HEALTH SEEKING BEHAVIOUR OF THE RURAL PEOPLE OF BANGLADESH: A STUDY ON A SELECTED VILLAGE FROM ANTHROPOLOGICAL PERSPECTIVE

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A Thesis Submitted to the Department of Sociology,
Dhaka University for the Degree of Doctor of Philosophy

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Declaration of the Researcher

I do hereby honestly declare that the dissertation titled **"Health Seeking Behaviour of the Rural People of Bangladesh : A Study on a Selected Village From Anthropological Perspective"**, is the outcome of my endeavour and research of couple of years.

The materials used in this work, is self-collected and original, and were never submitted for any Diploma or Degree in any University or Institute and published in any journal, book or in any form.

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Certificate of Supervisor

It gives me profound pleasure to certify that, Syeda Shahnaz Begum, Fellow of the Department of Sociology, Dhaka University has successfully completed her Ph. D. thesis captioned **"Health Seeking Behaviour of the Rural People of Bangladesh : A Study on a Selected Village From Anthropological Perspective"** at her own effort, under my direct supervision and guidance.

To the best of my knowldge and belief, this is an original research work of high academic standard and as such, I recommend it for submission for the degree of Doctor of Philosophy in Sociology. As far as I know, the materials of the work were not published in any journal or book and submitted for any other Diploma or Degree in any Institute / University.

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(Prof. Quamrul Ahsan Chowdhury)
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(Syeda Shahnaz Begum)

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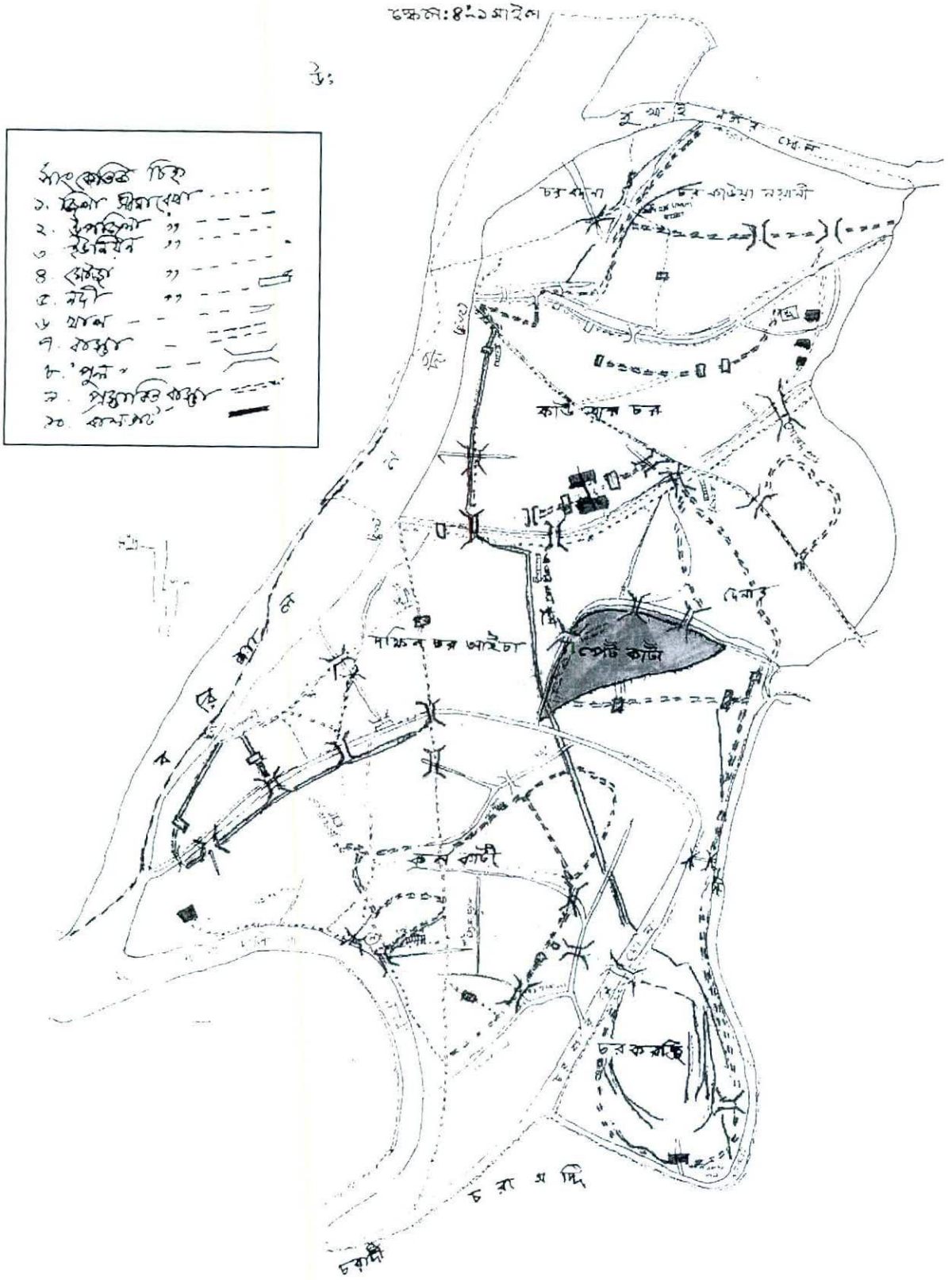

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Abstract:

The dissertation titled "**Health Seeking Behaviour of the Rural People of Bangladesh: A Study on a Selected Village From Anthropological Perspective**" is an attempt to examine and analyze the health seeking behaviour of the village Petkata, which is situated in the district of Barishal, Bangladesh. The study was designed to cover the following specific objectives:

a) to review the studies on rural health seeking behaviour so far conducted by the scholars of Bangladesh and else where;

b) to trace out the history of chronological development of medicine and health awareness in different civilizations;

c) to review the existing health care facilities in rural Bangladesh with special reference to the study village;

d) to examine the role of folk-treatments in rural Bangladesh as well as in the study area;

e) to go through the socio-economic profile of the study village;

f) to analyse the rural belief system associated with the types of diseases;

g) to gather the knowledge about the belief system, folk-values / customs and folk-treatments in the village under study; and

h) to collect information and data regarding health seeking behaviour of the areas under study.

The fieldwork of the study was done in the several phases which took a long period of time i.e. around two years. Anthropological method was fully applied for collection of qualitative data. In addition to that, a household survey was conducted to supplement qualitative data. Case study method was applied for in depth analysis of the problem under study. The core data were collected from the cross-section of peoples which included Teachers, Village leaders, Imams, Maulanas, Health workers, Healers, Spiritual figures and such other persons of the locality. The study identified some 311 ill persons among 194 families of the village which is populated by 860 males and 837 famales. The data were collected with the help of village leaders, health workers and traditional healers. The study covered various types of diseases / problems suffered by the villagers and six types of treatments usually taken by them. Of the usual eight types of treatments, folk-treatments occupied the highest position which constituted 56.46 per

cent of the total. The study also highlighted the level of the knowledge of the rural peoples in connection with certain diseases and methods of treatments. The study covered the belief systems of the villagers associated with certain diseases such as Leukoderma, Cleft leap, Gonorrhoea, Impotence, Tuberculosis etc. It also examined and analyzed traditional treatment methods regarding some common diseases / problems such as Opthalmia, Gout, Hemicrania, Jaundice, Remittent fever etc. *Totka* treatments of some problems have also been elaborately discussed in the study.

The study concluded that due to illiteracy, ignorance, poverty, traditional belief systems in connection with magic and supernatural power, the people of the study village are more inclined towards folk-treatments compared to other methods of treatments. The study ends with some policy implications.

Contents

CHAPTER ONE

Introduction and Methodology

1.1 Introduction

Bangladesh is one of the most populous countries of the world with an estimated population of 124.3 million and landmass of 147,570 square kilometres (BBS: 1997). The country has recorded population density of 826 persons per square kilometres in 1997. It is a developing country with an estimated per capita GNP US $230 and the GDP annual growth rate 5 per cent per annum (UNICEF, 1997:86). Recent studies indicate deterioration in the poverty level in rural areas and a marginal improvement in the urban areas. There has been an improvement in the prevalence of severe malnutrition for under five year children from 9.2 per cent in 1985-86 to 4.4 per cent in 1996 (UNICEF, 1998:102). Per capita cereal consumption has increased both in the rural and urban areas from 507.5 gm and 448.2 gm per day in 1988-89 to 522 gm and 422 gm respectively in 1995-96. The average life expectancy in 1997 was 58.7 years for women and 59.2 years for men. According to South Asian Association for Regional Cooperation (S.A.A.R.C.) the infant mortality rate

under five-years is 66. The success of E.P.I. (Expanded Programme on Immunisation) has increased and the use of ORT (Oral Rehydration Therapy) has contributed significantly towards the improvement situation for child survival (1998:9). There has been slight improvement in the immunisation and access to safe drinking water and sanitation although arsenic pollution has created severe problem in Bangladesh. Maternal mortality rate (per 1000 live birth) is 5.7. The number of women reproductive age group (15-49 years) is 22 million. The total fertility rate per women is 4.3 and infant mortality (per 1000) is 80. Child birth and death rates are 30.1per cent and 11.9 per cent respectively (BBS: 1991).

