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“The Plants Listen to You”:

Gender and Geography in the Knowledge of Medicinal Plants in Northern Peru

INTRODUCTION

Short in stature and with a wrinkled face, the woman of 85 years exuded quiet confidence at her herb stand in the busy Hermelinda market in Trujillo. She told us how to make a bath with a yellow-flowered plant for “susto”, an illness of fright. “You have to throw out the water at midnight when no one is watching so nobody else catches it”. Carmen, our curandera guide, told us that many of the sellers come from the sierra (mountains) once a week to sell their produce, and that some explain the uses of the plants, while others do not. The old woman, of course, was in the former group. At another stand we learned how a gourd-like fruit is also useful for dispelling “susto”—you give it to a child to hold like a stuffed animal while she sleeps. At another stall, Carmen told us that pensamientos (pansies or violets) are good for curing depression that ensues after the death of a loved one. She also counseled us: “If you don’t believe a plant will heal you, it listens to you and won’t work.”

Based on my hurried observations, it appeared that more women, many of whom had small children with them, were selling the medicinal herbs than men. We turned and followed our guide through the crowded market.

Societal constructions of gender help determine social norms, affecting individuals’ place in society. People who do not conform to those unwritten standards may face stigma and even persecution. Gender provides lines of demarcation for social groups and has been at the heart of conflict and oppression for much of history. For example, the feminist movements of the twentieth century in Western countries served as flashpoints in the larger context of conflict over civil rights and sexual mores. Societies often divide labor along gendered lines, with specific tasks explicitly or implicitly assigned to one or more genders, which in turn can affect access to food and medicine. For example, the Fore people of Papua New Guinea traditionally consumed human remains of deceased community members, and women were expected to eat brain tissue that increased their risk of contracting the disease known as *kuru* (Whitfield et al., 2008). This

gendered access to food and medicine may have implications for how individuals learn about and use remedies specific to their culture.

Medicine in the form of plant material dates to thousands of years ago, and forms a vital part of how people in various cultures treat illness and disease. For many people, medicinal herbs represent a more trustworthy and “natural” form of medicine that hearkens back to traditional cultures and ideals. This reliance on medicinal herbs flows from a natural human desire to care for the body and prolong youth. However, gender may play an important role in the knowledge of those medicines and access to them, as the above example of the intersection of gender, food, and ritual illustrates.

This study examines the potentially gendered aspects of medicinal plant knowledge, attitudes, and use in the area surrounding Trujillo, Peru. This region has a history of healing using plants going back hundreds of years, at least to the Moche period (Busman & Sharon, 2006). While this project has a small sample size and limited scope, it is informative about the relationship between gender and medicinal plants in the study area. The results of this study suggest that for my informants, sociocultural determinants other than gender (such as geography) may be more important in predicting medicinal plant knowledge. This study also sheds light on the larger culture surrounding these plants and traditional medicine in northern Peru as it works with and against Western biomedicine. The results inform local attitudes toward traditional and allopathic medical systems found in Peru and potential avenues for improvement in both.

SITE DESCRIPTION

El Milagro is a community in the Huanchaco district of the La Libertad region of Peru. It lies about 11 kilometers northwest of the center of Trujillo. El Milagro is situated in the Moche

River Valley, which is part of the dry coastal region of Peru. Agriculture and tourism are important sectors of the economy in the Trujillo region. Huanchaco in particular is a top surfing destination. Several prominent mountains rise from the dry desert in the area surrounding El Milagro. Hazy skies, common in this region, often obscure the dramatic mountain peaks that recede eastward. The area receives very little rainfall most years, though periodic El Niño events occur, producing heavy rain and flooding. One such event occurred from January to April 2017. The heavy rains affected over one million people in Peru and destroyed more than 40,000 houses (United Nations, 2017).

The flooding hit the El Milagro area particularly hard, destroying entire blocks of houses because a flood-induced river flowed through the middle of the neighborhood, creating a fairly narrow path of heavy destruction. In the aftermath of the disaster, a group of residents organized an *olla común* or common kitchen, where they cooked meals together and formed an informal community (see **fig. 1**). According to the residents, few people in the *olla común* knew each other before the flooding. Residents in the group hailed from a variety of areas in Peru, though many were from the mountainous region of Cajamarca (see **fig. 2**) which lies to the north of La Libertad region where Trujillo is found. Others were from the jungle regions of Peru.

