

## Choice of Healer

practitioners should be able to piece together a much more detailed and specific picture of the range of healing resources which their patients are consulting, as well as of the motivations affecting such choices.

*If GPs are aware of the reality of all the healing resources their patients are using when they are ill, better health care will result.*

Perhaps it can be reiterated that neither the different types of healing resources, nor the individual motivations affecting choice, are neatly divisible into mutually exclusive categories. Patients do not consult only one type of healer, nor is there only one primary motivation which influences their decision. The general practitioner constitutes but one link in the whole chain of resources which people utilize when they are ill, and

a fuller understanding of this reality can only result in better health care.

### REFERENCES

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## ERRATUM

### Diarrhoeal Diseases in the Gelukspan Health Ward — Part II — Paulo Ferrinho.

The following text and table were accidentally omitted from page 144 in the May 1985 edition of SA Family Practice:

It can be seen from the Table 3.11 that the experience of diarrhoeal disease plays a significant role in improving the perception of how serious diarrhoeal diseases are. Another important relationship is that in NDD, 32 of 218 respondents (12,5%) knew how to prepare SSS while in HDD, 34 of 116 (22,8%) caretakers knew how to prepare SSS.

So it seems that caretakers who recognize death and dehydration as complications of DD and who have experienced DD in their household, are more likely to learn about SSS.

#### OPPORTUNITIES FOR EXPANSION

This was assessed by finding the availability of sugar, salt one litre measures and proper sized teaspoons in the households. We tried to assess the size of the teaspoon by comparing them with a standard 5 ml plastic spoon (see Table 3.12).

TABLE 3.12  
OPPORTUNITIES TO INTRODUCE AN SSS  
AT HOME

	No Respondent	Yes	%
Availability of sugar	401	382	95,3%
Availability of salt	401	398	99,3%
Availability of proper-sized spoons	384	329	85,7%
Availability of 1 litre measures	375	250	66,7%

Sugar and salt are almost universally available. Proper-sized spoons are available in the great majority of cases. Only one person said that no teaspoons were available at home, only 5 (1,3%) had spoons bigger than the reference size and 49 (12,8%) had spoons smaller than the standard size.

The limited availability of 1-litre measures (or is it ignorance of what 1 litre is?) is not really a limiting factor as long as we are aware of it when planning and delivering our health education.