Extreme inflation and devaluation of money, political unrest and malpractices in government offices, undemocratic activities of politicians and unhealthy student politics, deterioration of life standard of common people etc. have reached its culminating point in Bangladesh. It is in the above socio-economic political scenario and health situation, that the government of Bangladesh announced its ambitious plan of achieving "health for all by 2000" (Rahman: 2000). Under Article 15(A) of the constitution of Bangladesh, government of Bangladesh is committed to ensure the basic requirements of medical treatment for its common people and according to Article 18(1) of the same constitution the government is obliged to act for the development of health and nutrition. Keeping these two basic principles in mind Ministry of Health and Family Planning announced its 14 point Health Policy in 1999 (HP: 1999).

1.2 Salient Features of Health Policy

Government of Bangladesh for the first time, announced its long cherished Health Policy in 1999, the salient features of which run as follows:

1. to find out ways and means for the common people living in the rural areas to ensure easy health services;
2. to ensure primary health care services at the *thana* level, development of its standard and acceptability of the common people;
3. to implement combined effective programmes to reduce the extent of malnutrition among the common people particularly for mother and children;
4. to take appropriate measure with a view to reducing the existing death rates of mother and children and to fix it in an acceptable point within five years;
5. to take suitable steps for the improvement of mother and child health and evolve hygienic child delivery system at the *thana* level as early as possible;
6. to ensure highest development of the facilities in connection with health facility;
7. to ensure the presence of doctors, nurses and health assistants at the *thana* health complexes and union health welfare centres and also arrange the delivery and maintenance of necessary apparatus and medicines;

8. to develop the overall standard of services among the hospitals and find out ways and means to ensure cleanliness and management;
9. to frame suitable policy for control and administration of private clinics and medical colleges;
10. to strengthen family planning programmes, with a view to achieving the replacement level of fertility by 2005.
11. to find out the ways and means of making the family planning programme more effective and easy accessible to the poor and marginal people of Bangladesh;
12. to arrange special health care facility for the disabled handicap and retarded;
13. to earmark effective policies to make the family planning programme more effective; and
14. to reduce and discourage going abroad for medical treatment by evolving effective method of complicated treatment.

1.3 Conceptual Issues

More than 50 per cent of the people of Bangladesh live beneath the level of poverty. Majority of them live in rural Bangladesh. Somehow they live from hand to mouth. With their limited income, they can hardly feed up their hungry bellies. But they are not capable of enjoying modern health facilities, since it involve huge expenditure. As a matter of fact, rural people usually consult quack doctors and folk physicians.

Rahman (1997: 13) in a recent study found that urban people of Bangladesh are more inclined towards allopathic physicians. He conducted his research in Rajshahi Metropolitan City. According to his study, 44.75 per cent males and 55.25 females consulted allopathic physicians. In the same study he found that 41.30 per cent males and 28.08 per cent females consulted homeopathic doctors. The percentage of Ayurvedic and Unani physician consulted by males and females are 45.45 per vent and 34.04 per cent respectively. The percentages of consultation of folk physicians are very meagre in urban Bangladesh, the rate of which are 25 per cent by males and 15 per cent by females.

But in our present study we have observed that 74 per cent males and 85 per cent females have consulted folk physicians for their treatments. Not only that, around 60 per cent males and 65 per cent females have consulted Ayurvedic and Unani physicians for their treatments. Therefore, the health seeking behaviour of the rural people of Bangladesh are quite different from those of urban Bangladesh. We, in this study, have frequently used some terms, the operational definition of which are given below:

Health: According medical dictionary, the term 'health' bears special meaning and connotation. It means, the soundness of body of living animals. It is very often used to describe the health of economy, society, politics, culture, environment and even nation. But according to World Health Organization, merely the absence of disease does not signify health; rather it is a state of complete physical, mental and social well being (WHO:

1984:38). It means complete freeness and freedom from mental, physical and social illness, and not freeness from any diseases or infirmity. Here the world health has been used to mean the soundness of individuals from the above point of view.

Behaviour: The word 'behaviour' has been derived from the root word 'behave' means conduct or act of an animal or individual. It is sometimes used to mean good manners. The word behaviour has diversified meanings and connotations, so to say, economic behaviour, political behaviour, cultural behaviour, market behaviour etc. It is very often used to mean development, manners, moral conduct, treatment shown to or towards others. In this work, we have used the term 'behaviour' in specific senses i.e. willingness, attitudes, activities actions etc. in connection with selection of medicines, physicians, belief system regarding health, weakness, disease, treatment etc.

Seek: The meaning of 'seek' is to search or inquiry for certain thing or object. It also means to try or be anxious to find or get a thing or person. The word is also used to mean aim at, pursue as subject, endeavour to do, make for or resort to (place, person, for advice, health etc.). Here the term has been used to find out or select physicians, spiritualists, herbalists etc. for medicines and treatments.

Rural: The word 'rural' is used to mean or suggesting country life or people, which is opposite to urban. It is sometimes used to mean pastoral or

agricultural condition or economy. However, in this work the word has been used to mean the inhabitants, who live in the countryside i.e. in the villages.

1.4 Objectives of the Study

The broad objective of the study is to examine and analyse the health seeking behaviour of the rural people; i.e. rural people's belief system and attitude towards health, sickness and other health related issues. However, the specific objectives of the study were as follows:

1. to make a review of the studies on rural heath seeking behaviour so far conducted by the scholars in and around Bangladesh;
2. to trace out the history of chronological development of various types of medicines, peoples conceptions and gradual awareness regarding medicines, medical practitioners changing attitudes towards medicines and treatments;
3. to have a glimpse over the existing modern health care facilities in contemporary rural Bangladesh and also examine the role of folk treatments prevailing in rural Bangladesh with special reference to the study area;
4. to conduct a thorough survey over the village where the study had been conducted with a view to collecting socio-economic information and assessing attitudinal profile of the rural people towards health seeking behaviour;

5. to analyse rural belief system associated with various types of diseases, their origin and inheritance in the area under study;
6. to collect necessary data/information in connection with health seeking behaviour of the rural people of the area under study; and
7. to gather knowledge about the belief system, folk-values and customs of the rural people, in connection with folk-medicines, treatment procedures, diseases and other health related issues.

1.5 Rationale of the Study

Most of the people of Bangladesh are poor and rural. They can hardly afford medicines and bear the expenses of qualified doctors. Moreover, their belief system in connection with health, diseases, treatments etc. are largely different from those of urban peoples. Their pattern of living, dietary practices, sanitary condition, health-seeking behaviour etc. are largely different from those of urban dwellers. Still our rural peoples believe that Leprosy is a heredity disease and the curse of sinful act of the predecessors. In this way, they discover the origin of many diseases and associate it with the violation of religious injunctions or norms. As a matter of fact, a significant percentage of the rural peoples go to the *maulanars* for *panipora* or *tabeez* instead of seeking modern medicines. Therefore, their health seeking behaviour is still closely connected with their old values and norms.

Although government has extended medical facilities towards rural people (of course insufficient) and nevertheless, many of them are reluctant to go to the medical centres for Allopathic treatment. They feel free to go to the spiritualists for *Jhar fook* and *Panipora*. In our present Health Policy, this important issue has not been properly evaluated by our policy makers. For making any health policy effective and fruitful, majority peoples attitudinal profiles should be taken into consideration in the one hand, and socio-economic factors of the rural people on the other; because, these are guiding factors for evolving an effective health policy.

Except some scattered journalistic type of works, no exhaustive academic research work on the health seeking behaviour of the rural people of Bangladesh has been carried out by academicians. This area of research has been left uncared and uncultivated for many years. Bangladesh is still rural in many respects. Therefore, this rural aspect of research demands intellectual attention. Proposed research will therefore, help policy makes and planners in chalking out an effective health policy for those rural peoples, who have formed the bulk majority of the population and still contribute largely to our nation economy. It should be remembered that, a healthy nation cannot be built, unless the rural health of Bangladesh is properly built up. Our health policy should be inconformity with our rural health seeking behaviour.

1.6 Review of Literatures

Health seeking behaviour of the rural people is a specialised subject, which comes under the purview of sociology of medicine. Frankly speaking, researches on sociology of medicine are very rare in Bangladesh. Scattered researches on this specialised branch of knowledge gave us very little idea about Sociology of medicine in Bangladesh. However, the following reviews of the studies so far conducted, in and around Bangladesh may enrich our knowledge.

(a) Rahman (1997)

"Ageing and Health Problem in Bangladesh: A Situation Analysis of Rajshahi City", is a survey conducted by Professor Md. Abdur Rahman along with his fellow colleagues, which has been published in the journal of South Asian Anthropologist (Rahman: 1997:9-13). The study is an attempt to analyse the health condition of 346 persons of both sexes aged sixty years and above in Rajshahi. The main focus of the study was to find out the types of diseases they were suffering from and the mode of treatments adopted by them. The study fully covered methods of treatment, types of physicians consulted, kinship roles during sickness and relevant other factors. The paper ends with some policies to redress the problem. No definite theory of ageing had been used in this study, rather disengagement theory was used in identifying the elderly persons and activity theory in detecting sick persons. The study reveals that, out of 194 elderly sick persons, 160 consulted various types of physicians. Highest number of sick persons consulted

qualified Allopathic physicians, the percentage of which is nearly 90. The study indicates that the women are more inclined towards Homeopathic, Ayurvedic/Unani and folk-physicians compared to males. In the concluding remarks, the authors suggested that, we should go back to our joint family system, which can ensure melodious atmosphere in the family and guarantee old-age security in the society. Although the study covered the health situation of the urban setting and their mode of treatments and yet, this study is related to our study since it spotlighted on the types of physicians consulted by the urban peoples. This is a scientific study, which pinpointed the problem.