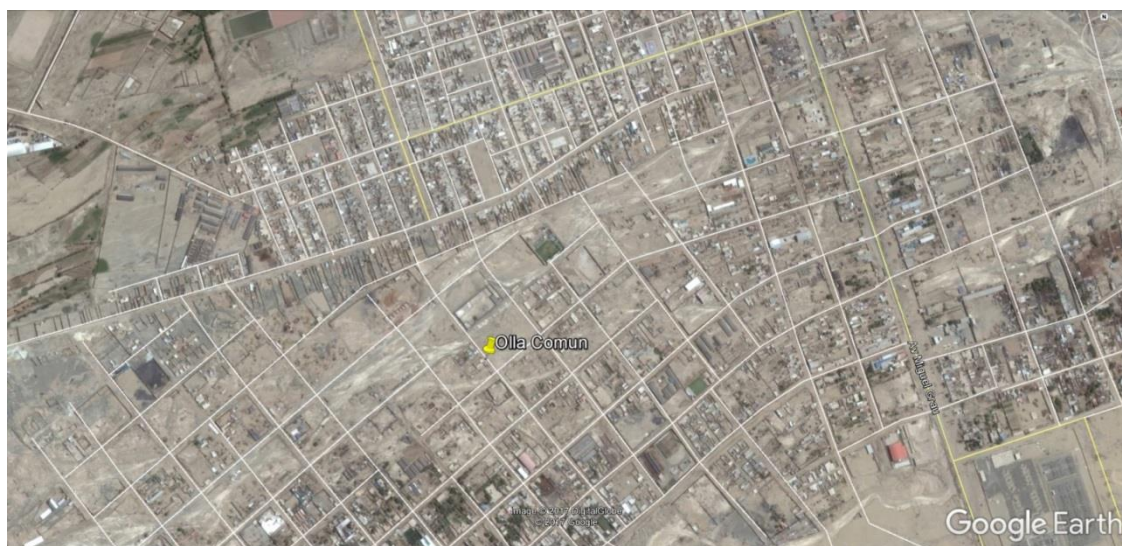


Figure 1

Map showing the location of the *olla común* kitchen in the El Milagro area northwest of Trujillo. The path of the flooding destruction is visible in the center of the map.



Figure 2

Map showing the regions of Peru. The study area was in La Libertad. Several of the residents in El Milagro were from Cajamarca, the region directly north of La Libertad.

LITERATURE REVIEW

The relationship between gender and the knowledge and use of medicinal plants has captured a great deal of attention in the anthropological literature. Studies have pursued this question on a culture-specific basis and cross-culturally, though the literature appears to skew toward the former category. However, Torres-Aviles et al. (2016) performed a meta-analysis of studies on the gendered knowledge of medicinal plants, structuring their analysis around the global, continental, and national scales. They found that on a global scale, there is no statistically significant difference in the knowledge of these plants between men and women. However, on the national scale, they did find some evidence of gender difference in the countries featured in

enough studies (Brazil and Ethiopia). This result suggests that the gendering of medicinal plant expertise depends on location and specific culture.

For example, Wayland (2001) found that women were principally in charge of healthcare in their homes in a shantytown of the Brazilian Amazon and often used medicinal plants to treat illness. Camou-Guerrero et al. (2007) found similar results in study of a Rarámuri community in Mexico. They discovered that there was no statistical difference in overall plant knowledge between men and women, but there was one in the sub-category of medicinal plants. On the other hand, Browner (1991) found that women and men has similar knowledge levels of herbal remedies in a different indigenous Mexican community, though the results indicated that men and women learned and shared these remedies in different social spaces. In the same vein, Diaz-Reviriego et al. (2016) reported in their study of home gardens in two villages in Amazonian Bolivia that both women and men tended to exchange plant knowledge and materials within same-sex groups, and that women exhibited more homophily than men in those exchanges.

Anthropologists have also studied the use of medicinal plants in northern Peru. Bussman and Sharon (2006) documented 510 species (with 938 vernacular names) of plants used for medicinal purposes in Peru. The largest category of use reported was for ritual or shamanistic purposes. One such species is San Pedro (*Echinopsis pachanoi*), a cactus with hallucinogenic properties, long a part of shamanistic practice in northern Peru. This research highlights the central role medicinal plants play in the culture of northern Peru. However, the study does not discuss the role of gender in the knowledge about, attitudes toward, and use of medical plants in this region.

METHODS

I used a combination of participant-observation, informal interviews, and questionnaires in this study. The research took place in June 2017 in the La Libertad region of Peru—specifically in the urban areas of Trujillo, Huanchaco, and El Milagro.

