Paper Abstracts
Over the last decade, many developing nations have embraced Primary Health Care (PHC) within their national health plans. PHC, in contrast to earlier approaches to national health development, emphasizes community participation and basic health care for the poorer segments of society. The research reported here finds that in the enthusiasm for the PHC concept in Nepal, important sociocultural processes have been overlooked. This paper describes the relationship between certain sociocultural factors and PHC activities in rural Central Nepal. It reveals a contradiction between the stated PHC intentions to address local interests and promote community participation on the one hand, and the actual approach taken on the other hand. Specifically it argues that PHC is encountering problems in Nepal for three reasons: (1) PHC fails to appreciate villagers' values and their own perceived needs. In particular, PHC is organized primarily to provide health education, whereas villagers value modern curative services and feel little need for new health knowledge. (2) PHC views rural Nepali culture only pejoratively as a barrier to health education. Alternatively, local cultural beliefs and practices should be viewed as resources to facilitate dissemination and acceptance of modern health knowledge. (3) In attempting to incorporate Nepal's traditional medical practitioners into the program, PHC has mistakenly assumed that rural clients passively believe in and obey traditional practitioners. In fact, clients play active roles and are themselves in control of the therapeutic process. Thus, instead of attempting to recruit traditional practitioners to do its work, PHC should recognize the precedent for community participation in Nepal's traditional medical system and develop the respect for villagers' own ideas and values that traditional practitioners already possess.