(b) Akhter (1993)

"Health: Progress in Last Two Decades and Future Prospects in Bangladesh" is a key note paper which was presented in the National Conference on Bangladesh: Past Two Decades and the Current Decade, organised by Bangladesh Unnayan Parishad (BUP) by Halida Hanum Akhter, Director of Bangladesh Institute of Research for Promotion of Essential and Reproductive Health and Technologies. The author in his long paper, gives a situation analysis of the chronological development of health and family planning in Bangladesh. Although, the entire paper is not related to our problem and yet, it may serve as source material for our study, since it has broadly covered the existing health care systems in Bangladesh, which is based on three tire system i.e. community level, and *thana* level. This descriptive paper will help understand the problems associated with health and family planning and other related issues connected with health hazards

in rural Bangladesh. The paper is based on secondary materials which does not over our field of study in particular.

(c) Rahman (2000)

"Health for Marginal People of Bangladesh: Relevance of Traditional knowledge and Wisdom" is a proper presented in the International Union of Anthropological and Ethnological Sciences (IUAES) on Metropolitan Ethnic Cultures: Maintenance and Interaction in Beijing in 2000 by Dr. Md. Abdur Rahamn, Head of the Department of Sociology, Rajshahi Government College, Bangladesh. The author in his thought provoking and illuminating paper, made queries regarding the knowledge and wisdom in connection with health seeking behaviour of the rural people of Bangladesh. Dr. Rahman carried out field work in six villages of six administrative divisions in Bangladesh. He collected the level of knowledge of the rural people on twenty diseases and health problems covering the causes, symptoms, preventions, treatments, traditional knowledge and belief systems etc. The disease/problems covered in the study were: Tuberculosis, Tetanus, Diphtheria, Whooping cough, Measles, Polio, ARI, Diarrhoea, Anaemia, Hookworm, Goiter, Malaria, Kalazor, Filaria, Leprosy, Rheumatic fever, Gonorrhoea, Syphilis, nursing of pregnant women and breast feeding. Dr. Rahman in his study furnished very interesting information about knowledge and belief system of the rural and marginal people regarding some common diseases. He describes "queries were made about the arsenic problem which is very alarming in Bangladesh. But the knowledge about its consequence is very poor. Moreover, traditional knowledge and belief

systems are prevalent in connection with some diseases in the poor and marginal people and these are Leprosy, Gonorrhoea, Syphilis, Goiter, Polio and Tuberculosis. According to them, Leprosy, Goitre, Polio etc. are hereditary diseases and therefore, obtained from the ancestors, who committed sin in their life. On the other hand, Tuberculosis is a curse of God, which is originated in human being due to sinful act. Cholera, Pox etc. are deity in the guise of disease. Gonorrhoea, syphilis are not venereal diseases, rather it is the outcome of some sinful acts". Rahman's work is directly related to our problem. But it does not fully cover the health seeking behaviour of the rural people since the main theme of the conference was not so. The paper also covers an overview of the existing health facilities in Bangladesh and capacity of the poor and marginal people to access modern health facilities. This is a scientific paper, which was subsequently published in the seminar proceedings.

(d) Salma (1998)

"Health seeking Behaviour of Bangladesh" is a Masters Thesis by Salma Begum. This thesis was done as a partial fulfilment of the requirements for the degree of Masters of Social Science in Sociology in Dhaka University in 1998. The supervisor of the work was Professor Quamrul Ahsan Chowdhury of the Department of Sociology of Dhaka University. This is a scientific work covering almost all aspects of rural medicines and health seeking behaviour. This is a scientific work, which is directly related to our study.

(e) National Health Policy of Bangladesh (1999)

Health policy of any country is the commitment of the government in connection with achieving the goal of 'health for all'. Bangladesh government for the first time declared its health policy in 1999, which covered salient features of our national health programmes. This national document is an embodiment of the aims and objectives of the government towards achieving such goal. It also decided the policy principles and policy strategies of the Ministry of Health and Family Planning. In the preamble of the health policy, it has defined health and highlighted salient features of the New York World Summit for Children (1990), The Cairo International Conference on Population and Development (1994) and the Beijing Women Conference (1995). It has also compiled information associated fertility, mortality, morbidity, present health care facilities, challenges etc. of developing nations. This national document is an important sources material for our study, which has depicted the gloomy picture of our health sector.

(f) National Workshop on Arsenic Pollution in Bangladesh: Its Causes, Effects and Mitigation (1999)

This national workshop was organised by the University of Rajshahi and sponsored by National University, Open University, Islamic University and Dhaka University. Bangladesh is a country, a large portion of which has been suffering from arsenic contamination. Arsenic vulnerable districts are Lalmonirhat, Kurigram, Rangpur, Joypurhat, Bogra, Sylhet, Habiganj, Gazipur, Dhaka, Bhola and Barguna, where 0.01-0.049ppm severity have been detected. This is indeed an alarming situation. In our study area, which

is situated in Barislal, 0.05ppm has been detected in ground water. The workshop has delt upon some acute problems associated with arsenic contamination. The deliberations of the workshop are very fruitful which ended with some concrete suggestions. Although this document is not directly related to our study, and yet it is important sources materiel, which can enrich our knowledge in connection with arsenicosis and other relevant issues related to ground water and arsenic contamination.

(g) Islam (1980)

"Folk medicine and Rural Women in Bangladesh" is research findings, the field work of which was conducted among the rural women in Bangladesh by Rafiqul Islam. The work has been published by Women for Women Research and Study Group in 1980. Researcher Islam in his study found that, women were more inclined towards folk-medicines compared to males, which is mainly because of their ignorance and antiquity. He observed that the females were illiterate, economically dependent upon the males and nutritionally poor. As a matter of fact, they had no alternative than to depend upon the folk-medicines and folk-physicians. Folk-medicines were cheap and folk physicians were easily accessible for them. Moreover, their mental makeup and belief systems were favourable to accept this system of medicine. This work is informative and directly related to our study, but lacks in depth analysis.

(h) Mahtab and Ahmed (1979)

"Health and Nutrition and their Implications for Women and Children", is a joint research work by Mahtab and Ahmed. Bulk of the children and women suffer from vitamin deficiency and as such, suffer from various types of diseases in rural Bangladesh. Researchers observed that, most of the sick women do not receive enough care and due attention from their husbands. Unscientific diet and food restriction immediately after child birth is a common phenomenon in rural Bangladesh, which cause harmful effects on mother and child health. Mahtab and Ahmed also observed that, women are ill nutritioned compared to males in Bangladesh. The study was done in of our villages in the mid seventies and was published by Women for Women Research and Study Group in 1979. The study is related to our subject matter.

(i) Klememan (1980)

"Patients and Healers in the Context of Culture", is an informative and descriptive work by Klememan. The main scope of the work is the system of treatments related to culture, which include religious belief, practices, food-habit, drink, customs, climatic conditions etc. The work has highlighted with suitable examples, how nature of treatments differ with the difference of cultural factors. Not only that, nature of disease and patients may also vary from culture to culture due to situational differences. The data and information have been collected from both primary and secondary sources. This is an illuminating book, which may attract the attention of medical sociologists. This work is related to our study in many ways.

(j) Leslie (1979)

"Asian Medical System" by Leslie is resourceful book. Asian medical system is quite different from that of cosmopolitan medial systems since it has got its own belief systems and traditions. Its earliest concepts of Indian medicine are set out in the sacred writings, called the Vedas. The Chinese system of medicine is of great antiquity and is independent of any recorded external influences. The doctrine of pulse is ancient which dates back to 255BC. Leslie in his thought provoking writings, analysed various aspects of Asian medical system, in detail, which can enrich the knowledge of the researchers associated with medical sociology. The work is largely theoretical. The work has been published by the University of Californian Press in 1976.

1.7 Selection of the Study Village

The researcher is born and brought up in greater Barisal. She is quite familiar with local dialectic, culture and traditions of the rural people of Barisal. Considering these factors, she selected a village, which is quite rural, but accessible. The village is about 12 kilometres away from the district head quarter, which can be reached by waterways. The village is quite representative from the point of its existing nature and characteristics. As we have seen, the socio-economic background of the village is quite rural, where in no medical centre, electricity, school, *madrasah*, melting road and any other urban facilities are fully absent. The village is inhabited by various types of professionals, most of whom are quite illiterate and

politically unaware. We therefore, thought that, actual rural nature and health seeking behaviour could be found in this village.

But before selecting this village, the researcher paid several visits to this village, since she is a female researcher. She at first met with the village leaders and did not disclose the intention of her study. Whenever, they came to know that she was a teacher, she was well received. After several visits, she disclosed her intention to the village leaders, who ultimately helped her in collecting information and data. The researcher developed fictive kinship relationships with the village leaders by addressing them *Chacha*. She also addressed *Chachi* to the elderly women of the village. She could speak in a local dialectic and as such, no problem arose in collecting data and information from the village under study.