Questionnaires

The first questionnaire was developed by Dr. Douglas Sharon (see Appendix A). It consists of five parts:

- I. Demographic Information (age, education level, gender, place of birth, marital status, etc.)
- II. Medicinal Plant Use (asks respondents to list plants they use and have used and their indications)
- III. Use of pharmacy/Western biomedicine medications
- IV. Treatment Preference (asks about attitudes toward Western biomedicine and medicinal plants)
- V. Culture-bound illnesses (investigates respondents' knowledge of *susto*, *mal ojo*, and *chucaque*)

Along with collaborators, I administered this questionnaire to 13 residents (9 female and 4 male) of the Trujillo region, mostly in the community of El Milagro, but also in Huanchaco.

Respondents were individuals we knew personally and had asked to participate in the survey. I focused my analysis on the relationship between gender and a Likert self-perception scale of medicinal plant knowledge (1-4, with 1 being very little knowledge and 4 expert), along with the responses to questions about attitudes toward medicinal plants and medical treatment preferences. I was not unable to collect data for the Likert scale question with all of the respondents in this questionnaire.

I also used a community asset questionnaire (17 respondents, 7 male and 10 female) I developed with collaborators to identify the skills and assets of the members of the *olla común* (see Appendix B). Several individuals participated in both questionnaires. The questionnaire included questions about past work experience, physical assets, interpersonal skills, etc. I used the responses to the question asking whether the respondent is skilled in traditional medicine,

which encompasses the use of medicinal plants. Due to the small sample size, I did not perform statistical analyses on any of the questionnaire data.

Participant Observation and Informal Interviews

In addition to the questionnaires, I engaged in participant observation as part of my research. The main instance occurred when I accompanied a *curandera*, or traditional healer, named Carmen, to the Mercado Hermelinda in Trujillo when she went to buy herbs and vegetables. Participant observation also included a demonstration from Carmen of the medicinal plants she uses. I conducted an informal interview while at the market with her and in our travels to and from it. I use the terms *respondent* and *informant* interchangeably in this study.

DATA

I documented my June 8, 2017 participant observation experience at the Hermelinda herb and produce market in Trujillo with Carmen as follows:

Three of my collaborators and I followed Carmen from the hostel where we were staying to a nearby street corner to wait for the micro bus. She chatted with us cheerfully about the bus routes. When the rickety Volkswagen bus finally arrived, we boarded it and took our seats. It lurched forward before we reached them, however. We rumbled through the streets of Huanchaco as people boarded and left the bus. It was fairly crowded by the time we were in Trujillo, where we hopped off on a busy street, crossed it, and walked toward the market that no obvious signage announced. Plentiful trash lay on the street, providing a putrid odor and prime habitat for a legion of flies. We entered the labyrinth of stalls, a cacophony of vendors proclaiming their wares, men young and old pushing wheelbarrows frantically through the crowd yelling “¡Permiso!”, and shoppers haggling over produce. Piglets cowered in small mesh bags and hens jostled for room in caged areas. We weaved through the stalls of hanging meat and fish around which flies buzzed and began to stop occasionally to examine oca (resembling potatoes and ginger root), beets, and other produce. One sign above a mound of vegetables proclaimed “Cures: Cancer, Kidneys, Diabetes.” Eventually we crossed a street full of semi-trucks backing up with heavy loads next to a stand of massive zapallos, which looked like green pumpkins with yellow-orange flesh. We finally made it to the section featuring herbs. Carmen provided more information than I could remember about

the names and uses of many of them. Chamomile, rosemary, and mint seemed to be the most common. They lay in bundles on tarps the sellers had placed on the ground. I noticed some other familiar plants, such as valerian root (for insomnia) and what appeared to be lupine or something related. It was for susto, but not to be ingested--only bathed in--as it is poisonous.

Carmen seemed to have an easy relationship with the vendors, asking them how much each herb or fruit cost per kilo and about their medicinal uses. Those uses were common knowledge questions and were an accepted part of the market culture. Knowledge of medicinal plants seemed to be a fact of life, and a potentially profitable one for the vendors.

