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## Health beliefs, self-medication, and the use of folk-healers in Guatemala

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**HEALTH BELIEFS, SELF-MEDICATION,  
AND THE USE OF FOLK-HEALERS IN GUATEMALA**

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**A Thesis  
Presented to the  
Faculty of  
California State University,  
San Bernardino**

---

**In Partial Fulfillment  
of the Requirements for the Degree  
Masters of Science  
in  
Psychology**

---

**by  
Marisol del Carmen Guzmán-Robinson  
June 1990**

HEALTH BELIEFS, SELF-MEDICATION,  
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Marisol del Carmen Guzmán Robinson  
June 1990

Approved:



Hope Landrine, Chair, Psychology

6/14/90

Date



Elizabeth Klonoff



Matt Riggs

## ABSTRACT

Eighty-five Guatemalan adults completed a Spanish version of the Health Beliefs and Practices Questionnaire, an instrument designed for this study to assess the health attitudes and behaviors reported by medical anthropologists. As predicted, subjects were found to be frequent self-medicators who use a variety of folk and modern medicines to treat illness, and prefer injections over oral medications. Nonetheless, however, subjects simultaneously indicated a preference to be treated by physicians rather than by folk-healers or family members. This inconsistency highlights the extent to which results are shaped by methodology and response sets. Suggestions for less obtrusive yet quantified assessment devices are offered.

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## INTRODUCTION

During a visit to Guatemala I observed a woman gently remove a mud pack ("barro") from her obviously diseased leg. She and her family had decided to treat this illness through the use of mud packs, prayer and any medications a doctor, friend, naturalista (naturalist) or pharmacist recommended. This Guatemalan family is well educated and from the upper class; yet, their medical practices are quite different from those that are typical in the United States. I had assumed that such health practices would be seen only among people who were uneducated. Thus, it became apparent that their behavior was part of the cultural belief system about health and illness, and that their beliefs were independent of both education and social class. A review of the literature revealed that there were no empirical data on Guatemalan culturally-determined beliefs about illness etiology and its treatment. Rather, there were reports of observations, like my own, from ethnographers and anthropologists, these based on small samples and on unquantified interviews. A need to quantify such cultural differences in order to study and understand them was clear. Hence, the purpose of this thesis was to design an instrument to begin to assess the culturally-determined health beliefs and practices of people from cultures in undeveloped countries. The non-empirical, anthropological and ethnographic literature are reviewed first. This is followed by an introduction to Guatemala as a prototype of these countries and concludes with an instrument for assessing the practices and beliefs documented by anthropologists.

Cultures differ significantly in their health beliefs (Fabrega, 1974), and the cultures of developing countries do not share the Western biomedical view of

disease and medical care (e.g. Clements, 1932; Sigerist, 1951; Ackernecht, 1955; Zola, 1966). Culture not only plays a role in the way that individuals experience the effects of disease (Fabrega and Tyma; 1976), but also influences our definitions and presentations of symptoms (Kasl & Cobb, 1966; Zola, 1963; Good & DelVecchio, 1981). For example, in many Latino countries, illness is believed to be caused by magic and by other supernatural causes such as a punishment from God, or an imbalance in an individual's body; infections are not considered a cause (Padilla, 1958). In addition, the emphasis placed on formal medical education in Western developed countries, in order to be considered qualified to cure, is not believed to be necessary among the people of developing countries. In these countries, medical expertise may be acquired through apprenticeship, familiarity with healing methods, or knowledge based on one's experience (Press, 1971). Thus, in many developing countries there is a greater dependency on self-medication (i.e., the use of pharmaceutical drugs without prescriptions) and folk-healers than on physicians (Ferguson, 1981). Furthermore, these self-medication treatments and traditional folk-healers are considered reputable health care alternatives (Cavender, 1988; Pedersen, 1983; Pedersen & Baruffati, 1989; Young, 1981; Gonzalez, 1965; Finkler, 1981; Adams, 1952). Consequently, physicians are not the predominant or exclusive health care providers; pharmacists, family members and a variety of folk-healers play important roles in the health care systems of developing countries (Van der Geest, 1987).

### Self-Medication

Several studies have documented the wide use of self-medication in developing countries. For example, Arya and Bennett (1974) found that 10% of

371 university students in Uganda attempted to cure sexually transmitted diseases through the use of antibiotics that were obtained without a doctor's prescription. Ledogar (1975) found that 75% of all medicines sold in one South American country were for self-medication. In 1984, the National Institute of Statistics and the Ministry of Health of Peru surveyed a random sample of 95,321 people. Of these people, 9,900 (31%) were self-medicators. Other researchers have documented the practice of self-medication in the Ivory Coast (Lasker, 1981), in El Salvador (Ferguson, 1981), in Guatemala (Woods, 1977), and in the Philippines (Nurge, 1958).

People engage in self-medication for a variety of economic, social and cultural reasons (Price, 1989).

“About three-fifths of the world's expatriate physicians have emigrated from less developed countries, but only 4% of all expatriates have moved to (or between) less developed countries. The net loss of physicians from less developed countries (outflow relative to the number of physicians remaining) averages 9%, but is much higher for some nations e.g. 148% for Haiti” ( Young, 1978 p.4-5).

Because of the small number of physicians available, undeveloped countries have resorted to self-medication as a way of treating themselves. Simultaneously, self-medication relieves physicians from the burden of being the only providers of modern cures (Van der Geest, 1987). The lack of physicians in these countries may have influenced the use of self-medication which may have resulted in the increasing importance of the pharmacist, family member, and folk-healer in the provision of health care. For example, in Latin America, pharmaceutical drugs are usually recommended by a family member, friend, pharmacist, or

a folk-healer (Ferguson, 1981; Hardon, 1987; Van der Geest, 1987; Wolffers, 1987; Greenhalgh, 1987; Pedersen, 1983; Young, 1981; Price, 1989).

Three other explanations are offered for the prevalence of self-medication in these countries. The first is that people opt for the care that they believe is most beneficial and least costly (Van der Geest, 1982). However, while cost may be an issue for some natives, one researcher found that self-medication is more prevalent in rich than in poor areas (Price, 1989). The second explanation is that drugs are readily available (Van der Geest, 1987). In many developing countries, medicines (obtained only by prescription in modern societies) can be obtained without prescription at the neighborhood store, from street peddlers or from the local pharmacy. The natives often consider it to be a waste of time, energy, and money to make an appointment to see a physician, keep the appointment, and pay for it only to find that the physician recommends the medicine that would have been recommended and sold by any of the vendors mentioned above (Van der Geest, 1987). Indeed, the natives of these countries are often unaware of the role the physician plays in obtaining medicines. Throughout Africa, "the physician often appears to be an unnecessary adjunct to the distribution of medicine" (Alland, 1970 p. 145). Finally, social acceptance of the illness also contributes to the practice of self-medication. The need for contraceptives, the practice of induced abortions, and the need to cure venereal diseases are some conditions that people in developing countries perceive as humiliating, dishonorable and shameful. Self-medication permits these individuals to conceal such health problems from everyone, including physicians (Van der Geest, 1982).