1.8 Techniques of Data Collection

For collection of data, multiple techniques were applied in the field. At first a socio-economic survey was made to collect quantitative data. A comprehensive questionnaire was administered to collect such data. After collection of quantitative data through questionnaire, observational method was applied to collect qualitative data. This method took a long period of time, say about two years. At first researcher established fictive kin relationship with the village head man and thus a way was created to stay with them as a family member. The common villagers came to know that,

the researcher was the kin-relation of the village headman and such, they took her very easily. As a kin-relation of the village headman, the researcher was able to build rapport among the common people and thus collected qualitative data in connection with health seeking behaviour of the village Petkata. She observed very closely as to how the rural men and women would go to the village physicians to collect medicines. She also observed the techniques of *Panipora* and *Jhar-fook* of the *Imams* and *maulanas* residing in the nearby villages. She also took snaps of some rare occasions such as *Panipora*, *Jhar-fook* and giving *Tabeez* etc.

1.9 Summary of the Questionnaire

The questionnaire covered almost all aspects of socio-economic life of the village *Petkata*. The questionnaire however covered the following: (1) Age and sex of the health seekers, (2) Educational standard, (3) Nature of occupation and income, (4) Recreational pattern, (5) Personal belonging, (6) Dress costume and ornaments used, (7) Housing pattern and nature of latrine, and (8) Sources of drinking water and nature of water use, (9) Religious belief and practices (10) Belief system, customs and values associated with disease and treatments, (11) Awareness regarding disease and treatment, (12) Tendency towards various types of medicines i.e. Allopathic, Ayurvedic / Unani, Homeopathic, Folk etc. (14) Belief system regarding certain diseases such as Tuberculosis, Goitre, Gonorrhoea, Cholera, Pox etc. (15) Belief system regarding heredity of diseases. Other

than these important questions, some other relevant questions were asked as and when required.

1.10 Sampling Technique Analysis

It was not an easy task to identify ill persons and their types of diseases. For that purpose, the researcher had to interview various types of respondents which are furnished in table- 1.1. At first she had to seek help from the village leaders and aged persons. She also consulted school teachers, *Imams*, *moulanas*, health workers, healers, students, herbal physicians, diviners spiritual leaders, traditional surgeons and traditional birth attendants. In total 64 persons of various walks of life were interviewed to collect data in connection with identifying the sick persons, their seeking behaviour.

Table 1.1
Types of Respondents Interviewed for Identifying Ill Persons.

Types of Respondents	Number
Village leaders	05
Aged persons	10
Teachers (school)	03
Imams	02
Maulanas of Madrasa	04
Health workers	02
Healers	05
Students	02
Other respectable persons	04
Herbal physicians	03
Traditional birth attendants	05
Traditional surgeons	05
Diviner (Peer Shaheb)	05
Herbalists	04
Common people	05
Total =	64

Source: Field Investigation.

1.11 Experience Gathered in the Field

At the very out set two female field investigators were trained and sent to the field for collection of data. But after couple of weeks it was revealed that well educated urban male investigators were not fully capable

of collecting quality data from the village *Petkata*. Hence, the idea of exclusive male investigators was dropped. Consequently, two female field investigators were recruited, trained and then sent to the field. These urban female investigators also could not collect desired data from the said village. Subsequently, a male and a female investigator were trained and sent to the village for collecting qualitative data regarding socio-economic background of the village.

Although a Bengali version questionnaire was prepared for administration among the respondents, but it was found difficult to collect sufficient data through it. Out of fear, suspicion and other reasons, respondents were reluctant to reply some questions particularly regarding income, disease and some other health related issues. Moreover, some questions appeared to be irrelevant and some questions seemed to be included in the questionnaire schedule despite of our pre-testing questionnaire. Therefore, questionnaire as a tool of data collection could not be fully reliable and fruitful. Due to these reasons, informal interviews with most of the respondents were required to be adopted. But again, a problem arose. Most of the respondents were very busy and could not give time for interviews. As a mater of fact, field investigators could not collect data properly. Therefore, the idea of collecting data and information through field investigators were dropped. After couple of months, the researcher thought that she herself would collect data and information. She therefore, met with the village headman and expressed her desire. The village headman was an

elderly person. He was very sincere and polite. He helped me in many ways for collecting data and information. He introduced me with the respondents and thus, I myself have collected entire data/ information in four phases. In two phases I collected socio-economic data of the village, for which some students helped me very much. School teachers of nearby village also helped me to collect relevant data. Majority of the respondents were not available by day; some of them were reluctant to reply our questions and queries. A few of them, instead of replying our questions, started gossiping. Some elderly female respondents helped me in collecting data. I got some rare information which was collected through an old man, whom I would address as *Dada*. This old man was very helpful to me.

1.12 Nature of Data

The data for the study were mainly collected from primary sources through fieldwork. But side-by-side we have used secondary data and information, the source of which include dissertations, research articles, journals, periodicals and such other relevant sources.

1.13 Time Spent for Data Collection

In total 2 years were spent for data collection. One year was spent for collecting socio-economic data of the village under study. On the other hand,

nine months were required for collecting health and treatment related data. At the time of report writing, three months were again spent for re-checking of the data and information.

1.14 Data Processing

Raw data were tabulated by the researcher by applying modern statistical methods. Data were furnished in the form of tables, charts and graphs.

1.15 Limitations of the Study

Any man made work may suffer from weakness and inadequacies. This work is not an exception. Present work is based on a village of Barishal district. Therefore, it is natural that, it has depicted the picture of health seeking behaviour of a single village. The title 'Health Seeking Behaviour of the Rural People of Bangladesh' may therefore seem to be in appropriate, since it does not cover the whole rural picture of Bangladesh. If we could cover some other villages of other regions of Bangladesh, then the title could have been more suitable and appropriate. But, purposively we selected a single village, since the study was based on anthropological method. Again, the fact is that, there are some cultural factors, which are quite homogenous in all parts of Bangladesh. For example, health seeking behaviour of the

rural people of Barishal and Rajshahi is almost the same. Because, Rahman's study (covered in the review of literature) and our study has revealed the same results in connection health seeking behaviour of the rural people of both the regions i.e. Rajshahi and Barishal. Moreover, treatment methods (both herbal and spiritual) of both the regions are quite identical. Not only that, belief system in connection with disease and treatment are also quite similar and close to each other. In addition to that, it may be said that Bangladesh is more or less homogenous country (with some of dialectical difference from colloquial point of viewer) and religious identity (excepting 15 per cent Hindus, Christians and Tribal), where the same medical pluralism can be found. Considering the above factors in to consideration, we have chosen the title 'health seeking behaviour of the rural people of Bangladesh' instead of using 'rural people of Barishal'. Any way, if we could cover six villages from six administrative divisions and apply survey method, then the study could be more representative and sociological in nature. But considering methodological issues, financial hardship and time constraints we avoided it.

In our objectives, we covered seven points i.e. (a) to make a review of the studies so far conducted in and around Bangladesh; (b) to trace out the history of the development of medicine; (c) to review the existing health care facilities in Bangladesh; (d) to conduct a socio-economic survey in the study village; (e) to analyse the rural belief system associated with disease

and treatments; (f) to collect information about health seeking behaviour of the village under study; and (g) to suggest a scientific and pragmatic health policy in the light of our study and findings. We believe that, we have almost covered the pertinent questions related to our topics. But we could not sufficiently review the studies conducted in India. We could not do it due to some constraints. In our opinion, this is an inadequacy of our study. We have a mind to cover it before publication of the dissertation. Any way, since we have applied anthropological method, in our study, we are quite satisfied with the outcome of our study.

CHAPTER TWO

Socio-economic Profile of the Study Area

2.1 Introduction

The life pattern of individuals are largely conditioned by the characteristics of the area, where an offspring is born, brought up and socialised. Whole life of individuals are moulded and revolved centring round the socio-economic system of a society. Religious belief and practices, health hazards, treatment methods and techniques are also associated with the nature and characteristics of the area. Sociologists and anthropologists usually pay much importance on the characteristics of the study area, because the life and society are closely related with the topography, river system, flora-fauna, climatic condition, economic activities, communication system etc. The main focus of our study i.e. the health seeking behaviour of the rural people is also closely associated with socio-economic profile of the study area. Hence, we want to depict a clear picture of the study area, where the researcher had passed a significant

period of time during the time of field investigation, which has been elaborately discussed in the introductory chapter of the present work.

2.2 Name, Location, Size and Density of the Village

The name of our study village is *Petkata* means cutting of belly. Story goes like this, 'the village has been carved out of three adjacent villages and as such, it is known as *Petkata* village. The length and breadth of the village is three kilometres and one kilometre respectively, the shape of which is almost like a triangle. The village is bounded in the north by *Dinar* in the south by *Charkaranje* in the east by *Chanpura* and in the west by *Char Aicha* villages. Although the village is situated in the *Kotwali Char Aicha* Thana of Barishal district, and yet, it has got very bad communication with the district head quarter, because its communication system is primitive in nature. If any body wants to go to this village, he/she will have to cross the *Kirtankhola* river from the western side of the village. He has to go by foot and there is no alternative way to reach the village. This village is eight kilometres away from Barishal town and nevertheless it is a remote village in all respects. All the traditional characteristics of a village of Bangladesh are present in this village. In this small village, there are as many as 194 families of different types, having 1697 populations of which, 860 are males and 837 are females. There is no electrification in this village.