This visit to the Hermelinda market illustrated the vibrant nature of medicinal herb usage in the Trujillo region of Peru. My time there left the impression that the knowledge and use of medicinal plants, while perhaps not universal, formed an important part of the local culture, with claims of curative properties commonplace for a plethora of herbs and produce items. The fact that many of the vendors came from the mountains highlighted a geographic undertone, which I found to be an important sociocultural determinant in predicting medicinal plant knowledge, as I explain below. While I did not directly approach the topic of gender during my visit to the market, I gained a sense of how embedded traditional medicine was in this part of Peru and how it provided a livelihood for many families, men and women alike.

The general sentiment of the survey respondents was that knowledge of medicinal plants was not appreciably different between genders. Several of these informants explicitly said that they did not think gender made a difference in medicinal plant knowledge, and the survey data did not paint a clear picture of gender predicting this knowledge. For example, The Likert scale data show that for the five female informants for whom I obtained data, the average score was 2.8 out of 4.0. For the three male informants for whom I collected data, the average score was 2.33 out of 4.0.

Additionally, in the assets questionnaire 2 of the 7 male respondents (28.6%) listed “traditional medicine” as a skill they possessed while 5 of the 10 (50%) women interviewed

listed it. All respondents in the traditional medicine questionnaire said they plan to teach use of medicinal plants to their children. One informant commented that the domestic role individuals have may affect their medicinal plant knowledge. This person gave the example that if a woman is in mainly stays at home doing housework while the man is out working, it is likely that she will know more than he does about medicinal herbs.

Geography

Respondents noted other sociocultural determinants that were more important for them than gender in predicting medicinal plant knowledge. Several noted that geography plays a strong role in the knowledge of and access to medicinal plants. For example, one respondent noted that people in the mountains tend to know more about these plants and their uses. That response correlated with Carmen's comment that many of the sellers in the herb and vegetable market in Trujillo came from the mountains in the east to sell their produce. According to her, few herbs are grown in the low coastal areas due to the unfavorable climate. However, several of the residents in El Milagro had small gardens with medicinal plants. Based on my conversations with them, it appeared that women were largely in charge of caring for these gardens.

"Naturalness" of remedies

Another theme that emerged in the interviews had to do with the perceived "natural" quality of plants, which informants viewed as a positive attribute. This preference for "naturalness" may reflect a distrust of Western biomedicine that did not appear to depend on gender. Three of the male respondents in the medicine survey preferred medicinal plants to doctors for treating illness, while one had no preference. Of the women, two preferred doctors, one had no preference, and six preferred plants. One male respondent (62 years of age), who did not live in El Milagro, spoke at length about why he preferred medicinal herbs over pharmacy

medicines that biomedical doctors prescribed. This respondent mainly used medicinal plants for “tonic” benefits, such as to maintain or improve liver functioning. He explained that medicinal herbs did not contain the “chemicals” found in pharmacy medications, which he viewed as having undesirable side effects. He claimed that doctors are employed in a “monopoly” of medical care. He also noted that the current system of globalization favors adverse health outcomes because multinational corporations (he specifically mentioned Coca-Cola) have corrupt motives to increase their profits at the expense of public health.

Along the same lines, Marita (44 years of age), who also did not live in El Milagro, explained why she did not trust biomedical doctors. Her reasoning had more to do with care for her children. Once she took her young son to the nearest hospital because he was vomiting violently. Apparently, the medical staff provided inadequate care, leading her to bring her son to a hospital in Trujillo, where the doctor on duty criticized her for not bringing her son in sooner and insulted the staff in the first hospital. While her son did recover, the respondent retains a strong distrust of Western biomedicine and now prefers to use medicinal herbs.

Personal Interest

In addition to geography and distrust of biomedicine, personal interest appeared as another factor influencing medicinal plant knowledge and use. The stories of two informants illustrate this phenomenon. For example, Carmen noted that she took an interest in plants after obtaining books on their use. Now, she has taken on the social role of a *curandera* and regularly does massage and reflexology work. The male informant who discussed his distrust of pharmacy medications gave the anomalous response that he knows more about medicinal herbs than his parents (all other informants said their parents knew more than they did about medicinal plants).

For him, medicinal plants were an important part of his daily life. For both him and Carmen, these plants appear to be a passion springing from personal experiences that has a larger effect than gender and even geography on medicinal plant knowledge and use.

CONCLUSION

The millennia-long tradition of using medicinal plants in northern Peru is still strong, but also is undergoing change in the face of globalization and scientific advances in allopathic medicine. This study did not find a strong relationship between gender and knowledge of medicinal plants. However, informants suggested that other sociocultural determinants, such as place of origin/residence (which affects access to plants), attitudes toward Western biomedicine, and personal interest may be important in predicting knowledge and use of these plants for treating illness and disease. Also, generational differences may play a role in predicting the knowledge of plants, since all but one of the respondents said he/she knew less about medicinal plants than his/her parents.