## Folk-Healers

All cultures have had to develop their own health concepts and practices in order to explain and treat disease (Fabrega, Metzger and Williams, 1970). Thus, not only do beliefs regarding illnesses differ cross-culturally, but help-seeking practices also differ. In many developing countries, family and friends are actively involved in the diagnosis and/or cure of the illness (Adams & Rubel, 1967; Clark, 1959; Saunders, 1958). Furthermore, the medical knowledge of the lay person and the professional healer may not differ significantly; what may differ is the manner in which each healer portrays his/her knowledge (Fabrega, 1974). There are a wide variety of folk-healers in many different cultures. In Mexico and Puerto Rico male folk practitioners called curanderos (Clark 1970) are commonly used. The concept of a "good" curandero is quite different from that of the "good" Western physician. A "good" curandero involves both the patient and the family members in the treatment (Bullough & Bullough, 1972). Curanderos also maintain an informal relationship with the patient, and are often paid with goods (e.g., apples, eggs, chickens) rather than money (Padilla, 1958). In Mexico, there are spiritualist healers called espiritistas. It is believed that these healers cure through summoning spirit protectors who manifest themselves when the curer enters into a trance. These healers also use massages, teas, baths and patent medicines (Finkler, 1981). Anthropologists have described similar healing cults in Brazil, Venezuela, Argentina, Colombia, Ecuador, Costa Rica and other Central American countries (Low, 1988). These cults usually operate in shrines or cult centers and invoke spirits who, by possessing a healer-medium, "advise on certain problems, perform surgery to magically extract tumors or diseased organs from the body, heal an illness or cure a disease" (Pedersen and Baruffati, 1989 p. 492).



## Guatemala

Guatemala was chosen to represent developing countries because it is prototypical of those nations. Like other developing countries, it has few physicians, and local beliefs regarding the etiology and treatment of illness differ from the Western biomedical view. And as in other developing countries, Guatemalans also rely on non-traditional health care providers. My own personal knowledge of the country (based on living there for five years, and on returning about once a year for the last 20 years) also influenced choosing Guatemala for this research. This is because my many visits helped me understand the Guatemalan way of life, as well as offered me access to subjects.

In 1988, the Guatemalan population was estimated at 8.99 million, and its medical personnel included 1,250 physicians (Paxton, 1989). This low number of physicians makes Guatemala similar to other developing countries.

The Guatemalan population can be divided into three cultural groups. Fifty-three percent of the population are pure Indians from 21 different groups believed to have descended from the Maya (Paxton, 1989). The remainder are Latinos (or Colonial Spanish) and a hybrid of Indian and Spanish.

As in most developing countries, Guatemalans have their own set of beliefs about illness and curing practices, and these differ across the three Guatemalan cultural groups. Gonzalez (1966) reported that the Latinos believe that bodily states (such as coldness, hotness, or weakness) produce differences in susceptibility to disease. Psychological factors (e.g., embarrassment, envy, anger, and fright) similarly are believed to be etiologically significant. "Natural" causes (e.g., air, dust, filth, cold, heat, bad food and germs) are more often

considered the cause for the illnesses than supernatural causes. The Indian belief system, on the other hand, places great importance on “natural” and supernatural causes (e.g., witchcraft or evil spirits); these are believed to combine with bodily states (psychological or physiological) to cause disease (Adams, 1952).

The Latino folk-curer of Guatemala depends on both herbal and modern medicines (with or without prescriptions) (Gonzalez, 1966). The Indian folk-curer, on the other hand, not only uses herbal and modern medicines but also depends on magical devices and rites to cure the illness (Adams, 1952). Gonzalez (1966) observed that Latinos in Guatemala seek health care from modern physicians, folk-healers, family and friends, pharmacists, and Catholic priests, while Indians seek help from midwives, herbalists, shaman, family and friends, and spiritualists. Gonzalez (1966) reported that Guatemalans sometimes use Western medicines but prefer their own medical practices. Likewise, Tedlock (1987) found that Guatemalans use both modern and folk information, and combine pharmaceutical medicines with herbal remedies in their treatments. Although most Guatemalans use medicinal herbs alone, they seldom use modern medicine without herbs; modern medicines have been added to the treatment, but are not seen as effective alone, and have not replaced traditional herbal medicines.

From this literature, the following hypotheses regarding the health beliefs and practices of Guatemalans were formulated.

## Hypotheses

1. Traditional health care providers will be perceived as being more effective than modern medical providers.

2. Guatemalans will seek most of their health care from family members, naturalists and folk-healers rather than from physicians.
3. Most Guatemalans will view the causes of illness in natural, supernatural and psychological terms.
4. Traditional (herbal) medication will be found to be used as frequently as modern medicines.
5. Most Guatemalans will be frequent self-medicators where medicines taken are herbal and modern ones, recommended by non-physicians, and obtained without prescriptions.

## METHODS

### Subjects

Eighty-five Guatemalan university students, 48 females and 37 males ranging in ages from 16 to 59 ( $\bar{X} = 27$ ,  $SD = 10$ ) were asked to answer the Health Beliefs and Practices Questionnaire. They were students at universities in the urban center of Quetzaltenango.

### Materials

The Health Beliefs and Practices Questionnaire (Appendix A), developed for the purposes of this research, was used after being translated into Spanish (Appendix B). In order to check the accuracy of the translated questionnaire, the translations were reviewed by three bilingual individuals, two of whom were natives of Guatemala. The Health Beliefs and Practices Questionnaire was developed to quantify and assess the role of traditional health providers in developing countries, the perceived effectiveness of these health care providers, and common-sense, popular beliefs about illness etiology.

The questionnaire consists of 42 questions. Twelve of these were (modified) questions from sections B, C, D, G and L of the Cornell Medical Index (questions 1-12). Six questions (questions 13, 14, 19, 20-22) were intended to measure the frequency of the use of the health care providers most often described in the literature. Seven questions (questions 15-18, 29, 30, 32) measured the perceived effectiveness of the health care providers. Nine questions (questions 23, 24, 31, 33-39) measured whether or not the natives

agree with the health practices described in the literature. Four (questions 25 to 28) measure the degree of agreement with the observational descriptions of beliefs about illness in developing countries. Three questions (questions 40 to 42) were developed to obtain empirical data on the modern medicines that are most frequently recommended, who recommends them, and the extent to which prescription medicines are being recommended by non-physicians.