2.3 Topography, Flora, Fauna and Climatic Condition

The district of Barishal is flat alluvial plain having numerous rivers and its tributaries. The north south-eastern side of the village is bounded by river. The village goes under water during the flood, since it is a low laying village. There is no reserve forest in the district. Coconut and betel trees are abundantly found in and around the village. Main crop of the village is paddy, coconut and betel. Tropical weather prevails in this village. Highest and lowest recorded temperature in the village is around 35.1 and 12.1 Degree Celsius respectively. Average rainfall of the village is 19355 mm.

2.4 Educational Background

The total population of the village according our survey is 1697, of which 860 are males and 837 are females. Literacy rates of males and females are 24.66 per cent, 20.55 per cent respectively. Only 8.14 per cent, males and 6.21 per cent females can put their signatures. The rate of higher education is very insignificant being only around 2.34 per cent. Table 2.1 gives a comprehensive idea of educational level of our study village. The table shows that 2.91 per cent males and 6.09 per cent females can read the Holy Quran. The level of education of H.S.C. and S.S.C. are 0.70 per cent and 1.64 per cent respectively. On the other hand, around 7 per cent students' level of education is between VI-VIII only; around 3 percent students' level of educations is between class IX and X.

Table 2.1

Education Level of the Villages (N=1697)

Level of Education	Male	Percentage	Female	Percentage
Illiterate	648	75.34	665	79.45
Can sing only	70	08.14	52	06.21
Class I-V	49	05.70	30	03.59
Class VI-VIII	31	03.60	25	02.99
Class IX-X	14	01.63	09	01.08
S.S.C.	09	01.05	05	00.59
H.S.C.	06	00.70	--	--
Can read the Holy Quran only	25	02.91	51	06.09
Ebtedayee	08	00.93	--	--
Total	860	100	837	100

Source: Field Investigation.

2.5 Transports and Communication Network

As we have noted, *Petkata* is a remote village, where modern transport and communication systems are almost absent. Anybody wishes to go to this village, can avail water transport from Barishal town. There is no metalled road to get access to this village. Peoples can go to the village via *Charkawa* bazaar to *Char Aicha* village by foot or by rickshaw/van through which a *Kancha* road runs, the length of which is about two kilometres. A cannel has isolated the village from south *Char Aicha* and as such, boat is

required to reach the village. Bullock cart, van, bicycle etc are traditional mode of transport in this village. Only two persons have been seen to use motor cycle and five had bicycles in their possessions. Van is most popular mode of travelling in this village. Since the village is bounded by rivers, cannels and tributaries, boat is frequently used for carrying goods and transportation.

2.6 Medical Facilities and Practice of Treatment

Modern medical facilities are completely absent in this village. There is neither Government hospital nor any private clinic excepting one government health complex in the village *Kawarchar*, which is about five kilometres away from this village. The staff position of this health complex is very poor; there is an M.B.B.S. doctor, a female Health Assistant, one peon and a night guard in this health complex. The doctor is supposed to be available regularly excepting on holidays, but the fact is that, the doctor comes to his office once or twice in a fortnight. Sometimes he does not at all come to his office even in a month. Naturally, the patients are deprived of medical services, who come to the health complex from different villages, which are far away from the medial centre. Study reveals that, there is no life saving drugs excepting paracetamol, histacin and oral saline, which are seldom distributed free of cost among the patients. Study further reveals that, the Medical Officer and Health Assistant do not behave properly with the patients. Moreover, there are no arrangements for operation and pathological examinations. Naturally, patients do not usually go to this medical complex for treatment. However, some NGO workers visit the village and distribute

few essential drugs and give medical advices. But their frequency of visits and quantum of medicines are very insignificant compared to the needs of the villagers. However, a *Kabiraj* almost weekly sits in the village *Joperhat* and *Naptarhat.* He sells herbal medicines delivering lecture, which is played in the cassette player and singing songs. Peoples are attracted by his lecture and purchase medicines. In addition to this, there are some *Ojha*, *Fakir*, *Kabiraj* and *Gunees* in and around this village, who prescribe herbal medicines, give *tabeez* and *Jha-rfook*. These *Kabiraj* and *Gunees* say that, they do not claim any money or fee excepting actual expenditure of the medicine. They usually take gifts like milch-cow, goat etc. after successful treatments.

Some of them use herbal medicines and also use skin, teeth, meat and bird-feather as materials of treatments. Since these village *Kabirajs* and healers are always available and do not claim much amount for treatments, peoples of the study village usually take their medicines and seek advice. Study in the village indicates that, most of the *Kabiraj* and *Gunees* offered treatments for Fever, Cough and Cold, Skin disease, *kalajor*, Goitre, Yellow fever, Leprosy, Asthma and host of other diseases. About nineteen types of diseases / problems were identified in the village, which were given treatments by the village herbalists, K*abiraj*, G*unees*, *Imams* and spiritualists.

Another type of healer namely *baidani* (snake charmer) frequently visits this village for giving treatments of problems like tooth ache,

headache, waist pain, colic pain and gout. Sometimes they attract the attention of the villagers by snake charming.

Methods of treatments practised by the villagers under study are shown in the table 2.2. During the time of data collection, we found that out of 311 affected persons (139 males and 172 females) 232 took treatments for different types of diseases / problems. Out of these 232 persons, only 2.16 per cent took Allopathic treatment. On the other hand 54.46 per cent patients took folk-treatments, which include *panipora*, *jhar-fook, tabeez* etc. The percentage of Ayurvadic and Unani treatments are 14.22 and 12.50 per cent respectively.

Table 2.2

Methods of Treatment Practised by the Ill Persons In the Study Area (N=232)

Methods of treatment	Number of affected persons	Percentage
Allopathic	05	02.16
Homeopathic	25	10.78
Ayurvedic	33	14.22
Unani	29	12.50
Folk	131	56.46
Cosmopolitan	09	03.88
Total	232	100.00

Source: Field Investigation.

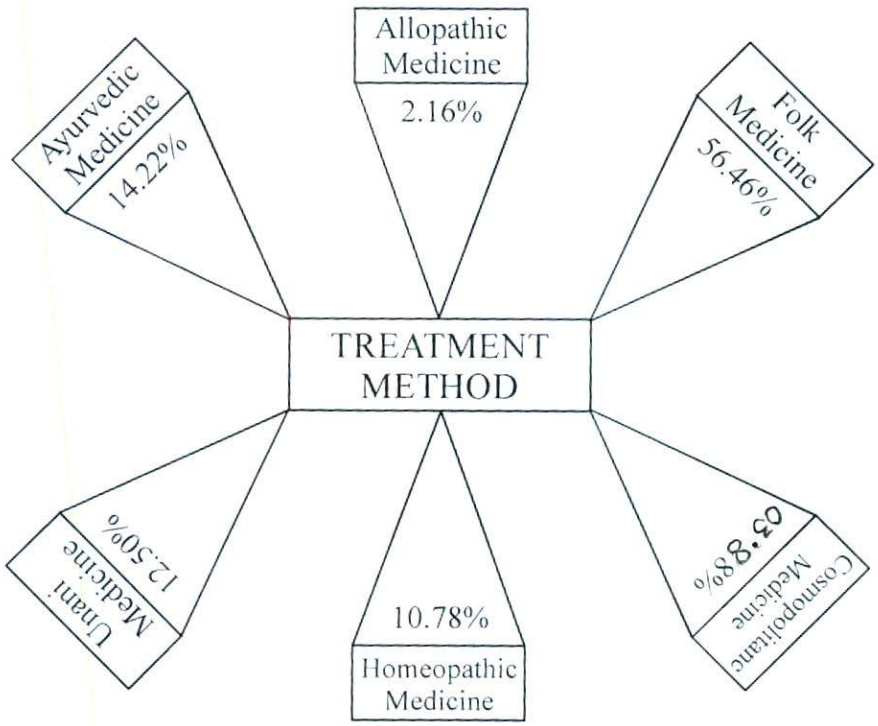


Figure 1: Methods of Treatment

The large inclination towards folk-treatment is belief system and cheapness of price of medicine. Both Ayurvedic and Unani medicines are prepared from native plants following Ayurvedic and Unani formula. Therefore, its practice among the patients appears to be nearly the same. The practice of homeopathy seems to be a bit less i.e. 10.78 per cent compared to herbal methods of treatment. This is also very cheap and available in the nearby villages. Cosmopolitan method i.e. application of more than one method at a time for treatment is only 3.88 per cent. Cosmopolitan method involves big expenditure and is a matter of dilemma and flexibility of mind in connection with treatment.

2.7 Profession and Economic Condition of the Villagers

Petkata is a village where diversified professionals can be found. More than 20 per cent families are depended upon agriculture; fisherman and boatman constitute 15.46 per cent equally. Around 10 per cent of the families are labourers on the other hand mason and rickshaw pullers constitute 8.76 and 6.19 per cent of the total families. Other than these professionals, there are hotelmen, grocery shopkeepers, carpenters, blacksmiths, washer men, hair dressers, mechanics, drives etc. in the village under study.

Most of the families are poor and live from hand to mouth. Around 18 per cent families level of income is up to Taka 1000.00 per month. Only 2.58 per cent families level of income is Taka 5000.00 and more than that

amount per month. The level of income of 16.49 per cent families are 1500-2000 Taka The income range between Taka 3000 to 5000 constitute around 25 per cent in the village.