While gender may still be a factor in determining knowledge of plants and affecting health outcomes, the aforementioned sociocultural determinants may have more immediate effects in this urban region of Peru. The results of this study suggest several avenues of further study beyond gender differences. First, the effect of geography on medicinal plant knowledge merits further study. This topic involves issues of access to plant materials. While residents of urban areas who hail from rural regions may have considerable knowledge about traditional medicine, these individuals may not have access to plants or people with more advanced knowledge. The case of El Milagro is somewhat unusual because people living there faced economic challenges and fewer transportation options, limiting their ability to buy plants.

However, residence in urban areas generally may hamper access to plants that are more widely available in rural regions in the mountains and rainforest. Further study should investigate questions of access to plant materials and knowledge among the urban residents of Peru.

Along with the effect of geography, generational differences may contribute to a potential loss of medicinal plant knowledge, based on the fact that all but one of the respondents in the traditional medicine questionnaire perceived their parents as knowing more than they did. Living in urban areas with greater access to Western biomedicine than older generations did may play a role in this phenomenon. Future research could quantify the potential loss of knowledge and devise methods for education to prevent this loss. This effort could supplement the efforts of some Peruvian universities to educate allopathic medical professionals about traditional healing techniques (World Health Organization, 2001), as well as the work of the Peruvian National Complementary Medicine Program, which integrates allopathic and traditional medicine for patients (Centre for Agriculture and Biosciences International, 2009). Both approaches provide valuable treatments for illness and disease, and an integrated healthcare model could improve health outcomes and bridge social divides by incorporating elements of both traditions.

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APPENDIX A- COMMUNITY ASSET QUESTIONNAIRE

ENCUESTA A POBLADORES DE SOL NACIENTE II – EL MILAGRO - HCO.

ETAPA I:

Nombre: _____ Información del contacto: _____

If new person:

1. Lugar de nacimiento *Distrito, Provincia, Ciudad* _____

2. Tienes familia en o fuera de *El Milagro* _____
3. Edad _____ 4. Eres un padre/madre soltera (o)? _____

If known:

5. Por qué has venido al El Milagro?

6. Has estado en la escuela? ¿Si es SÍ, por cuántos años? (Sabes leer/escribir? ¿Matemáticas básica?)

7. Lista de los Empleos que has tenido.

8. Lista de licencias/Certificado(s) (De qué tipo: de conducir?, Certificado de Trabajo?- precisar)

9. Hablas algún idioma aparte de español? ¿Si, es sí... cuál?

10..Cuál ha sido tu responsabilidad antes y después de la inundación?

11. Tienes algún soporte o conexión (religioso, trabajo, asociación) fuera de *El Milagro familia o amigos*.....?

12. Tienen ayuda de sus dirigentes comunales?

13. Has integrado algún Comité de Gestión para tú comunidad? _____

14. Te gustaría formar parte de la dirigencia para gestionar por obras para tu comunidad?

ETAPA II:

Te vamos a preguntar sobre las habilidades que tienes. ¿Tienes algún tipo de experiencia con una de las siguientes habilidades?

Salud	Cuidar los discapacitados	<i>Interested?</i>
Cuidar enfermos	Cuidar enfermos mentales	
Primeros Auxilios	Educar a los niños	Reparación y construcciones
Curandero Tradicional	<i>Interested?</i>	Pintar (paredes)
Experiencia en enfermería		Plomería
Masajes terapéuticos	Oficina	Eléctrico
<i>Interested?</i>	Escribir cartas	Hacer ladrillos
	Llenar formularios	Adobe/estuco (Yeso?)
Cuidado Familiar	Contabilidad/Finanzas	Techos
Cuidar adultos mayor	Persona de seguridad	Soldadura
Cuidar los niños	Experiencias en ventas	

Trabajar en pisos

Maquinaria

Carpintería

Cerrajero

Interested?

Comida

Cocinar grande cantidad

Servir en grande cantidad

Cocinar

Pastelería

Carnicero

Bartender

Cazar

Jardinería/Sembrar

Interested?

Mantenimiento

Paisajismo

Limpieza-casas

Reparación de muebles

Interested?