### Procedures

Subjects were randomly selected from university classrooms. They were asked to complete the Health Beliefs and Practices questionnaire. The subjects were informed that the questionnaire was voluntary and anonymous.

## RESULTS

In order to assess the hypotheses that subjects' beliefs will match those cited in the anthropological and ethnographic literatures, descriptive statistics were run on BMDP-2D.

Table 1 shows the demographic characteristics of the sample. As indicated in Table 1, these 48 women and 37 men differed considerably in age and

---

TABLE 1: Demographic Characteristics of the Sample

		<u>Male</u>	<u>Female</u>
Sex		37	48
	<u>Range</u>	<u>Mean</u>	<u>Standard Deviation</u>
Age	59 - 16	27	10
	<u>Range</u>	<u>Mean</u>	<u>Median</u>
Education	22 - 8	14	14
			<u>Standard Deviation</u>
			3

---

education. Thus, while relatively small, this sample represents a good cross-section of the population.

Table 2 presents the preliminary results regarding the health status and

---

Table 2: Basic Health Beliefs, Status, and Practices of the Sample

A. HEALTH STATUS

	<u>Very Good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>	<u>Very Poor</u>	<u>No Answer</u>
Subject's Self-Rating of Health	40%	34%	20%	0	3%	3%

Table 2 — Continued

	<u>Range</u>	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	<u>Standard Deviation</u>
Total Number of Physical Symptoms Reported	44 - 16	26	26	25	5
<hr/>					
B. <u>HELP-SEEKING</u>					
	<u>Pharmacist</u>	<u>Naturalist</u>	<u>Physician</u>	<u>Family Member</u>	
When you have a symptom, who do you see first?	6%	2%	51%	31%	
	<u>Pharmacist</u>	<u>Naturalist</u>	<u>Physician</u>	<u>Family Member</u>	
When you have a symptom, who do you see second?	15%	16%	57%	12%	

help-seeking practices of the sample. As indicated in Table 2, most of the subjects (74%) described their health status as relatively good, and subjects differed widely in the number of symptoms they reported.

Table 2 indicates that 51% of the sample indicated they would first seek help from physicians for physical symptoms; 31% would seek help from a family member, only 6% would seek help from pharmacists, and 2% from a naturalist. When asked who they would approach for help if the first health care provider did not cure the symptom, the percentages were more evenly distributed between pharmacists (15%), naturalist (16%), and family members (12%), while the physicians (57%) continued to have the highest percentage. However, in both help-seeking scenarios, there was not much difference between the percentage of subjects who would seek the help of physicians (51% in the first and 57% in the second attempt), nor between the subjects who seek help from non-physicians such as pharmacists, naturalists and family members (43% in the first scenario and 39% in the second). These results are not consistent with those in the anthropological and ethnomedical literature, because physicians were chosen more frequently than family members and other healers.

When asked to rate their faith in the curing abilities of various health care providers, subjects gave the most negative evaluation to pharmacists, and the most positive evaluation to physicians.

Table 3 depicts the health attitudes reported by these subjects. Ninety-

Table 3. Health Attitudes of the Sample					
	<u>None</u>		<u>Some</u>		<u>Great Faith</u>
How much faith do you have in a pharmacist curing you?	32%	32%	24%	10%	2%
How much faith do you have in a naturalist curing you?	30%	8%	30%	14%	18%
How much faith do you have in a physician curing you?	1%	3.0%	16%	41%	39%
How much faith do you have in a family member curing you?	12%	34%	26%	24%	4%

six percent of the sample had moderate (some) to great faith in the curative powers of physicians; 54% had moderate to great faith in the curative powers of family members; 52% had moderate to great faith in the curative powers of naturalists (folk healers), and 36% had moderate to great faith in the curative powers of pharmacists. Again, these results are not consistent with those in the anthropological literature that suggests that Guatemalans' greatest faith is in family and other non-traditional healers.

Table 4 shows the results related to help-seeking behavior of the sample. As indicated in Table 4, this sample seeks help for symptoms rarely, and this result is consistent with the literature. If they do seek help for symptoms, 51% seek it

Table 4: Help-Seeking Practices of the Sample

	<u>Never</u>				<u>Once a week</u>
In a year how often do you go to a pharmacist for advice or treatment of a symptom?	54%	35%	7%	2%	2%
In a year how often do you go to a naturalist for advice or treatment of a symptom?	57%	28%	4%	4%	7%



Table 4 — continued

In a year how often do you go to a physician for advice or treatment of a symptom?	9%	40%	21%	21%	9%
In a year how often do you go to a family member for advice or treatment of a symptom?	19%	31%	21%	28%	0
Who takes care of hospital patients?		<u>Physician</u>	<u>Family Member</u>	<u>Nurse</u>	
		1%	48%	51%	
Who usually gives you an injection?	<u>Pharmacist</u>	<u>Physician</u>	<u>A Trained Person</u>	<u>Self</u>	
	0	1	93	6	

from a physician, 49% from a family member, 15% from a naturalist, and 11% from a pharmacist. These findings more closely match those in the anthropological literature, and are somewhat inconsistent with the results reported previously. Two exceptions to this are the last two results shown in Table 4. As indicated at the bottom of Table 4, when this sample is hospitalized, they are cared for by their family and by a nurse rather than by a physician. Likewise, when this sample requires an injection, it is administered by trained lay people (including folk healers, and family members), or the patient administers the injection him/herself; it is rarely administered by a physician. These results are consistent with the anthropological and ethnomedical literature.

