

## NOTES FROM THE FIELD

# Self-care or Delay in Seeking Healthcare: Reflections from the Field

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### 1. INTRODUCTION

“These days, I do not go to the hospital. If I have a fever or any other common disease, I take tulsi and drink hot water. I practise these remedies for two to three days. If the symptoms do not subside, then I go to the hospital,”<sup>2</sup> said a participant from HD Kote taluka in Karnataka, when I asked him about his immediate response to health problems.

I carried out the fieldwork described in this paper on 15–27 February 2021 to understand self-care practices among families who use traditional medicine in HD Kote taluka, Karnataka. This fieldwork was carried out as part of a larger research study on self-reliance in primary healthcare among families using traditional medicine in HD Kote. Here, I reflect on the self-care practices of these families and examine the potential impact on health outcomes.

I collected data through field observation and 15 in-depth interviews with families from rural, tribal/Adivasi, and urban communities, using the purposive sampling method. The age range of participants was 30–60 years.

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<sup>2</sup> Exact quote in vernacular language (Kannada): “*Ittibina dinagalalli nanu aaspatrege hoguttill. Nanage jvara athava samanya kayile enadru bandare, tulsi matt bisi neerannu tegedukolluttene. Idannu eradarind mooru dina tagotini, nanage kadime agalilla andre aaspatrege hoguttene?*”. Interview with a 48-year-old farmer, Hirehalli-A village, HD Kote taluka, Karnataka, 17 February 2021.

Of the 15 participants, seven were female and eight male. Most of the male participants—seven of them—were engaged in agriculture, and the female participants were engaged in either *coolie* (daily wage) or household work. The Kabini tributary of the Cauvery, which flows through HD Kote taluka, is their main source of irrigation water.

## 2. SELF-CARE IN THE CONTEXT OF HEALTH

Self-care is an integral part of promotive, preventive, curative, and rehabilitative care and offers unique opportunities to keep ourselves healthy; it is also considered as a renewed approach to primary healthcare (WHO 2009). However, the tension between self-care and state-delivered primary healthcare has not been sufficiently addressed (Levin and Idler 1983), which raises scepticism about promoting self-care as a practice. Hence, there is a need to reflect on what is self-care, whom it is for, to what extent it should be followed, and its position within the health system (Webber, Guo, and Mann 2013). In low- and middle-income (LMIC) countries like India, traditional medicine is considered an important resource for population health, especially primary healthcare (Oyebode *et al.* 2016). Homemakers play a significant role in the prevention of many diseases and the promotion of health through their nutrition-based interventions. Intergenerational knowledge regarding the use of traditional medicine potentially adds value to self-care as it can help in making better-informed decisions.

### 2.1 What Is Health, Disease, and Illness According to the Participants?

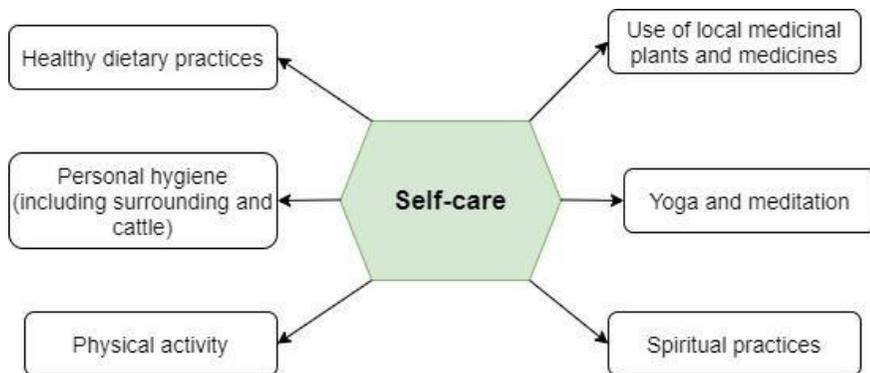
Self-care for health is rooted in an understanding of proper dietary practices, consuming fresh air, physical activity, and other domestic activities that can prevent disease (Levin and Idler 1983). My field observations show that people had various definitions of health, including the absence of disease, being happy and satisfied, and meeting life needs. For instance, one interviewee, a resident of Hirehalli B village, said, “Health means doing good things and eating well, maintaining cleanliness, living in a good environment, getting good sleep, and having the ability to work efficiently.”<sup>3</sup> This statement covers the physical, psychological, environmental, and value dimensions of health. According to WHO, self-care is “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability

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<sup>3</sup> Exact quote in vernacular language (Kannada): “*Arogya andre chennagiruvudu, chennagi uta, nidde maduvudu bagu kelasvannu maduva samrthyavannu honduvudu.*” interview with a 40-year-old woman homemaker, at Hirehalli B village, HD Kote taluka, Karnataka, on 17 Feb 2021.

with or without the support of a health-care provider” (WHO 2013). Critical reflection on this definition shows that self-care is a comprehensive approach that includes the promotion, prevention, and maintenance of health. Thus, self-care seems to be embedded within people’s understanding and practices concerning health.

