

# SURVIVAL PRIMARY HEALTHCARE AND WELLBEING

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## ABSTRACT

**Objective:** Survival strategies contributed towards human survival. Aim: Healthcare is a survival strategy. Patients' chose medicine, homeopathy and herbal treatments for healthcare needs. Does healthcare preference is associated with certain human self-related factors and reflects links toward human history or evolution was the question that was focused in the present work? **Study design:** Randomized controlled trial. **Setting:** Clinics of Faisalabad. **Period:** Dec 2016 to Mar 2017. **Material and Method:** 102 patients, 34 each visiting allopathic, homeopathic and herbal clinics for treatment tested on Satisfaction with Life Scale and Scale of Positive and Negative Experience. **Results:** Correlation between positive affect and life satisfaction found as,  $r(100) = .494$ ,  $p < 0.05$ , inverse correlation emerged between positive affect and negative effect,  $r(100) = -.224$ ,  $p < 0.01$ , similarly between positive affect and life satisfaction,  $r(100) = -.252$ ,  $p < 0.01$ . Some visible findings about economic status of participants' and treatment preference also came in light. **Conclusion:** Link between healthcare preference and economic status of participants' found that hinted towards the possibility to compare modern survival with the findings about ancient, historic and evolutionary survival those reflect that there were more chances for stronger to survive. More and broader context studies recommended.

**Key Words:** Survival, Healthcare, Evolution, Human History, Well being.

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## INTRODUCTION

Human race evolution and survival history is complex and full of various complex questions. Various survival strategies adapted by various species including us facilitated our survival through the course of history and these are complex.<sup>1</sup> One of the prominent strategy that was related with survival was surviving in adverse conditions and that was a key to success.<sup>2</sup> High reproduction also played a key role in survival.<sup>3</sup>

Family dynamics is another area that is getting attention day by day in human survival pursuits.<sup>4</sup> because certain genetic factors exhibited, 'inter-and intra-family variability.'<sup>5</sup> Role of coalition formation among humans resembling chimpanzees was also found important that played a role in human survival history.<sup>6</sup>

Various species lived in varied environments.<sup>7</sup> Environmental factors contributed towards phenotypic quality.<sup>8</sup> Genes played a role in food consumption and disease<sup>9</sup> whereas complex human evolution is related with diet.<sup>10</sup>

Nature is the solution provider for human problems and health.<sup>11</sup> Living and health systems are related with health and aging.<sup>12</sup> Moreover, superior stress resisting ability helps to reduce disease rate.<sup>13</sup> Certain researchers are now questioning certain matters related with health and healthcare systems with the need to address certain matters by offering research in the areas those are related with these questions related with healthcare.<sup>14</sup>

Present study was conducted in an area where various

healthcare systems are practiced to address the healthcare needs. These primary healthcare systems include allopathic.<sup>15,16,17,18</sup> homeopathic<sup>19,20,21,22</sup> spiritual healing methods.<sup>23,24,25</sup> healing with herbal medicine.<sup>26,24,27</sup> and ancient Greek medicine.<sup>28,29,30,31,32</sup>

The social class psychology is an established construct.<sup>17</sup> Social class system is common in advanced nations.<sup>33</sup> and studies about class system are also common.<sup>34</sup> The area where the study was conducted, different people prefer different healthcare treatment systems to achieve healthcare objectives because of economic, family, education and other reasons.

The allopathic<sup>15,16,35,18</sup> treatment is expensive, scientific and reliable therefore it is preferred by those who could afford it, homeopathy<sup>19,20,21,22</sup> is less expensive and usually people with less income prefer this treatment. Spiritual healing<sup>23,24,25</sup> is a system of healing that is also preferred by people with less income and with low literacy, further there are certain questions about its function, herbal medicine is another treatment method<sup>26,24,27</sup> that is not costly but without much scientific evidence and is used as a combination with ancient Greek medicine.<sup>28,29,30,31,32</sup>

Different healthcare approaches focused in the present work as a preference by a health seeker. Because healthcare is directly related with human survival for, to live is essential to survive and healthcare is directly related with living. It was therefore, assumed that as certain personal and familial characteristics of human being are related with human pursuits to survive, it is possible that certain healthcare preferences besides the known relations of these treatment systems with class, economy, education and others, may be related with certain human emotions and human satisfaction levels. It was assumed that information about human personality features associated with healthcare preference may provide something that could help to compare modern human survival with ancient survival?

## MATERIAL AND METHOD

102 patients those visited allopathic, homeopathic and herbal Greek medicine clinics for treatment in a focused area of a given district were tested. These included 34 each belonging to three categories. The patients included in the study on first come first serve basis whereas clinics for collection of samples were included by randomization with a draw. Each participant was requested to participate in the study as volunteer. All patient participants fall between the ages of 19 to 60 years of age and were having matriculation or more than matriculation qualification; these participants included both genders with different demographic features (Table-1). Following two scales after consent were administered to each patient.