Table 5 summarizes the results relating to questions assessing the presence of traditional, magical-supernatural beliefs about health and illness. As indicated in Table 5, subjects did endorse some of these beliefs: Five percent agreed that illness can be caused by God; 12% agreed that illness can be the result of witchcraft; 11% agreed that illness can be the result of sin; 88% agreed that illness can be caused by germs, cold, or dirt; 24% trusted pharmacists' recommendations; 24% thought that folk medicine was better than modern medicine

Table 5: Assessment of Traditional, Magical-Supernatural Beliefs about Health and Illness

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Undecided</u>	<u>Agree</u>	<u>Strongly Agree</u>
Illnesses can be caused by God	76%	12%	7%	1%	4%
Illnesses can be the result of witchcraft	68%	11%	10%	7%	5%
Illness is the result of sin	72%	10%	8%	8%	3%
Illness is the result of natural elements (germs, filth, cold)	6%	7%	12%	44%	44%
I trust the recommendations of pharmacists	21%	22%	34%	22%	2%
I don't see the need to go to the doctors for a prescription	25%	35%	17%	14%	10%
I prefer an injection than taking the medicine orally	25%	20%	20%	15%	20%
Folk medicine is better than modern medicine	17%	22%	37%	9%	15%
Injections are more effective than oral medicines	5%	16%	39%	38%	23%
You don't need a prescription for an injected medicine	30%	32%	13%	17%	8%
It is wise to use both folk medicine and modern medicine	10%	11%	25%	39%	15%
One should always pray before taking any medicine	23%	22%	13%	30%	11%
It is better to receive home care than to go to the hospital when very ill	28%	36%	14%	14%	9%
It is common for doctors to make house calls	4%	21%	43%	36%	21%
When very ill, it is more common for the patient to stay home	19%	18%	18%	34%	12%
	<u>Range</u>	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	<u>Standard Deviation</u>
Total traditional beliefs	59 - 25	40	39	37	7

and an additional 37% were undecided about that; 61% believed that injections are more effective than pills; 54% believed that combined folk and modern medicine was the best treatment, and 41% agreed that one should pray before taking medicine. These results are somewhat consistent with those in the ethnomedical literature, and highlight the need to quantify these magical-supernatural health beliefs.

Thus, although these subjects reported that one ought to see physicians when experiencing physical symptoms, and reported great faith in the curative powers of physicians, they nonetheless indicated a preference for injections as treatment (Table 5), and indicated that they obtain these from trained, non-

medical lay persons 93% of the time (Table 4). This inconsistency suggests that subjects may have reacted to and denied agreement with statements that clearly contradict modern, biomedical thinking (e.g., “who do you see for your symptoms?”), but did not react to and deny agreement with the more subtle questions of this type (e.g., “who gives you injections?”).

Table 6 summarizes the results on the various injections, herbal remedies, and modern medicines used by this sample. These data indicate that this sample, like those reported in the ethnomedical literature, are frequent self-medicators. Injections were reported 61 times, and these, as indicated in Table 4, are typically administered by lay persons. Taking herbal medicines was

Table 6: Types of Medications Reported

### INJECTIONS

<u>Name of Injection</u>	<u>No. of Times Reported</u>	<u>Name of Injection</u>	<u>No. of Times Reported</u>	<u>Name of Injection</u>	<u>No. of Times Reported</u>
Compleben .....	1	Neomelubrina .....	3	Ospomox .....	1
Solugasty .....	1	Trobitt .....	1	Tetracycline .....	2
Processed Pineapple .....	1	Tetranase .....	1	Sulfatiamina .....	4
Penicillin .....	11	Vitagrip .....	5	Lisargil .....	1
Vitamins .....	2	Medox 10,000 .....	1	Neulim .....	1
Pulmagrip .....	1	Vermagest .....	1	Lincocim, 500mg .....	1
Ampicillin .....	2	Unicil .....	1	Hostasilina .....	1
Guayacilina .....	2	Pantomicina .....	1	Azterioidez .....	1
Ilosone .....	1	Menagil .....	1	De Colino .....	1
Unipulmin .....	4	Benecetacil .....	1	Posponervon .....	1
Arcopulmin Unipulmin .....	1	Analfapen 4000 .....	1	Oligestol .....	1
Antiinflamatorio Oseo .....	1	Baralgina .....	1		

### HERBAL MEDICINES

<u>Name of Herbal Remedy</u>	<u>No. of Times Reported</u>	<u>Name of Herbal Remedy</u>	<u>No. of Times Reported</u>	<u>Name of Herbal Remedy</u>	<u>No. of Times Reported</u>
Tizana .....	1	Hierba Mora .....	1	Albaaca .....	1
Hoja de Malta .....	1	Pericón .....	3	Sabila .....	3
Mint .....	15	Orange Leaf Tea .....	7	Ajo .....	1
Lettuce .....	1	Neprageseo .....	1	Tilo .....	5
Cinnamon .....	1	Mint and Lemon Tea .....	1	Alpiste .....	1
Manzanilla .....	12	Bugabilia Leaves .....	2	Lemon Tea .....	1
Salvasanta .....	10	Oregano .....	1	Plum Juice .....	1
Gerl .....	1	Hoxi de Parra .....	1	Lanten .....	1
Rosa de Jamaica .....	1	Hoja de Malva .....	5	Horses Tail .....	3
Aposte .....	1	Calahuala .....	4	Cluirchin .....	1
Eucalyptus .....	4	Te Ruso .....	2	Te de Boldo .....	2
				Latin .....	1

Table 7 — continued

**MODERN MEDICINES**

<u>Name of Medication</u>	<u>No. of Times Reported</u>	<u>Name of Medication</u>	<u>No. of Times Reported</u>	<u>Name of Medication</u>	<u>No. of Times Reported</u>
Mentis .....	1	Pamada Dr. Teen .....	1	Lomotil .....	1
Cliacil .....	1	Vita Pervena .....	2	Bactamox .....	1
Tetracycline .....	9	Tylenol .....	1	Ponstan .....	1
Entrocediv .....	1	Pio-Om .....	1	Sulfamiuna .....	1
Penicillin .....	3	Carmel .....	1	Hemosin .....	1
Cetafem .....	1	Steriptin .....	1	Kinosin .....	1
Samcilla .....	1	Sliadin Gotas .....	1	Ampicillin .....	1
Espasmo Siralgina .....	1	Dolosed .....	1	Pantomicina .....	1
Festum Gel .....	1	Norgettin .....	1	Calcio Sander .....	1
Miolaxim .....	1	Silfametasone .....	1	Tenedis .....	1
Antibodies .....	4	Tapsim .....	1	Pirogesic .....	1
Aspirin .....	8	Calco de Fiyal .....	1	Ovalipharm .....	1
Alka-Seltzer .....	5	Eritromicin, 500 & 200mg .....	2	Beuro Fortan .....	1
Delased .....	1	Bufferin .....	1	Bakalgina .....	1
Vaginocrema .....	1	Petriten .....	1	Desinfriol .....	1
Fenilbuthzona .....	1	Broncodilatados Bromex .....	1	Cetalexino .....	1
Equipax .....	1	Unipulmin .....	1	Triderm .....	1
Limbitrol .....	1	Vitagrip .....	1	Neobol .....	1
Rimostop .....	1	Baralquia .....	1	Tag .....	1
Milantin II .....	1	Ascriptin .....	1	Acetaminofen .....	1
Alphapen .....	1	Piroxidol .....	1	Trisulform .....	1
Celcor .....	1	Aldomet, 250mg .....	1	Alapapen .....	1
Panadol .....	3	Choranfenicol .....	1	Decibo Former .....	1

reported 97 times, with mint (15), manzanilla (12) and salva santa (10) reported most often. Thus, although these 85 subjects indicated that one ought to see physicians rather than naturalists, they reported using the herbs that naturalists recommended 97 times.