Table 2.3

Monthly Income of the Families

Monthly income in Taka	Number	Percentage
Up to Taka 1000	34	17.53
1001-1500	25	12.89
1501-2000	32	16.49
2001-2500	22	11.34
2501-3000	26	13.40
3001-3500	16	08.25
3501-4000	14	07.22
4001-4500	12	06.18
4501-5000	08	04.12
5001- above	05	02.58
Total	194	100.00

Source: Field Investigation.

Table 2.4

Professions of the Villagers Under Study Area

Professions	Number	Percentage
Fisherman	30	15.46
Boatman	30	15.46
Wahserman	03	01.55
Blacksmith	04	02.06
Labour	20	10.31
Carpenter	09	04.64
Small business man	07	03.61
Mason	17	08.76
Rickshaw puller	12	06.19
Hair dresser	07	03.61
Farmer/Agriculturist	39	20.10
Grocery shop	03	01.55
Hotel boy	04	02.06
Driver	05	02.58
Mechanics	04	02.06
Total =	194	100

Source: Field Investigation.

2.8 Use of Water and Sanitation

Sanitation Condition: Sanitary condition of the village is very unhygienic. Out of 194 families of the village, only 4 has sanitary latrine which constitute only 2.06 per cent of the total. Semi sanitary latrine constitutes only 5.15 percent of the total families of the study village. More than 28 per cent latrines are of hanging type. This is most unhygienic which

spreads bad smell in the locality. Hole latrine is also very common in the locality, which constitutes more than 28 percent. Bush and open places are also used for evacuation which occupies more than 36 percent of the total.

Table 2.5

Types of latrine Used by the Villagers

Types of latrine	Number of families	Percentage
Sanitary	04	02.06
Semi sanitary	10	05.15
Hanging	55	28.35
Hole latrine	55	28.35
Bush and open	70	36.09
Total	194	100.00

Source: Field Investigation.

The use of soap for washing hands after evacuation is almost nil. Majority of them use ash or mud for washing hands.

Table 2.6

Sources of Water for Drinking, Cooking, Washing and Bathing (N=194)

Use of water	Sources of water		
	Tube well	Pond	River
Drinking	29 (14.95)	58 (29.90)	107 (55.15)
Cooking	19 (9.79)	81 (41.75)	94 (48.46)
Washing cloths	--	98 (50.51)	96 (49.49)
Washing	--	93 (47.94)	101 (52.06)
Bathing	--	105 (54.12)	89 (45.88)
Cattle drinking	--	150 (77.31)	44 (22.69)
Cattle bathing	--	160 (82.47)	34 (17.53)

Source: Field Investigation.

Note: Figures in the parenthesis indicate percentage.

Use of Water: Use of water is very important for health. Because, significant number of diseases are caused by water. Cholera, Diarrhoea, Dysentery and Skin disease like Itching, Gangrene, Herpes etc. are frequently caused by the use of water. Safe drinking water is scarcely available in the locality. Table 2.6 indicates that only 14.95 per cent% of the families use tube well for their drinking purpose. More than 29 percent families use pond water after boiling for drinking. The table further shows that more than 55 percent families drink river water to satisfy their thirst. Although the villagers boil water before drinking, and yet it cannot be said

that, it is completely germ free. Became water borne disease in the study village are frequent and very common (see table on of types of disease in the village).

For cooking, the main source of water is river and pond in the study village. Only about 9 per cent families use tube well water for cooking. More than 41 per cent families use pond water for cooking purpose. The use of river water for cooking constitutes more than 48 per cent. Inquiry indicates that, the villages are fond of river and pond water for cooking. Because, it is easy for boiling purpose and according to the villagers, it adds taste. For washing clothes and utensils, no body uses tube well water. The main reason behind the use of pond and river water for washing clothes is its softness and freeness of iron. Because of easy availability, women want to use pond and river water for washing utensils. Majority of the people use river and pond water for their bathing purpose, since they do not have bathroom. The same pond of the study village is used for cattle bath as well as for washing clothes and utensils. Table 2.6 however, shows the use of water situation in the study village.

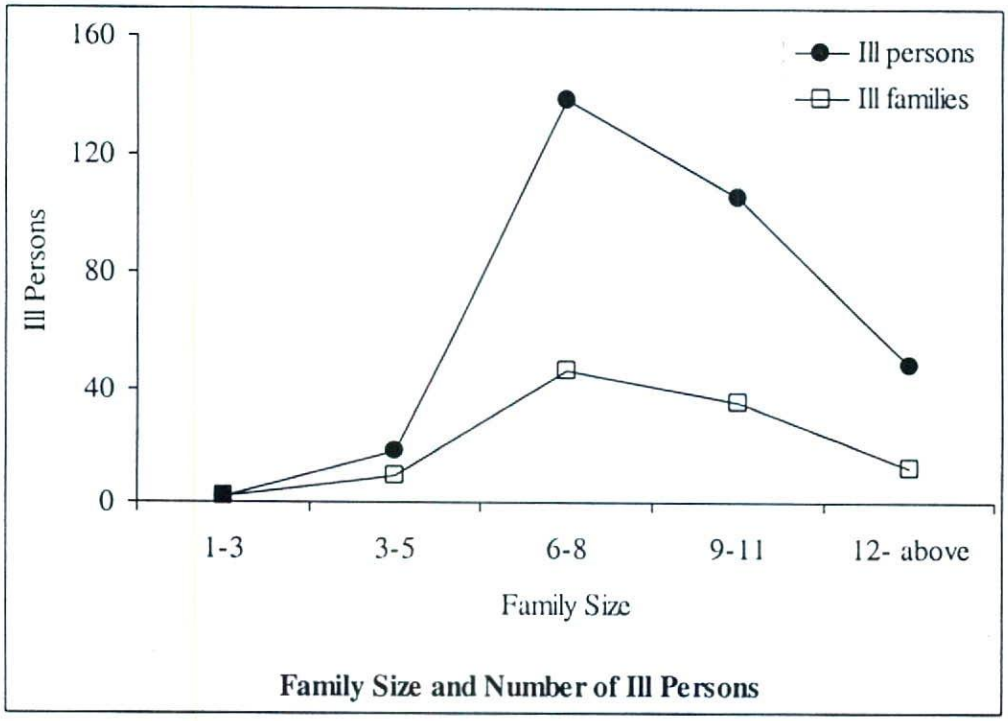
2.9 Family Size and Housing Condition

Family Size: Nucleus families are rare in the village under study. Family size ranging from 1-3 members is only 2.58 per cent. On the other hand, families ranging from 12 and above members are of 9.27 per cent. More than 48 per cent families constitute 6-8 members and more than 25 per cent families are of 9-11 members. One striking point can be noted from the table 2.7 is that, out of 194 families in the study village, 104 have been identified sick which constitute 53.60 per cent of the total and 311 persons have been found suffering from various types of diseases constituting 18.32 per cent of the total population of the village. Another important point is that, the rate of ill persons are higher in the big families compared to nucleus and small families. This situation is graphically presented in the next page.

Table 2.7
Family Size of the Village Illness Identified Families

Family size	Number of families	Percentage	Persons	Ill families	Percentage	Ill persons
1-3	05	02.58	15	02	01.93	02
3-5	27	13.92	108	09	08.65	18
6-8	95	48.97	760	46	44.23	138
9-11	49	25.26	530	35	33.65	105
12- above	18	09.27	284	12	11.54	48
Total	194	100.00	1697	104	100.00	311

Source: Field Investigation.
Note: Figures in the parenthesis indicate percentage.



Family Size and Number of Ill Persons

Housing Condition of the Village: Most of the people of the village Petkata is poor and earn their livelihood by hard work. They can hardly afford to erect good house for living. Only around 6 per cent houses are dilapidated brick built. About 10 per cent houses are erected by tin fencing with tin roof and cemented floor. *Kanchi* fencing with hay roof house constitutes slightly more than 37 per cent. Houses built with wood fencing and tin roof constitute more than 19 per cent. On the other hand, only bamboo fencing tin roof is of 27 per cent. Most of the houses are open, having no privacy and bathroom. Modern sanitary latrine is also absent in these houses. A significant percentage of the family members perform their evacuation either in the open place or in the bush.

Table 2.8

Housing Condition of the Villagers

Types of Houses	Number of families	Percentage
1. Bamboo fencing tin roof	53	27.32
2. Wood fencing with tin roof	37	19.07
3. *Kanchi* fencing with hay roof	73	37.63
4. Tin fencing with tin roof & cemented floor	19	09.79
5. Brick built (Dilapidated)	12	06.19
Total	194	100.00

Source: Field Investigation.

2.10 Social Stratification and Mobility

The basis of social ranking in this village in the possession of land like other villages of Bangladesh. Educated persons and service holders are usually found among the wealthy peasant families, since they can bear educational expenses. In spite of that, there are no highly educated persons in this village. Because, there is no primary school, high school or *madrasha* in this village. There are few families (7-8) which are regarded as *Ashraf* since they are a bit wealthy having some religious backgrounds. A significant number of the peoples are peasants and rest of the peoples are various types of professionals. *Dhopa* (Washermen) and *Napit* (hair dressers) are regarded as lowest class people and as such, other professionals do not like to make matrimonial relationships with them. Other than these professional groups, there is no restriction of marriage or making friendship among them. But there is no rigidity among the different professional groups. However, educated religious families enjoy higher status in the village.