Reparación de Aparatos

Aparatos electrónicos
(Radio, TV, DVD)

Reparación de
computadoras

Reparaciones de
electrodomésticos

Reparar Auto

Relojero

Interested?

Transportación

Chofer profesional

Trabajar en el micro

Interested?

Artista

Bisutería/joyas

Trabajos a mano

Dibujo / pintura

Coser

Tejer / punto y cruz

Salón de belleza / peinados

Cantar

Tocar un instrumento?

Bailar

Actuar

Otro _____

Interested?

Otros

Deportes

Organización/Entrenar

Organización Comunitaria

Agricultura

Granja

Interested?

.....

Habilidades interpersonales

1. Te consideras una persona tímida(o) o extrovertida?
2. Te llevas bien con las personas en tu entorno?
3. Sientes que te puedes comunicar bien con las personas en tu entorno?
4. Visitas redes sociales (facebook, youtube, whatsapp etc.) Que tanto lo utilizas?
5. Tienes experiencias hablando con oficiales (funcionarios?) del estado o municipio?
6. ¿Tienes conocimientos de historias folklóricas, cuentos, o anécdotas culturales?

ETAPA III

1. Cual crees que son tus mejores habilidades? (Crees que te puedan contratar por esto?)

2. ¿Que habilidades te gustaría enseñar?

3. Que habilidades te gustaría aprender?

4. Que trabajo te gustaría tener?

5. Qué te gustaría hacer para beneficiar a tu comunidad que no se te ha dicho que hagas?

6. Alguna cosa o situación, te está impidiendo de realizar o hacer alguna de tus habilidades?

7.) Tú (o algún familiar) están impedidos de trabajar por un largo tiempo por alguna lesión física o problemas de salud?

8. Tu salud o alguna lesión física no te permite trabajar?

9. Que objetos tienes que te pueda ayudar mejor a realizar tus habilidades?

Keep in mind answers to phase 2, tools, cooking utensils (pots, pans), art supplies (paint, brushes), plot of land, vehicle etc.

10. Tienes algún objeto que quieres vender, rentar, o prestar a alguien más de tu comunidad?

Keep in mind answers to phase 2, tools, cooking utensils (pots, pans), art supplies (paint, brushes), plot of land, vehicle etc.

11. Gracias por su tiempo, una pregunta más: Considerando los aspectos de la vida - físico, espiritual, mental, y social - Que es los más importante para usted?

APPENDIX B-TRADITIONAL MEDICINE QUESTIONNAIRE

Introducción:

Hola me llamo _____ y soy un estudiante de _____ Estoy trabajando en cooperación con la Universidad Nacional de Trujillo. Estoy realizando encuestas para un estudio sobre el uso y conocimiento de plantas/hierbas medicinales y la medicina de farmacia. Quisiera saber si usted tiene aproximadamente 20 minutos para realizar la encuesta. Yo voy a leer la encuesta a usted en voz alta y anotar sus respuestas. Usted no va a recibir un beneficio directo para participar en nuestra encuesta, pero su participación ayudará en ampliar los servicios de salud pública en su comunidad.

Esta encuesta no va a pedir su nombre ni información personal. Toda la información va a estar guardado anónimamente y sin nombres.

Su participación es completamente voluntaria y usted tiene el derecho de no contestar a cualquier pregunta o terminar la encuesta en cualquier momento. Si usted tiene alguna pregunta puede contactar Dr. Michelle Grocke at 461272 or via email at Michelle.grocke@usu.edu.

Si usted quiere participar en la encuesta, podemos empezar cuando usted está listo (a).

Criterios para Inclusión	
1. Hombre o Mujer	<input type="checkbox"/>
2. Mayor de 18 años	<input type="checkbox"/>
3. Capacitado	<input type="checkbox"/>

4. Permiso de participar	<input type="checkbox"/>
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I. DEMOGRAFÍA

Sección uno: Queremos saber información general. Por ejemplo, soy (genero), tengo (edad), vivo en (ubicación, tipo de domicilio, con quien vive). Por favor, contesta lo más honestamente posible y avíseme si usted necesita más clarificación de cualquiera pregunta.

