaf: Nadra (#7), Megda (#10), Fatahiyva (#4).

The most educated woman, Megda (#10), a school health visitor, said she stops nursing with diarrhea. She described gefaf as dry mouth and inelastic skin. Nadra (#7) described gefaf as fallen fontanelle, dry mouth and inelastic skin. Nadra is not literate; she said she got her information from visits to the M.D. and from a visit to Abu Rish 5 years ago when her daughter was severely dehydrated. She is an example of an illiterate, alert woman who takes in her surroundings.

Appendix IV

Fifteen Women Interviewed in Home Visits in Bab Shariyya and Imbaba

Summary of Social Background, Curative Strategies, and Knowledge of ORS

Woman & Location	Sick Child	Husband's Education/Work	Number of Children Alive	Number of Children Dead	ORS Knowledge	Day 1-3 Nutrition Breastfeeding info. in ()'s	Day 1-3 Curative Resort	Day 4-7	Her Observations
<u>BAB SHARIYYA</u>									
1. Nadia Qasariyya	1 yr. F	Manual	1 M; 3 F	2 F; 1 M	Mixed too thick in 100 cc, not 200 cc, glass	1-normal(riri) 2-ORS 3-ful with lemon	1 2-Bab Shariyya unit 3	4+"brown pills" and starch water	no milk; thinks formula kills
2. Um Walid Gumra	11 mo. M	electrician	1 M; 1 F	1 F	Mixed at 1/2 strength; feared "too heavy" (taqil) for child	1-starch & kiyas milk 2-ORS 3-formula (similac) macaroni sugar water	1 2-Bab Shariyya unit 3		Weaned at 45 days; potatoes at 4 mo.; gives past. milk with starch to "rest the stomach"
3. Sabrin Daher (10 min.)	2 mo. M	baker (M & F both have middle level education)	1 M; 0 F	0 M; 0 F	child asleep so had not tried ORS	1-7 Karawiyya Yansun Mayit ruz nisha (all rec'd by M.D.) 7 bought ORS	1-Entrevioform 2-M.D. -stop breast -Entervioform -Flagyl Enteroquin (sulfou vs. amoeba) -anti-emetic -treptophenicol (anti-emetic) 3-RX	4-6-RX 7-Bab Shariyya unit	educated, new mother follows questionable M.D. orders faithfully; had not heard of Bab Shariyya clinic before today (lives 10 min. away)

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Woman & Location	Sick Child	Husband's Education/Work	Number of Children Alive	Number of Children Dead	ORS Knowledge	Day 1-3 Nutrition Breastfeeding info. in ()'s	Day 1-3 Curative Resort	Day 4-7	Her Observations
4. Fatima A	1 yr. M	government employee (woman-3 yrs. education)	2 M		uncertain as to proportions of ORS mixing; understands rehydration	1-tea with lemon; starch water; lemon with starch(child weaned from formula; takes riri, yogurt, soup) (babies had formula from day 1; mother can't tolerate nursing)	1 2-Bab Shariyyn unit to check 3		family was just on vacation at Red Sea. [Mother appears to have used MOH unit to "reassure" herself; if symptoms had been more drastic, she would have gone to a private M.D.]
5. Fatima B	8 mo. F	electrician	1 M; 2 F		muhlul was RX'd before gefaf = "stomach dries up"	1-lemonade starch haleb tonics (supplements)	1-Bab Shariyya RX lomotil expectorant antibiotic (historic bout) 2- 3-M.D.	7-Khalifa hospital RX antibiotics sulfa ("Baby got better on that prescription")	diarrhea from teething, and <u>bard</u>
<u>GIZA</u> 1. Rasmiyya Azbit Saida	9 mo. M	army	1 M		uses boiled cooled water to mix ORS	1-stopped breastfeed for fever	1-for fever M.D: suppositories Dipeck ORS 2-RX 3-RX		

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Woman & Location	Sick Child	Husband's Education/Work	Number of Children Alive	Number of Children Dead	ORS Knowledge	Day 1-3 Nutrition Breastfeeding into. in ()'s	Day 1-3 Curative Resort	Day 4-7	Her Observations
2. Bakhat Azbit Saida	8 mo. F	store employee (woman--6 yrs. education)	1 M; 1 F		no know-ledge of dehydration	1-4 Karawiyya mint nursing	1-4 liquid diet no medicine		Believes from teething or from <u>bard</u> (cold)
3. Madiha Azbit Saida	6 mo. F	driver (woman is second wife)	1 F	1 F; 1 M	knew baby died from <u>mard</u> (ill-ness) <u>gefaf</u>	riri or breast milk with starch (baby left breast at 4 mo. by herself)	1-M.D. 2 3-Abu Rish	4-Recovered "on RX from Abu Rish"	Daughter in & out of Abu Rish for glucose. Died. Note resort on day 3 to hospital with next daughter.
4. Nadia Azbit Saida	1½ yr. M	manual (Saudi Arabia) (woman-6 yrs. education)	1 F; 2 M	1 M	thought ORS "prevents diarrhea" makes with a spoon of powder per "big glass"	1-stop breast lemon water sugar water	1 2-Imbaba General Hospital RX for nazla syrup ORS 3-		not heard of <u>gefaf</u> ; thinks pollution causes diarrhea
5. Rawhiyya (born in a. Egypt)	2 yr. F	day laborer (woman has 6 yrs education)	2 F; 1 M	2 M	household remedies learned at hospital like lemon in coffee	1-mint and karawiyya	1 2-M.D.		thinks powdered milk causes diarrhea
6. Saadiyya Azbit Saida	1 yr. M	army	1 M	4	heard on TV about mixing <u>mahlul</u> with cold water	boiled <u>halib</u> during day at grand-mothers, started pota-toes at 7 mo	1-emergency room (feast time) 2-RX 3	4-Dr. Shukri 5 6-child well	filth and germs cause diarrhea

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Woman & Sick Location	Child	Husband's Education/Work	Number of Children Alive	Number of Children Dead	ORS Knowledge	Day 1-3 Nutrition Breastfeeding info. in ()'s	Day 1-3 Curative Resort	Day 4-7	Her Observations
7. Karima Azbit Saidi (born in Attaba)	14 day M	government employee	3 M		heard of mahlul when relative treated with it & water emersion	1-stop breast give rice water	1-M.D. for Diapeck		Diarrhea from teething, <u>bard</u> (cold), tiredness
8. Aysha Azbit Saidi (born in Attaba)	5 yr. F	shop owner (woman-6 yrs. education)	1 M; 2 F		gefaf is underweight child who needs water		1-medicine from stock at home til M.D. opens		diarrhea from contaminated food
9. Nadia Met Oppa	8 mo. F	ticket collector (first husband was shopkeeper) (woman has 6 yrs education)	1 M; 3 F	1	mixes too strong in 100 cc.	1-"regular food" (supplements after 2 mo. with formula, <u>halib</u> , tea, yogurt)	1-M.D. RX expectorant anticollic drug "for cold"	8-same M.D. RX anti-biotic ORS chlorophenical "for GI problem" 21-new M.D. RX to ear specialist 28-evening clinic for fever "for cold"; RX to stop all other med. but anti-colic	<u>bard</u> , microbes, and "rich food" cause diarrhea
10. Muhasun Met Oppa	7 yr F (mother on birth control pills)	painter	3 M; 1 F	1 F		1-starch water lemon	1-M.D. or hospital		husband knew Entroviaform and Entocid, had heard of "anti-diarhhea" injection

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