I also collected responses on reasons for disease or illness. One participant, a farmer in a village named MC Tholalu, indicated that the use of chemical fertilizers was a major cause of disease and illness. He said, “Sir, now everyone is using chemical fertilizers, but, earlier, they used organic fertilizers. The food used to be very tasty and there was no disease. Now there are many different types of fertilizers, so now there are many diseases.”<sup>4</sup> This understanding of disease was common across all participants whose occupation was agriculture. Participants’ beliefs about the reasons for disease varied across rural, urban, and tribal/Adivasi communities. In urban communities, participants believed that diseases were caused mainly by food habits and reduced physical activity, while Adivasis and tribals cited addiction to bad habits (e.g., smoking and drinking) as the predominant reason for disease.



**Figure 1:** Self-care Practices among Study Participants

**Source:** Original work, diagram is formed based on the themes obtained from the preliminary analysis of the data

The activities that participants undertook to take care of their health ranged from physical activity to spiritual practices, as Figure 1 shows. Urban, rural,

<sup>4</sup> Exact quote in vernacular language (Kannada): “Sir, *evag ellaru rasayanik gobbar balastare, modalu novella kottige gobbar upayogistiddu, uta tumba ruche aagirtittu bagu yavunde kayile irtiralilla. Evag bere bere chemicals use madtare, adakke bahala rogalu bandidave*”. Interview with a 60-year-old male farmer, at MC Tholalu village, HD Kote taluka, Karnataka, on 21 Feb 2021.

and Adivasi communities were aware of the importance of physical activity. However, their practices varied. For rural and Adivasi communities, physical activity was a part of daily work, since they were engaged in agriculture and domestic activities. Things were different in the urban context, as the lifestyle there involved less activity, and participants had to allocate a specific time to go for a walk, exercise, or practise yoga. Personal hygiene included individual care and cleanliness of domestic animals and the surroundings, which was also considered part of self-care across all contexts.

Highlighting the importance of food, participants mentioned that they maintain their health by consuming “natural” foods that they grow in their own fields. Among the villagers, the notion of healthy food was strongly associated with food being free from chemicals. Apart from physical activity and consumption of natural food, most participants used home remedies to treat common health ailments; these included medicinal plants such as *nagadali* (*Ruta graveolens*), *dodda patre* (*Coleus amboinicus*), *chitramoolika* (*Plumbago zeylanica*), *ondelaga* (*Centella Asiatica*), *tulsi* (*Ocimum tenuiflorum*), hibiscus (*Rosa-Sinensis*), *simiribu* (*Simarouba*), ginger (*Zingiber Officinale*), and pepper (*Piper nigrum*). Their first response to common illnesses was using these home remedies for two to three days, and if the symptoms did not subside, then they visited a hospital for further treatment. When I asked them to show me these home remedies, one participant took me around his village and showed me 10 plants that grew on the streets and in his field. Thus, the health-related practices of these households were based on the local ecosystem. The participants’ approach to health was not about getting medicine, but how they live with their local resources and ecosystem and regulate their lifestyle accordingly. Additionally, respondents also spoke about culture and tradition, spiritual practices, and values like honesty, trustworthiness, and responsibility as part of their self-care. Thus, self-care originates from the interaction between various factors; it is a comprehensive approach that includes promotion, prevention, and curative aspects.

### 3. REFLECTIONS

According to the participants, health is not only a physical or biological state—it has to do with the ecosystem and integration of body and mind. While a small section of the participants had a narrow understanding of health as the absence of disease, the majority linked health with multiple factors. The individual definitions of health also varied depending upon the context, age, and life stage of the participant. Therefore, for the participants, health is a multidimensional phenomenon embedded within the larger concept of well-being. The health behaviour of an individual is

shaped by their everyday needs, which comprise bodily needs, economic needs, social relations, emotional needs, and therapeutic needs. Self-care is a part of health behaviour and includes home-based solutions to health problems. It also entails having knowledge of the disease or illness and understanding our bodily responses—in other words, intellectual and embodied knowledge. Thus, the ability of an individual to make use of local knowledge and resources seemed to be an important part of their definition of self-care. It was evident that the practice and understanding of self-care were contextual and influenced by various factors, such as knowledge, values, traditions and culture, individual skills, and environmental and health system factors. Since health problems and suffering are obvious in communities, adopting coping strategies suggested by neighbours and other community members and accepting support from them are also considered as part of self-care.

Individuals with illnesses are likely to try multiple solutions that could be medical or non-medical. Thus, it is difficult to categorize household practices as self-care or delays in seeking healthcare, as they may have varying degrees of effectiveness. The challenges of availability, accessibility, and affordability of institutional health interventions continue; there is still an ongoing debate about evidence-based practice versus practice-based evidence, and self-care falls in the latter category. Of course, there is greater value attached to medical knowledge, but one modality of treatment or intervention is not always the best. There is a need to emphasize pluralistic healthcare approaches for better health outcomes. In the case of pluralistic healthcare approaches, individuals need to be able to make informed decisions regarding their selection of healthcare services. This ability holds good even for self-care practices. Therefore, if communities make better-informed decisions in their practice of self-care, they have the potential to produce better health outcomes and strengthen the health system. Otherwise, there might be continued delays in seeking healthcare, which can lead to detrimental effects on health.

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