Satisfaction with Life Scale (SWLS) 37

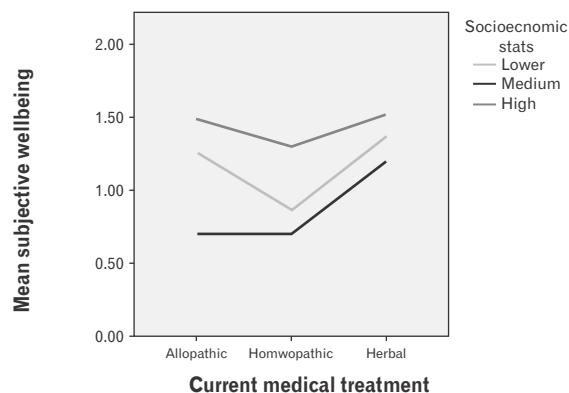
Scale of Positive and Negative Experience (SPANE) 38

The responses of the participants were analyzed with SPSS.

## RESULTS

Significant correlation between positive affect and life satisfaction,  $r(100) = .494$ ,  $p < 0.05$  emerged, inverse correlation found between positive affect and negative effect,  $r(100) = -.224$ ,  $p < 0.01$ , as well as between positive affect and life satisfaction,  $r(100) = -.252$ ,  $p < 0.01$ . No significant difference was found in wellbeing scores between allopathic and homeopathic treatment users: as well as positive / negative affect ( $M=1.205$ ,  $SD=.4104$ ), ( $M=1.4706$ ,  $SD=.5066$ ), conditions  $t(66)=.137$ ,  $p=.2$ ., however, a significant difference in overall subjective well-being scores between allopathic ( $M=1.4706$ ,  $SD=.5066$ ) and homeopathic treatment users were found ( $M=1.205$ ,  $SD=.4104$ ):  $t(66)=2.36$ ,  $p = .02$ ., the magnitude of the difference in means (mean difference = .26, 95% C/ : .041 to .488) was moderate (eta squared = .14). No difference was found between herbal and homeopathic treatment users ( $M=1.647$ ,  $SD=.410$ ) and herbal treatment users ( $M=1.205$ ,  $SD=.4104$ ),  $t(66) = -3.27$ ,  $p = .20$ . However, there was a significant difference in overall subjective wellbeing score of the participants using herbal treatment ( $M=1.647$ ,  $SD=.410$ ) and participants using homeopathic

treatment ( $M=1.205, SD=.4104$ ),  $t(66) = -4.049, p = .00$ . The magnitude of the difference in means (mean difference =  $-.441, 95\% C/:-.6587$  to  $-.223$ ) noted as large ( $\eta^2 = 0.8$ ). No significant difference of age was found among participants' in age groups as group 1 as 31-40, group 2 as 41-50, group 3 as 51-60. Statistically there was no significant difference in subjective well-being level at  $p < 0.05$  in SPANE and LS scores in age groups:  $[F(3,98) = 2.360, p = 0.76]$ . The effect size, calculated using  $\eta^2$ , was  $.26$ . Post-hoc comparison using Tukey HSD test indicated that there is no significant difference in mean scores between the groups.



**Difference of subjective well-being level according to socio-economic class**

A significant difference in satisfaction with life level  $F(3,98)=7.378, p=.017$  was found in socio-economic groups (Table-1-1). The effect size, calculated using  $\eta^2$ , was  $.09$ . Post-Hoc comparison using Tukey HSD test indicated that Group 1 ( $M = 1.357, SD = .48795$ ) level of satisfaction differs significantly from Group 2 ( $M = 1.68, SD = .806$ ). There was a significant difference in positive affect  $F(3,98)=4.224, p=.007$ . (Table-1-1: Figure-1). Some important findings about gender also emerged.

## DISCUSSION

The findings of the study reflected that as stronger with better material resources were better survivors in human history and during evolution, the present day better survival is also associated with better resources and means to survive. The study hints towards the relationship of monetary means for more scientific, advanced and modern healthcare. Findings pointed

out that those patients have better chances of scientific healthcare and subsequent survival those could invest high costs and belong to a social class that is stronger monetarily and could afford better healthcare facilities. The findings hinted that present day survival is comparable with evolutionary survival that reflected better survival possibility for stronger.

## CONCLUSION

Link between healthcare preference and economic status of participants' found that hinted towards the possibility to compare modern survival with the findings about ancient, historic and evolutionary survival those reflect that there were more chances for stronger to survive. More and broader context studies recommended.

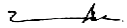


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### AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author's Full Name	Contribution to the paper	Author's Signature
1	Naveed Shibli	Visualized, developed, compiled and finalized the study	
2	Afsheen Chaudhary	Collected the data	
3	Tariq Rashid	Reviewed the final draft for technical details	
4	Ali Sher	Assisted in searching suitable venue to publish the article	