2.11 Religious Belief and Practices

All the families of the village under study are Muslims except six Hindus. But there is no mosque or *mandir* in this village. Most of the Muslims have blind faiths in Islam. But, very few male Muslims to go say prayer in the nearby mosque. Hindus have tremendous faith in their religion. Muslim women are more religious, who usually go to *Peer Shaheb*, *Fakir*,

Ojha, *Imam*, *Baidaney* for their treatments. They also go to *majar* for fulfilling their *nek ichha* (good desire) by giving *manot*. They also go to *Peer Shaheb* for *Panipora* and observe *Orosh Sharif*. Hindus also go to *majar* and give *manot* for fulfilling their *nek ichha*. Before entering into a new built house, Muslims usually arrange *milad*. All Muslims go to say *Eid* congregation at the time of *Eid-ul-Azha*. Hindus usually go to visit their *Thakur* at the time of *Puja* and takes *prosad*. For the cure and salvation from disease, Muslims perform *doa* and Hindus also go to the *Brahman* for his *ashirbad*. Muslims believe in *upri* and the Hindus also have such kind of faith. For the salvation form ill eye of evil deity Hindus go to their *mandir* and give *vog* to their respective *Debota*.

2.12 Recreational Pattern

Both traditional and modern types of recreations are found in the study village. But majority peoples are found to enjoy traditional pattern of recreation. Out of 1697 villagers 875 males and females are found gossiping. There is no TV in the village since there is no electricity. Nevertheless 250 peoples said that they would occasionally enjoy TV programmes in the neighbouring villages. But radio is very popular means of recreation. More than 900 peoples said that they would listen to radio programmes particularly songs and dramas. Some of them would go to enjoy movie in the Barishal town. *Kabadi* is very popular as a means of enjoyment. More than 100 young men were engaged in *Kabadi* game. Football and volley ball are also very popular in the village. *Ludu, Bagadoli, Daba, Karam Board* etc. are

also popular among the young males and females. *Akkadokka, Darianbnda, Gollachut* etc. are popular among the children.

Table 2.9

Recreational Pattern of the Villagers

Nature of Recreation	Number of Persons
1. Gossiping	875
2. Playing Card	066
3. Listening Radio	950
4. Enjoying TV	250
5. *Kabadi*	405
6. Enjoying Movie	166
7. Fair	216
8. Taking *Tari*	170
9. Listing *Kahani*	077
10. Religious and Folk-festivals	105
11. *Karam Board*	055
12. *Ludu* and *Bagaduli*	109
13. Daba	007
14. Football	306
15. Volley ball	209
16. *Burichhu*	167
17. *Akkadokka*	167
18. *Daria Banda*	079
19. *Gollachhut*	052

Source: Field Investigation.

2.13 Dress & Costume

There are 860 males and 837 females of different age groups in the study village. Study reveals that majority of the males and females use *shari* and *lungi* the number of which are 650 and 750 respectively. Rest females either use *salwar kameez* or half pant. Adult males usually wear *lungi*, the numbers of which are 750. Rest males either use trousers or half pant. More than 500 males wear shirt on the other hand, the number of *panjabi* users are 109. *Chaddar* and *ganzee* are very popular among the males or females, the number of which are 495 and 690 respectively. The use of coat and shoes are very rare in the village. *Salwar* and *kameez* are also used by the young females, the numbers of which are 105. Full pant and trouser users are rare in the village. Only educated males use full pant and trousers in the village the numbers of which are 10 and 12 respectively. The use of brassiere and maxi are very rare in the village. The use of *orna* is popular but the use of *petticoat* is very scarce in the locality. Out of 837 females, only 109 use blouse in the village. However, the table 2.10 depict the picture of dress and costumes of the villagers.

Table 2.10

Dress, Costume and Footwear etc. of the Villagers

Description	Number
1. *Shari/Dhuti*	650
2. *Petticoat*	012
3. Maxi	004
4. Blouse	109
5. Brassiere	004
6. *Lungi*	750
7. Pant (full)	010
8. Trouser (*pajama*)	012
9. Shirt	510
10. Punjabi	109
11. *Chaddar*	495
12. Coat	025
13. Shoe	025
14. *Sandal*	110
15. *Khorom*	005
16. *Salwar* and *kamij*	105
17. Half pant	166
18. *Ganzee*	690
19. Pullover	120
20. *Orna*	085

Source: Field Investigation

2.14 Personal Belonging

Most of the families under study area are very poor. Therefore, their personal belongings are also very ordinary in nature. Out 194 families 85 families are found to use *Dari khat* and 60 were found to use *Choucki* for sleeping. Ninety five families have curtain and the rest 104 families sleep without curtain. They are so poor that they can not afford it. But 194 families either have *Kupi* or hurricane. Ten families have transistor and 20 families have bicycle in their possessions. Forty families use utensils of *kansha* and *Pital*. Eight families have tables and 9 families have chairs to sit on. Dressing table and *Alna* are very rare, which only 3 families could afford. Calendar, stove, sofa etc. are found in the educated wealthy families, the number of which are only five.

Table 2.11
Personal Belonging of the Study Families

Personal Belongings	Number
1. *Dari khat*	85
2. Table	08
3. Chair	09
4. Dressing table	03
5. *Alna*	03
6. Sofa	01
7. Radio	10
8. Cycle	20
9. Motor cycle	02
10. Tape recorder	01
11. *Chowki*	60
12. *Kansha pitol* utensils	40
13. *Chinamati* Plates	07
14. Curtain	95
15. Clock	02
16. Stove	03
17. Calendar	01

Source: Field Investigation

2.15 Practice of Family Planning and Birth Control

Most of the families are illiterate and traditional in nature. Therefore, modern family planning and practice of birth control are almost absent in the

village. Only 7 families have been detected among which contraceptives are popular. Contraceptives used by females are a bit high, the number of which are 10. In total 35 cases of abortion were detected during the time of data collection. Of these, 15 were done by village quack, 10 were done by herbalists and the rest 10 were done by *panipora* and *jhar-fook*. Childless couples were found to take *panipora* from the spiritual leaders and *maulanas* for conception of child. Of these 35 cases of abortion, seven were died.

Table 2.12

Practice of Birth Control and Abortion

Nature of birth control	Number of families	Percentage
1. Contraceptive used by males	07	10.45
2. Contraceptive used by females	10	14.93
3. Abortion by village quack	15	22.39
4. Abortion by herbal treatment	10	14.93
5. *Panipora* for conception	15	22.39
6. *Panipora* for abortion	03	04.46
7. *Jhar-fook* for abortion	07	10.45

Source: Field Investigation

2.16 Ornaments and Cosmetics

Ornaments and cosmetics are very popular among the females of Bangladesh. This is also prevalent among the rural women. This village is

not an exception. During the time of field investigation, it was found that *Churi* is very popular among the girls. Out of 837 women, 300 were found using *churi*. *Makri* and *Tabeez* are also popular. Because, these are costly; but these are made of gold. However, 50 women were found wearing *makri* and 60 were using males *tabeez*. Teen aged girls were found to use *bichha* and *nupur*. Nearly 50 percent women were found to use *nakful*. Necklace were very are in possession. The use of snow, powder, nail polish, lipstick etc. are becoming popular among the young girls in the study village.

Table 2.13

Ornaments and Cosmetic Used by the Villagers

Name of Ornaments	Number
1. *Churi*	300
2. *Makri* (ear ring)	50
3. *Tabeez*	60
4. *Bichha*	10
5. *Nupur*	07
6. *Nakful*	400
7. Snow, powder	26
8. Lipstick	20
9. Nail polish	20

Source: Field Investigation

CHAPTER THREE

Origin and Development of Medicine and Health Seeking Behaviour: Historical Perspectives

3.1 Introduction

Medicine, the art and science of healing patients, has a long history. It has developed through several changes, the major to which is not recorded in the pages of history. It is, therefore, very difficult to interpret such unwritten history. It is regarded as both art and sciences; it is science because it is based on scientific knowledge gained through careful study and experimentation. It is art in the sense that, it depends upon how skilfully physicians and other medical workers apply their knowledge on the patients. The aim of medicine is however to save lives and to relieve sufferings of animals. Much of the ancient knowledge in connection with medicines and treatments are learned from careful study of drawings, bony remains and surgical tools of ancient man. The meaning of these drawings seem to be obscure and as such their mental attitudes towards the problems of disease and death can not be properly evaluated. However, with the gradual advancement of knowledge, people could discover some harmful elements

in the plants and simultaneously detected medical value in some plants. Historical evidence testifies that, folk medicine or domestic medicine originated in the use of vegetable products or herbs, which is still persisting in modern times. It is interesting to note that, man at first did not regard death and disease as natural phenomena. Common medicines were however dealt with by means of herbal remedies as were available around their surrounding areas. Serious diseases were placed in a difficult category and were thought of supernatural origin- the activity of a malevolent demon. Magic and religion played important role in the medicines and treatment in primitive man. Application of herbal medicine or remedy by mouth was usually accompanied by incantations, grimaces, dancing and such other tricks of magicians. Therefore, the primitive physicians or medicine men are to be regarded as witch doctors sorcerers. The use of such charms and talismans are still prevalent in modern times although it is of ancient origin. There were, however, various types of treatment procedures and doctrine of medicine and diseases in vogue in different parts of human history which are discussed in a nutshell. The aim of this chapter is to widen our knowledge in connection disease and treatment and trace out the legacy of our rural health seeking behaviour from historical perspective.