1. **Edad:** ¿Cuántos años tiene usted?: _____

2. **Género:**

Femenino,

Masculino,

3. **¿Dónde nació usted?**

4. **¿Cuántos años ha vivido aquí? (Residencia actual)**

5. **¿Cuántas personas viven en su casa?**

6. ¿Quiénes son las personas que viven en esta casa y sus edades? Marque todos que aplican.	
Papá:	<input type="checkbox"/>
Mamá:	<input type="checkbox"/>
Niños/Hijos:	<input type="checkbox"/>
Abuelos:	<input type="checkbox"/>
Otras:	<input type="checkbox"/>

7. **¿Cuál es su estado civil?**

Casado(a),

Soltero(a),

Conviviente,

Divorciado(a),

Viudo(a),

Separado(a),

Otro,

8. ¿Cuál fue el máximo nivel de su educación?

No fue a la escuela,

Primaria completa,

Secundaria completa,

Título técnico,

Licenciatura completa,

Maestría completa,

9. ¿Cuál es su ocupación actual?

10. ¿Por cuántos años ha trabajado en esta ocupación?

II. USO DE HIERBAS Y PLANTAS MEDICINALES

Sección dos: Tiene preguntas sobre el uso de hierbas/plantas medicinales. Queremos saber qué tipos de plantas/hierbas usted usa o ha usado y la frecuencia de uso.

1. ¿Usted usa o ha usado(a) las hierbas/plantas medicinales para su salud? Por ejemplo cuando usted no se siente bien, está enfermo/a o quiere prevenir una enfermedad.

Sí,

No,

Si la respuesta es no, por favor sigue a la pregunta 3.

2. ¿Cuáles son las hierbas o plantas medicinales que usted usa? Por favor solo anota las diez principales. Si es menos, está bien.

Nombre de la Hierba/Planta	¿Para qué lo utiliza?	¿Con qué frecuencia?
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/>

		Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
Nombre de la Hierba/Planta	¿Para qué lo utiliza?	¿Con qué frecuencia?
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>

		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>

3. Cree usted que las hierbas o plantas medicinales que venden en el mercado tienen un precio:

- Barato,
- En el medio,
- Caro,
- No sé,

4. ¿Hay hierbas/plantas medicinales que usted ha usado en el pasado que no usa ahora?

- Sí,
- No,

Si la respuesta es no, por favor sigue a la pregunta 6.

5. ¿Cuáles son otras hierbas o plantas medicinales que ha usado usted en el pasado que no usa ahora? Por favor solo anota las diez principales. Si es menos, está bien.

Nombre de la Hierba/Planta	¿Para qué la usa?	¿Por qué no la usa ahora?

6. En cuanto al conocimiento sobre las hierbas/plantas medicinales, sus padres conocen (o conocieron):

- Mucho₀
- Poco₁
- Más o Menos₂
- Mis padres no saben₃
- No sé₇₇

7. En cuanto al conocimiento sobre las hierbas/plantas medicinales, sus padres conocen (o conocieron):

- Más que usted₀
- Igual que usted₁
- Menos que usted₂
- Mis padres no saben₃
- No sé₇₇

8. ¿Usted enseña o enseñará el uso de hierbas/plantas medicinales a sus hijos? Queremos saber también de los que no tienen hijos; si tuvieron, los enseñarían?

- Sí₀
- No₁
- No sé₇₇

III. USO DE MEDICINAS DE LA FARMACIA

Sección tres: Las siguientes preguntas hablan sobre el uso de la medicina de la farmacia que un doctor o enfermera le receta o que usted compra sin receta. Esto no incluye la hierbas/plantas medicinales. Por favor, sea lo más honesto posible en sus respuestas a las preguntas.

1. ¿Usted usa o ha usado(a) medicina(s) de la farmacia? *Este no incluye las hierbas/plantas medicinales.*

Sí,

No,

Si la respuesta es no, por favor sigue a la pregunta 3.

2. ¿Cuáles son las medicinas de farmacia que usted usa? *Por favor solo anota las diez principales. Si es menos, está bien.*

Nombre de medicina	¿Para qué la usa?	¿Con qué frecuencia?
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/> Moderadamente, <input type="checkbox"/> Frecuentemente, <input type="checkbox"/>
		Nunca, <input type="checkbox"/> Casi Nunca, <input type="checkbox"/>

