

Review of: "Assessment of Urban Health Extension Package Utilization and Healthcare Seeking Behavior among Model and Non-Model Households in Addis Ababa, Ethiopia"

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Potential competing interests: No potential competing interests to declare.

The authors are to be congratulated for conducting operational research to inform a Government of Ethiopia community-based programme to improve health outcomes amongst vulnerable communities.

The main issue perceived by this reviewer is the impression being given by the title, abstract, and conclusions that the findings may be distilled into the singular differentiation between model and non-model households, given the significant finding that model households were not merely 'model' by dint of having participated for more than 75% of a major capacity-building exercise, but were also visited far more (73% vs. 53%) by the community-based outreach professional workers. This is a serious confounder, and the methods do not explain clearly whether the two factors were isolated. Even if that were the case, the title and conclusions need to duly acknowledge the significance of that finding. Perhaps a title of 'Facilitators and Barriers to UHEP Utilisation and Health Seeking Behaviour,' without privileging the factor of model/non-model households, would be more appropriate.

The other main issue that arises is from the understanding and definition of 'appropriate' and 'inappropriate' health care seeking itself. There are many problems with the assumptions forming these definitions, some of which pertain to the study itself, while others pertain to the health programme per se.

Coming to specific examples: amongst the definition of inappropriate behaviour is 'staying at home' during illness, whereas one of the aspects of 'model' household training may include, in many contexts, the use of home-based remedies rather than allopathic or 'modern' medicine. For instance, having more control over one's health might translate to staying home for minor viral infections and using ORS for a transient diarrhoea.

Secondly, in many global contexts, visiting traditional healers would not be taken automatically to imply inappropriate behaviour. One could argue that visiting for 'holy water' might offer some psychological relief for non-serious mental health issues or offer adjunctive value to other treatment in terms of relative relief. Granted that these definitions are possibly inherent to the programme, researchers do need to be aware that operational work is not limited to implementation but can also interrogate the programmes themselves, specially from the perspective of the community. In many parts of the world, indigenous forms of medicine are being incorporated into a holistic programme for health, and that might be something for the researchers to reflect upon.

Appropriate health care seeking is a very complex research challenge and needs very nuanced approaches unless very straightforward and non-controversial ‘proxy’ indicators are being used, such as ‘taking to health centre if breathing difficulty or fast breathing’. The study could have looked at the data on TB and malaria as better indicators of health seeking behaviour, and they are, in fact, quite telling.

A minor issue relevant for a global audience is the need to explain terms such as kebele, ketene, and woreda.