## DISCUSSION

Based on the anthropological literature reviewed earlier, a number of hypotheses were developed. Specifically, it was hypothesized that: 1) traditional health care providers would be perceived as more effective than physicians; 2) health-care would be obtained from family members, naturalists, and folk-healers rather than physicians; 3) the cause of illnesses would be viewed in natural, supernatural and psychological terms; 4) traditional herbal medication would be used as frequently as modern medication; and 5) subjects would be self-medicators, taking both traditional and modern medicines recommended by non-physicians and obtained without prescriptions. Many of these hypotheses were not supported by the current investigation. A significantly greater percentage of the sample expressed faith in the curative power of physicians than would have been expected from the anthropological literature. These subjects also indicated that they would seek health-care from physicians rather than from folk-healers and family members. However, most of the sample (88%) viewed illness etiology in quasi-natural terms and many believed that folk medicine might be better than modern medicine. Likewise, the vast majority indicated that they use herbal folk remedies more often than modern medicines and prefer injections - - the latter administered by folk-healers and lay persons.

This inconsistency in the subjects' responses may have resulted from the manner in which the questions were asked. When asked the kind of treatment they would seek, subjects gave the answers they assume a Western researcher

would like to hear. However, when asked what kind of treatment they have sought, subjects gave answers similar to those reported by anthropologists. This suggests that people in developing countries have internalized Western medical ideology and may give socially desirable, rather than truthful, responses to researchers they believe represent the Western tradition. These responses may not reflect their actual practices.

The purpose of this research was to design an instrument to quantify the consistently reported observations of anthropologists. Although these observations need to be codified in such a way that they can be quantifiable, the process of eliciting quantifiable information may alter the information obtained. This suggests that psychological instruments for assessing the traditional health beliefs and practices of other cultures must be as unobtrusive as observations. The questions must be constructed in a manner that decreases social desirability and increases the likelihood of obtaining information about actual practices. In light of these issues, the results obtained here are difficult to interpret. Thus the instrument used here should be modified for future research. Lastly, the subjects' college level of education could raise question of the generalizability of these findings to the rest of the population. Future research needs to be done on subjects with varying levels of education.

# HEALTH BELIEFS & PRACTICES QUESTIONNAIRE

This questionnaire is totally anonymous (your name will not appear on it anywhere) and your participation is voluntary. You are free to refuse to complete it, and can cease participation at anytime. If you do decide to complete it, please fill out all of the sections.

Gender \_\_\_\_\_ Age \_\_\_\_\_ Years of Education \_\_\_\_\_

How good is your overall health? (circle one) Very Good = 1 Good = 2 Satisfactory = 3 Poor = 4 Very Poor = 5

The following questions ask for your opinion about your own health. For each statement below, circle the answer that best fits your opinion. Since each person is different there are no "right" or "wrong" answers. Please try to circle an answer for each question and don't leave any blanks.

Please circle your answer		<u>Never = 1</u>	<u>Rarely = 2</u>	<u>Sometimes = 3</u>	<u>Often = 4</u>	<u>Daily = 5</u>
1)	How often do you have headaches?	1	2	3	4	5
2)	How often do you have diarrhea?	1	2	3	4	5
3)	How often do you have stomach cramps?	1	2	3	4	5
4)	How often do you have a sore throat?	1	2	3	4	5
5)	How often are you coughing?	1	2	3	4	5
6)	How often are you sneezing?	1	2	3	4	5
7)	How often do you have a fever?	1	2	3	4	5
8)	How often do you have a stuffy nose?	1	2	3	4	5
9)	How often do you have difficulty breathing?	1	2	3	4	5
10)	How often do you have an intestinal infection?	1	2	3	4	5
11)	How often do you feel dizzy?	1	2	3	4	5
12)	How often do you have difficulty sleeping?	1	2	3	4	5

APPENDIX A

13. WHEN YOU HAVE A SYMPTOM, WHO DO YOU SEE FIRST?

- A. PHARMACIST      B. NATURALIST      C. PHYSICIAN      D. FAMILY MEMBER

14. WHEN YOU HAVE A SYMPTOM, WHO DO YOU SEE SECOND, IF THE FIRST PERSON DOESN'T HELP MUCH?

- A. PHARMACIST      B. NATURALIST      C. PHYSICIAN      D. FAMILY MEMBER

HOW MUCH FAITH DO YOU HAVE IN THE FOLLOWING TO CURE YOU?

Circle from one to five the degree of faith you have in the following:

	<u>None</u>				<u>Great Faith</u>
15. PHARMACIST	1	2	3	4	5
16. NATURALIST	1	2	3	4	5
17. PHYSICIAN	1	2	3	4	5
18. FAMILY MEMBER	1	2	3	4	5

IN A YEAR HOW OFTEN WOULD YOU SAY YOU GO TO THE FOLLOWING  
FOR ADVICE OR TREATMENT OF A SYMPTOM:

	<u>Never</u>				<u>Once a Week</u>
19. PHARMACIST	1	2	3	4	5
20. NATURALIST	1	2	3	4	5
21. PHYSICIAN	1	2	3	4	5
22. FAMILY MEMBER	1	2	3	4	5

23. WHEN INTERNED IN A HOSPITAL, WHO TAKES THE MOST CARE OF THE PATIENT?

- A. PHARMACIST      B. NATURALIST      C. PHYSICIAN      D. FAMILY MEMBER

24. IF YOU NEED AN INJECTION, WHO USUALLY GIVES IT?

- A. PHARMACIST      B. NATURALIST      C. A LAY PERSON WHO HAS BEEN TRAINED      D. SELF  
D. PHYSICIAN



Circle the number that best describes your opinion

	<b>Strongly Disagree = 1</b>	<b>Disagree = 2</b>	<b>Undecided = 3</b>	<b>Agree = 4</b>	<b>Strongly Agree = 5</b>
25. Illness can be caused by God	1	2	3	4	5
26. Illness can be the result of witchcraft	1	2	3	4	5
27. Illness is the result of sin	1	2	3	4	5
28. Illness is the result of natural elements (germs, filth, cold)	1	2	3	4	5
29. I trust the recommendations of pharماسists	1	2	3	4	5
30. I don't see the need to go to the doctors for a prescription	1	2	3	4	5
31. I prefer an injection than taking the medicine orally	1	2	3	4	5
32. Folk medicine is better than modern medicine	1	2	3	4	5
33. Injections are more effective than oral medicines	1	2	3	4	5
34. You don't need a prescription for an injected medicine	1	2	3	4	5
35. It is wise to use both folk medicine and modern medicine	1	2	3	4	5
36. One should always pray before taking any medicine	1	2	3	4	5
37. It is better to receive home care than to go to the hospital when very ill	1	2	3	4	5
38. It is common for doctors to make house calls	1	2	3	4	5
39. When very ill, it is more common for the patient to stay home	1	2	3	4	5