		Moderadamente, ₂ <input type="checkbox"/> Frecuentemente, ₃ <input type="checkbox"/>
		Nunca, ₀ <input type="checkbox"/> Casi Nunca, ₁ <input type="checkbox"/> Moderadamente, ₂ <input type="checkbox"/> Frecuentemente, ₃ <input type="checkbox"/>
		Nunca, ₀ <input type="checkbox"/> Casi Nunca, ₁ <input type="checkbox"/> Moderadamente, ₂ <input type="checkbox"/> Frecuentemente, ₃ <input type="checkbox"/>
		Nunca, ₀ <input type="checkbox"/> Casi Nunca, ₁ <input type="checkbox"/> Moderadamente, ₂ <input type="checkbox"/> Frecuentemente, ₃ <input type="checkbox"/>
		Nunca, ₀ <input type="checkbox"/> Casi Nunca, ₁ <input type="checkbox"/> Moderadamente, ₂ <input type="checkbox"/> Frecuentemente, ₃ <input type="checkbox"/>
		Nunca, ₀ <input type="checkbox"/> Casi Nunca, ₁ <input type="checkbox"/> Moderadamente, ₂ <input type="checkbox"/> Frecuentemente, ₃ <input type="checkbox"/>

3. Piensa que el precio de la medicina de farmacia que usted acaba de mencionar es:

- Barata,₀
 En el medio,₁
 Cara,₂
 No sé.₇₇

4. Piensa que el precio de la medicina de farmacia en general es:

- Barata,
- En el medio,
- Cara,
- No sé,

5. ¿Hay medicina de la farmacia que usted ha usado en el pasado que no usa ahora? *Este no incluye las hierbas/plantas medicinales.*

- Sí,
- No,

Si la respuesta es no, por favor sigue a la pregunta 7.

6. ¿Cuáles son los principales medicinas de la farmacia usted ha usado en el año pasado que no usa ahora? *Por favor anota solo las diez principales, si es menos está bien.*

Nombre de Medicina	¿Para qué la usa?	¿Por qué no la usa ahora?

- Prefiero la medicina de hierbas/plantas medicinales.
- Prefiero la medicina de farmacia,
- Prefiero usar los dos igualmente,
- Depende,

a. Por favor explicar su respuesta. (Porqué prefiere usted uno que otro o igualmente?)

IV. PREFERENCIA DE TRATAMIENTO

Sección cuatro: Queremos saber sobre las preferencias de medicina cuando usted siente mal/enfermo(a) o quiere prevenir enfermedades. Entendemos que usted usa los dos tipos de tratamiento, pero queremos su **preferencia**, que le gusta más de los dos tipos de tratamiento.

1. **¿De quién más frecuentemente usted recibe un tratamiento cuando está enferma?** Es decir, cuando usted no se siente bien y quiere buscar algo para sentirse mejor, a quién busca para ayudarlo.

- Un doctor, una enferma, la farmacia o un hospital₀
- Un hierbatero o alguien similar₁
- Los dos₂
- Otro: Especifique: _____₃
- Prefiero no contestar_{.888}

2. **¿Qué tipo de medicina prefiere más?**

- Plantas/hierbas medicinales₀
- Medicina de un doctor, enfermera, o farmacia₁
- Otra: Especifique: _____₂
- Prefiero no contestar_{.888}

3. **¿Usted tiene confianza en los doctores/enfermeras (que no usan hierbas/plantas medicinales) que trabajan en los hospitales y clínicas?**

- Sí₀
- No₁
- Depende: Especifique: _____₂
- Prefiero no contestar_{.888}

4. ¿Usted tiene confianza en los hierbateros?

- Sí₀
- No₁
- Depende: Especifique: _____:
- Prefiero no contestar ₋₈₈₈

V. PREGUNTAS FINALES

Sección cinco: Habla sobre un tema un poco delicado y usted no tiene que responder si no siente cómodo(a) con las preguntas. Estas preguntas se tratan de enfermedades de que hemos oído hablar, pero no sabemos mucho de ellas. Queremos aprender más sobre estas enfermedades y si usted sabe de ellas.

1. ¿Sabe usted del susto?

- Sí₀
- No₁
- Prefiero no contestar ₋₈₈₈

Si la respuesta es no o prefiero no contestar, por favor pase a la pregunta 2.

1a. ¿Cómo es?

1a. ¿Cómo es?

2. ¿Sabe usted del chucaque?

- Sí₀
- No₁
- Prefiero no contestar ₋₈₈₈

Si la respuesta es no o prefiero no contestar, por favor pase a pregunta 3.

2a. ¿Cómo es?

2a. ¿Cómo es?

--

3. ¿Sabe usted del mal ojo?

Sí₀

No₁

Prefiero no contestar₋₈₈

Si la respuesta es no o prefiero no contestar, por favor pase a la siguiente sección.

3a. ¿Cómo es?

4. Hemos terminado la encuesta. ¿Usted tiene preguntas para nosotros?