Street medicine use in the Southern countries: the case of Ouagadougou city, Burkina Faso

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The sale of medicine outside the official network of pharmacies has grown recent years in sub-Saharan Africa. In many countries, the administrative and political authorities were not able to forbid the import of these drugs, which origin is sometimes badly known, which are sometimes preserved in extreme temperatures and are often of doubtful quality (Fassin 1989). In numerous cities of sub-Saharan Africa in particular, it is today impossible to walk in the street without crossing a salesman of "medicine on the head". The advertising campaigns saying "Street medicine kills" were not either able to decrease the scale of this phenomenon which impacts a bigger part of the population everyday.

With my interest in Ouagadougou (capital of Burkina Faso), and by using data resulting essentially from a survey conducted in 2010 on health and health behavior in Ouagadougou, my paper relates to the factors associated with the street medicine use in Southern cities. More specifically, it will try to answer three main questions:

1. Who are the people who use street medicine?
2. Why do they use street medicine?
3. Beyond the influence exerted by the individual and family characteristics, is there a neighborhood effect on the use of these street drugs?

Few works were interested in these kinds of questions in African cities. The identification of street medicine users' profiles and the reasons associated to this behavior can help to better direct efforts intended to fight against this practice which is a potential source of risks for the public health. In other words, we think about specific efforts based on users' profiles. Moreover, these efforts to improve health behavior must also be oriented according to the neighborhood characteristics. That is why the identification of neighborhood effects on the street medicine use constitutes an original aspect of this paper. The empirical works dealing with these effects and relative to the Southern countries appear to be quite rare (Bacqué and al. 2007).

Data and methods

Analyses will be based on the data of the Ouagadougou Health and Demographic Surveillance System (HDSS). It was set up in October 2008 and consists in following approximately 80,000 persons in five different districts of this city. In February 2010, a survey was conducted with 1,800 households on health and health behavior in case of disease. So, anyone aged of 15 and over was asked the health care associated with the last disease arisen during the last 30 days. It is thanks to this question that we analyze the street medicine use. To study the profile as well as the factors associated with that practice (questions 1 and 3), we use quantitative methods, from descriptive statistics (question 1) to multi-levels methods (question 3). Two hierarchical levels are used in the multi-levels analysis: the individual level where characteristics of each individual and his/her family are taken into account; and the

neighborhood level represented by the census cluster which corresponds to an area with 1,200 inhabitants on average. The contextual factors taken into account, concern the social characteristics of the neighborhood.

Regarding the second question, in-depth interviews are planned with a few people who have used drugs purchased on the street for treatment. Given that the sample used for the survey on health and health behavior is extracted from the population followed by the HDSS, we know where the interviewed people live.

References

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