APPENDIX A

## APPENDIX A

40. A. Name an Injection you have had in the last year.  
(Example, penicillin) \_\_\_\_\_
- B. What symptom was it used for?  
Example: Infection) \_\_\_\_\_
- C. Who gave you this injection? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: family member) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 2 3 4 5  
It didn't  
Help  
1      2      3      4      5  
It was very  
helpful

- A. Name an Injection you have had in the last year.  
(Example, penicillin) \_\_\_\_\_
- B. What symptom was it used for?  
Example: Infection) \_\_\_\_\_
- C. Who gave you this injection? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: family member) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 2 3 4 5  
It didn't  
Help  
1      2      3      4      5  
It was very  
helpful

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Example: Infection) \_\_\_\_\_
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family member, doctor, folk healer) List the title of the person.  
(Example: family member) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
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It didn't  
Help  
1      2      3      4      5  
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- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
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Example: Infection) \_\_\_\_\_
- C. Who gave you this injection? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: family member) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 2 3 4 5  
It didn't  
Help  
1      2      3      4      5  
It was very  
helpful

## APPENDIX A

41. A. Name an herbal medicine you have used in the last year.  
(Example, mint tea) \_\_\_\_\_
- B. What symptom was it used for?  
Example: stomach ache) \_\_\_\_\_
- C. Who gave you this herb? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: folk healer) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 2 ③ 4 5

It didn't					It was very
<u>Help</u>					<u>helpful</u>
1	2	3	4	5	

- A. Name an herbal medicine you have used in the last year.  
(Example, mint tea) \_\_\_\_\_
- B. What symptom was it used for?  
Example: stomach ache) \_\_\_\_\_
- C. Who gave you this herb? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: folk healer) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_

It didn't **Help** 1 2 3 4 5 **It was very helpful**

- A. Name an herbal medicine you have used in the last year.  
(Example, mint tea) \_\_\_\_\_
- B. What symptom was it used for?  
Example: stomach ache) \_\_\_\_\_
- C. Who gave you this herb? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: folk healer) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_

It didn't <u>Help</u>			It was very <u>helpful</u>	
1	2	3	4	5

## APPENDIX A

- A. Name an herbal medicine you have used in the last year.  
(Example, mint tea) \_\_\_\_\_
- B. What symptom was it used for?  
Example: stomach ache) \_\_\_\_\_
- C. Who gave you this herb? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: folk healer) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1   2   ③   4   5
- |                        |   |   |   |                             |
|------------------------|---|---|---|-----------------------------|
| It didn't<br>Help<br>1 | 2 | 3 | 4 | It was very<br>helpful<br>5 |
|------------------------|---|---|---|-----------------------------|

- A. Name an herbal medicine you have used in the last year.  
(Example, mint tea) \_\_\_\_\_
- B. What symptom was it used for?  
Example: stomach ache) \_\_\_\_\_
- C. Who gave you this herb? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: folk healer) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1   2   3   4   ⑤
- |                        |   |   |   |                             |
|------------------------|---|---|---|-----------------------------|
| It didn't<br>Help<br>1 | 2 | 3 | 4 | It was very<br>helpful<br>5 |
|------------------------|---|---|---|-----------------------------|

- A. Name an herbal medicine you have used in the last year.  
(Example, mint tea) \_\_\_\_\_
- B. What symptom was it used for?  
Example: stomach ache) \_\_\_\_\_
- C. Who gave you this herb? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: folk healer) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1   ②   3   4   5
- |                        |   |   |   |                             |
|------------------------|---|---|---|-----------------------------|
| It didn't<br>Help<br>1 | 2 | 3 | 4 | It was very<br>helpful<br>5 |
|------------------------|---|---|---|-----------------------------|

## APPENDIX A

42. A. Name a modern medicine you have used in the last year.  
(Example, aspirin) \_\_\_\_\_
- B. What symptom was it used for?  
Example: headache) \_\_\_\_\_
- C. Who gave you this medicine? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: self) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 2 ③ 4 5
- |                   |   |   |   |                        |
|-------------------|---|---|---|------------------------|
| It didn't<br>Help |   |   |   | It was very<br>helpful |
| 1                 | 2 | 3 | 4 | 5                      |

- A. Name a modern medicine you have used in the last year.  
(Example, aspirin) \_\_\_\_\_
- B. What symptom was it used for?  
Example: headache) \_\_\_\_\_
- C. Who gave you this medicine? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: self) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 2 3 4 ⑤
- |                   |   |   |   |                        |
|-------------------|---|---|---|------------------------|
| It didn't<br>Help |   |   |   | It was very<br>helpful |
| 1                 | 2 | 3 | 4 | 5                      |

- A. Name a modern medicine you have used in the last year.  
(Example, aspirin) \_\_\_\_\_
- B. What symptom was it used for?  
Example: headache) \_\_\_\_\_
- C. Who gave you this medicine? (Who recommended it? — a pharmacist,  
family member, doctor, folk healer) List the title of the person.  
(Example: self) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 ② 3 4 5
- |                   |   |   |   |                        |
|-------------------|---|---|---|------------------------|
| It didn't<br>Help |   |   |   | It was very<br>helpful |
| 1                 | 2 | 3 | 4 | 5                      |

## APPENDIX A

- A. Name a modern medicine you have used in the last year.  
(Example, aspirin) \_\_\_\_\_
- B. What symptom was it used for?  
Example: headache) \_\_\_\_\_
- C. Who gave you this medicine? (Who recommended it? — a pharmacist, family member, doctor, folk healer) List the title of the person.  
(Example: self) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 2 ③ 4 5
- |                   |   |   |   |                        |
|-------------------|---|---|---|------------------------|
| It didn't<br>Help |   |   |   | It was very<br>helpful |
| 1                 | 2 | 3 | 4 | 5                      |

- A. Name a modern medicine you have used in the last year.  
(Example, aspirin) \_\_\_\_\_
- B. What symptom was it used for?  
Example: headache) \_\_\_\_\_
- C. Who gave you this medicine? (Who recommended it? — a pharmacist, family member, doctor, folk healer) List the title of the person.  
(Example: self) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 2 3 4 ⑤
- |                   |   |   |   |                        |
|-------------------|---|---|---|------------------------|
| It didn't<br>Help |   |   |   | It was very<br>helpful |
| 1                 | 2 | 3 | 4 | 5                      |

- A. Name a modern medicine you have used in the last year.  
(Example, aspirin) \_\_\_\_\_
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Example: headache) \_\_\_\_\_
- C. Who gave you this medicine? (Who recommended it? — a pharmacist, family member, doctor, folk healer) List the title of the person.  
(Example: self) \_\_\_\_\_
- D. Did you follow the recommendation?  
(Yes / No) \_\_\_\_\_
- E. How effective was it? Example: 1 ② 3 4 5
- |                   |   |   |   |                        |
|-------------------|---|---|---|------------------------|
| It didn't<br>Help |   |   |   | It was very<br>helpful |
| 1                 | 2 | 3 | 4 | 5                      |

## CUESTIONARIO DE PRACTICAS DE LA SALUD Y CREENCIAS

Este cuestionario es completamente anonimo (su nombre no va a aparecer en ningun lado) y su participaciòn es voluntaria. Usted puede negarse a acabarlo y no continuar haciendolo en cualquier momento. Si usted decide hacerlo por favor conteste todas las preguntas.

Sexo \_\_\_\_\_ Edad \_\_\_\_\_ Años de educaciòn \_\_\_\_\_

Como es su estado general de salud? (Pongale un circulo a la respuesta que le coresponda) Muy Bueno=1 Bueno=2 Satisfactorio=3 Pobre=4 Muy Pobre=5

Las siguientes preguntas se refieren a su opinion respecto a su salud. En cada pregunta ponga un circulo en la respuesta que mas se asemeje a su opinion. Como todas las personas son diferentes no hay respuestas "correctas" o "incorrectas". Por favor trate de ponerle un circulo para cada respuesta y no deje ninguna sin contestar.

Pongale un circulo a la respuesta que le coresponda	Nunca=1	Raramente=2	Algunas veces=3	Seguido=4	Diariamente=5
1) Que tan seguido tiene usted dolor de cabeza?	1	2	3	4	5
2) Que tan seguido tiene usted dolor de garganta?	1	2	3	4	5
3) Que tan seguido tiene usted dificultad al respirar?	1	2	3	4	5
4) Que tan seguido tiene usted infecciòn intestinal?	1	2	3	4	5
5) Que tan seguido tiene usted dificultad para dormir?	1	2	3	4	5
6) Que tan seguido se siente usted marieado?	1	2	3	4	5
7) Que tan seguido tiene usted catarro?	1	2	3	4	5
8) Que tan seguido tiene usted fiebre?	1	2	3	4	5
9) Que tan seguido estornuda usted?	1	2	3	4	5
10) Que tan seguido tiene usted tos?	1	2	3	4	5
11) Que tan seguido tiene usted retorcijones?	1	2	3	4	5
12) Que tan seguido tiene usted asientos o diarrea?	1	2	3	4	5

APPENDIX B



13. Cuando usted tiene un sintoma de enfermedad a quien ve usted primero?

- A. Farmacista      B. Naturalista      C. Doctor      D. Algun miembro de la familia

14. Cuando usted tiene un sintoma de enfermedad a quien ve usted en segundo lugar si la persona que usted vio primero no le ayudo mucho?

- A. Farmacista      B. Naturalista      C. Doctor      D. Algun miembro de la familia

Cuanta fé tiene usted en que las personas siguientes le van a curar?

Marque de uno a cinco el grado de fé que usted le tiene?

		<u>Nada</u>				<u>Muchísima Fé</u>
15.	Farmacista	1	2	3	4	5
16.	Naturalista	1	2	3	4	5
17.	Doctor	1	2	3	4	5
18.	Miembro de la familia	1	2	3	4	5

Durante el año que tan frecuentemente usted va a ver a las siguientes personas por un consejo o tratamiento de algun sintoma de enfermedad que usted tenga? (Marque neuvamente de uno a cinco la fequencia)

		<u>Nunca</u>				<u>Una vez a la semana</u>
19.	Farmacista	1	2	3	4	5
20.	Naturalista	1	2	3	4	5
21.	Doctor	1	2	3	4	5
22.	Miembro de la familia	1	2	3	4	5

23. Cuando alguien está internado en un hospital quien cuida más al paciente?

- A. Farmacista      B. Naturalista      C. Doctor      D. Algun miembro de la familia

24. Si usted necesita una inyeccion quien es frecuentemente la persona que la pone?

- A. Farmacista      B. Naturalista      C. Una persona que sabe poner inyecciones      D. Usted  
E. Doctor

Circule la respuesta que más se asemeje a su opinion

	en Completo <u>Desacuerdo = 1</u>	Desa- <u>uerdo = 2</u>	<u>Indeciso = 3</u>	de <u>Acuerdo = 4</u>	Positiva- <u>mente = 5</u>
25. Enfermedades son causadas por Dios.	1	2	3	4	5
26. Enfermedades son el resultado de brujerías.	1	2	3	4	5
27. Enfermedades son el resultado de pecados.	1	2	3	4	5
28. Enfermedades son el resultado de elementos naturales (como microbios, suciedad, frío.).	1	2	3	4	5
29. Yo le tengo fe en las recomendaciones de un farmacista.	1	2	3	4	5
30. Yo no veo la necesidad de ir a donde un doctor por una receta.	1	2	3	4	5
31. Yo prefiero una inyección en vez de tomar una medicina oral.	1	2	3	4	5
32. Las medicinas tradicionales son mejores que las medicinas modernas.	1	2	3	4	5
33. Inyecciones son más efectivas que las medicinas que se toman oralmente.	1	2	3	4	5
34. Uno no necesita una receta para una medicina inyectada.	1	2	3	4	5
35. Es inteligente usar medicina tradicional y medicina moderna.	1	2	3	4	5
36. Uno siempre debe de rezar antes de tomarse una medicina	1	2	3	4	5
37. Es mejor que lo cuiden a uno en su casa que ir al hospital cuando uno se encuentra muy enfermo.	1	2	3	4	5
38. Es común que los doctores lo visiten a uno en su casa cuando uno está enfermo.	1	2	3	4	5
39. Cuando está muy enfermo es más común estar en su casa.	1	2	3	4	5

APPENDIX B

## APPENDIX B

40. Por favor conteste todas las preguntas abajo que pueda.

- A. Nombre alguna inyeccion que a usted le hayan dado en el ultimo año  
(Ejemplo: penicillin) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: infeccion) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: miembro de la familia) \_\_\_\_\_
- D. ¿Ud hizo le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 ③ 4 5
- |             |   |   |   |                    |
|-------------|---|---|---|--------------------|
| No<br>ayudo |   |   |   | Ayuda<br>muchisimo |
| 1           | 2 | 3 | 4 | 5                  |

- A. Nombre alguna inyeccion que a usted le hayan dado en el ultimo año  
(Ejemplo: penicillin) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: infeccion) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: miembro de la familia) \_\_\_\_\_
- D. ¿Ud hizo le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 3 4 ⑤
- |             |   |   |   |                    |
|-------------|---|---|---|--------------------|
| No<br>ayudo |   |   |   | Ayuda<br>muchisimo |
| 1           | 2 | 3 | 4 | 5                  |

- A. Nombre alguna inyeccion que a usted le hayan dado en el ultimo año  
(Ejemplo: penicillin) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: infeccion) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: miembro de la familia) \_\_\_\_\_
- D. ¿Ud hizo le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 ② 3 4 5
- |             |   |   |   |                    |
|-------------|---|---|---|--------------------|
| No<br>ayudo |   |   |   | Ayuda<br>muchisimo |
| 1           | 2 | 3 | 4 | 5                  |

## APPENDIX B

- A. Nombre alguna inyeccion que a usted le hayan dado en el ultimo año  
(Ejemplo: penicillin) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: infeccion) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: miembro de la familia) \_\_\_\_\_
- D. ¿Ud hizo le recomendaron?  
(No o si) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 ③ 4 5  

No ayuda				Ayuda muchisimo
1	2	3	4	5

- A. Nombre alguna inyeccion que a usted le hayan dado en el ultimo año  
(Ejemplo: penicillin) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: infeccion) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: miembro de la familia) \_\_\_\_\_
- D. ¿Ud hizo le recomendaron?  
(No o si) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 3 4 ⑤  

No ayuda				Ayuda muchisimo
1	2	3	4	5

- A. Nombre alguna inyeccion que a usted le hayan dado en el ultimo año  
(Ejemplo: penicillin) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: infeccion) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: miembro de la familia) \_\_\_\_\_
- D. ¿Ud hizo le recomendaron?  
(No o si) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 ② 3 4 5  

No ayuda				Ayuda muchisimo
1	2	3	4	5

## APPENDIX B

41. Por favor conteste todas las preguntas abajo que pueda.

- A. Nombre hierba medicinal que usted haya usado en el ultimo año  
(Ejemplo: Yerba Buena) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de estomago) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 ③ 4 5  

No ayudo				Ayuda muchísimo
1	2	3	4	5

- A. Nombre hierba medicinal que usted haya usado en el ultimo año  
(Ejemplo: Yerba Buena) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de estomago) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 3 4 ⑤  

No ayudo				Ayuda muchísimo
1	2	3	4	5

- A. Nombre hierba medicinal que usted haya usado en el ultimo año  
(Ejemplo: Yerba Buena) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de estomago) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 ② 3 4 5  

No ayudo				Ayuda muchísimo
1	2	3	4	5

## APPENDIX B

- A. Nombre hierba medicinal que usted haya usado en el último año  
(Ejemplo: Yerba Buena) \_\_\_\_\_
- B. ¿Por cuáles síntomas fue usada?  
(Ejemplo: Dolor de estómago) \_\_\_\_\_
- C. ¿Quién se la recomendó (farmacista, doctor, miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 ③ 4 5
- | No    |   |   |   | Ayuda     |
|-------|---|---|---|-----------|
| ayuda |   |   |   | muchísimo |
| 1     | 2 | 3 | 4 | 5         |

- A. Nombre hierba medicinal que usted haya usado en el ultimo año  
(Ejemplo: Yerba Buena) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de estomago) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o si) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1   2   3   4   ⑤
- |       |   |   |   |   |           |
|-------|---|---|---|---|-----------|
| No    |   |   |   |   | Ayuda     |
| ayuda |   |   |   |   | muchísimo |
| 1     | 2 | 3 | 4 | 5 |           |

- A. Nombre hierba medicinal que usted haya usado en el ultimo año  
(Ejemplo: Yerba Buena) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de estomago) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o si) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 (2) 3 4 5
- | No<br>ayuda |   |   |   | Ayuda<br>muchísimo |
|-------------|---|---|---|--------------------|
| 1           | 2 | 3 | 4 | 5                  |

## APPENDIX B

42. Por favor conteste todas las preguntas abajo que pueda.

- A. Nombre una medicina moderna que haya tomado en el ultimo año  
(Ejemplo: penicilina) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de oido) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o si) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 ③ 4 5  

No ayuda				Ayuda muchisimo
1	2	3	4	5

- A. Nombre una medicina moderna que haya tomado en el ultimo año  
(Ejemplo: penicilina) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de oido) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o si) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 3 4 ⑤  

No ayuda				Ayuda muchisimo
1	2	3	4	5

- A. Nombre una medicina moderna que haya tomado en el ultimo año  
(Ejemplo: penicilina) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de oido) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o si) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 ② 3 4 5  

No ayuda				Ayuda muchisimo
1	2	3	4	5

## APPENDIX B

- A. Nombre una medicina moderna que haya tomado en el ultimo año  
(Ejemplo: penicilina) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de oido) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 ③ 4 5  
No  
ayuda  
1 2 3 4 5  
Ayuda  
muchisimo

- A. Nombre una medicina moderna que haya tomado en el ultimo año  
(Ejemplo: penicilina) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de oido) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 2 3 4 ⑤  
No  
ayuda  
1 2 3 4 5  
Ayuda  
muchisimo

- A. Nombre una medicina moderna que haya tomado en el ultimo año  
(Ejemplo: penicilina) \_\_\_\_\_
- B. ¿Por cuales sintomas fue usada?  
(Ejemplo: Dolor de oido) \_\_\_\_\_
- C. ¿Quien se la recomendó (farmacista, doctor,  
miembro de la familia, naturalista).  
(Ejemplo: naturalista) \_\_\_\_\_
- D. ¿Ud hizo lo que le recomendaron?  
(No o sí) \_\_\_\_\_
- E. Como fue de efectiva? Ejemplo: 1 ② 3 4 5  
No  
ayuda  
1 2 3 4 5  
Ayuda  
muchisimo



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