3.2 Primitive Medicine and Health Seeking Behaviour

From time immemorial man has been found to interpret health and disease from cosmological and anthropological point of view and were interested to control disease by various ways and means, such as magical

power, applying herbal medicine and also by exorcism. The earliest medicine men were, therefore, the priest, the herbalist and the magician, who took various ways to care man's disease. Medicine was at that time dominated by magical and religious beliefs, which were indeed an integral part ancient culture. An eminent medical historian Henry Siegerist has opined that, every culture had developed a system of medicine which was related to its belief system and culture. Dugos also said that ancient medicine was the mother of sciences, which played a significant role in the integration of early culture. Since there had been an organic relationship between medicine and human advancement, any account of medicine at a given period of history should be viewed with the advancement of human knowledge i.e. science, technology, religion, philosophy, economic condition, system of education and so forth.

History of medicine testifies that, in the course of its evolution, it has drown richly from the traditional cultures, of which it was a part, and later from biological and natural sciences and more recently from social and behavioural sciences. The concept of disease in which the ancient people believed, is known as the supernatural theory of disease. As a matter of fact, the treatment procedure followed by the ancient people was a logical sequence i.e. appeasing God by prayer, rituals, sacrifices, driving out 'evil spirits' from human body by witch craft using charms and amulets to protect from the influence of the evil spirit. The application of certain herbs or drugs were common in primitive society, about whose effects, they were not sure enough. Evidence are also common in prehistory where man improvised

stone and flint instruments with which he performed circumcisions, amputation and trephining of skulls. It is interesting to note that primitive medicines were intermingled with religion, magic, witch craft and superstition.

The rudiments of primitive medicine still persist in many parts of the world-in Asia, Africa, South America, Australia and Pacific Islands. The supernatural theory of disease is as old as civilization, which still prevails in many parts of the world including India and Bangladesh. In Bangladesh and India, still the snake bite is heard to be cured by '*mantras*'. Diseases like Leprosy are still interpreted as a punishment for one's past deeds in Bangladesh and India. Although primitive men may be extinct and yet their progeny i.e. the traditional healers are still found every where including in rural Bangladesh. They live close to the common people of rural Bangladesh and treatments are based on unique combinations of empiricism, religion and magic.

3.3 Ayurvedic / Indian Medicine

The system of medicine called Ayurveda was received by Dhanvantari who has been deified as the God of Medicine in the Vedas. This is also called Indian medicine which dates as for back as 2nd Millennium B.C. The period of Vedic medicine lasted until 800 B.C. The Vedas are rich in magical power for the treatment of disease and in charms for the expulsion of the demons supposed to cause disease. The chief conditions

mentioned are fever, cough, constipation, diarrhoea, dropsy, abscesses, seizures, tumours and skin diseases including Leprosy. The herbs are recommended for these treatments. The highest development of Ayurvedic medicine has been recorded from 800 B.C. until the end of 1000 B.C. which may be regarded as Brahmanistic period. According to Hindu Philosophy, body contains three elementary substances – microcosmic representatives of the three divine universal forces, which they termed spirit (air) phlegm and bile. According to Hindu Philosophy, health depends on the normal functioning of these three substances. The spirit has its place below the navel, the phlegm's place is above heart and the bile lies between the heart and the navel. The primary constituents of the body are blood, flesh, fat, bone, marrow, cycle and semen, which are produced by the functioning of these seven elementary substances. Semen is supposed to be produced from all parts of the body and not from a particular organ. For diagnosis, the Hindu Physicians used all five senses. They had good clinical sense but magical beliefs persisted until late in the classical period. Ayurvedic therapeutics was mainly dietetic and medicinal. The most important methods of treatment were a) administration of emetics, purgatives, water enemas, oil enemas and sneezing powders. The Ayurvedic medicines were mainly of vegetable drugs, all of such drugs were from indigenous plants. Caraka and Susruta (Physicians of Brahmanistic Period) knew huge medicinal plants the numbers of which are 500 and 760 respectively. They also used animal remedies like milk of various animals, bones, gallstones and minerals such as Sulfur, Arsenic, Lead, Copper Sulfate, Gold etc. for treatments. The herbal physicians would collect various plants and prepare medicines for

treatment. Hygienic measures were very important as part of treatment an Ayurvedic system. Diets were prescribed and controlled strictly. Use of water, bathing, care of skin, cleansing of teeth with trigs from selected trees, anointing of the body with oil etc. were suggested by the physicians traditionally known as *Kabiraj.*

In surgery, Ayurvedic system reached its zenith. They knew all operations excepting the arrest hemorrhage. The surgical instruments used by them have drawn special attention in modern times. Susruta opined that a surgeon should be equipped with 20 sharp and 10 blunt instruments. The Hindu surgeons were expert in the operations of anal fistula and removal of stones from the bladder; they also introduced plastic surgery.

3.4 Chinese Medicine

The Chinese system of medicine is also very ancient and has long interesting history. It commenced with Fu Hsi (2953 B.C.) and was continued by the emperors Shen Nung (2698 B.C.) and Huang Ti (2598 B.C.). Huang Ti is regarded as the writer of the doctrine of internal medicine called the Nei Ching. Majority of the Chinese medical literatures are based on the Nei Ching and is considered as authority on medicine. The Han dynasty (202 B.C. – A.D. 221) contributed to the development of medicine, especially for Mo Ching, which is known as pulse classic in the west. 'The Golden Mirror' a medical compilation by the Han dynasty is famous for medical treatment. Chinese medicine made substantial progress until A.D.

960 and the appeared a static progress. Traditional Chinese medicine is based on dualistic cosmic theory of the Yin and the Yang means the female and the male. The human body is like matter and which is made up of five elements: wood, fire, earth, metal and water. These are associated with other groups of five such plants, the five conditions of atmosphere, the five colors and the five tones. Wang Ching-jen contributed much to the development of anatomy, based on cosmic system which postulates the presence of hypothetical structures of 12 channels. The body contains five organs (heart, lungs, liver, spleen and kidneys), which store up but do not eliminate; and five viscera (such as stomach, intestine, gall bladder and bladder) which eliminate but do not store up. Each organ is associated with one of the planets, colors, tones, smells and tastes. There are 365 bones and 362 joints in the body. According to traditional Chinese medicine, the blood vessels are supposed to contain blood and air, in proportions varying with those of the Yin and the Yang. These two cosmic principles circulate in the 12 channels and control the blood vessels and hence the pulse. The Nei Ching says that, the blood current flows continuously in circle and never stops. It may be compared to a circle without beginning and end. Traditional Chinese Pathology is also based on the theory of the Yin and the Yang, which leads to an elaborate classification of disease, which do not have scientific foundation. In Chinese system of medicine, detailed questions are asked about the history of illness and the patients taste, smell, dreams etc. Attention is given on the quality of voice and far reaching conclusions are drawn from it. Most important part of the investigation is the examination of pulse.

The Doctrine of Pulse: The doctrine of pulse is very ancient which was introduced by Wang Shu-ho by his monumental book Pulse Classic in 255 B.C. This work asserts that health depends on the harmonious balance of the Yin and the Yang. If the flow of one of these principles is obstructed, disharmony and then disease result. The condition of the pulse indicates the point at which obstruction in the hypothetical channels has occurred. Feeling of pulse is the most important aspect of diagnosis. The pulse varies according to time, day and season of the year. It is used not only for diagnosis but also for prognosis. Traditional Chinese medical treatment has three important aspects: the meteria medica, moxibustion and acupuncture. The meteria medica is extensive and based on vegetables, animal and mineral remedies. The method prescribing medicine is based on the Yin and the Yang theory and as such very complex. Acupuncture is an unique treatment system of Chinese therapy. It consists of the insertion into the skin and underlying tissues of a metal needle either hot or cold. The meaning is that, the needle will affect the distribution of the Yin and the Yang in the burning spaces and in the hypothetical channels of the body. The practice acupuncture dates from before 2500 B.C. and is particularly Chinese.

3.5 Japanese Medicine

In the early Pre-Christian Era in Japan disease was regarded as sent by the Gods or produced by the influence of evil spirits. Treatment and prevention of diseases were therefore based largely on religious practices such as prayers, incantations and exorcism. In course of time, medicines and

bloodlettings were employed. But foreign influence on Japanese system of medicine began to occur with the settlement of Korean Physicians in 458 A.D. Japanese Physicians were sent to China and that marked the actual beginning of Chinese influence on Japanese medicine in 608 A.D. Ishinho, the oldest Japanese medical work by Tamba Yasuyori was first published in 982, is still regarded as medical authority. The influence of Chinese medicine began to appear on the Japanese medicine and continued up to 1528 with the publication of a Chinese medical work. The Yin and the Yang concept of China played paramount role in the theory of disease causation in Japan, which is still continuing. During the 16th Century, important socio-cultural changes occurred in Japan with the coming of the Portuguese and Christians in 1649. This marked the introduction of European medicine in Japan. In 1641, Dutch Physicians came to Japan and started medical practices which lead to the introduction of Dutch system of medicines in Japan. In 1668, the European medical school was established and a large hospital was built. In this way, multi-disciplinary systems of medicine were introduced in Japan in the beginning of 19th Century, and by now several discoveries in the field of tropical medicines have taken place in Japan.

3.6 Greek Medicine

Ancient Greece inherited much of its system of medicine from Babylonia, Egypt and even India and China. Asclepius, the God of medicine, who lived about 1200 B.C. and is said to have performed many miracles of healing. Asclepius was worshiped in many temples throughout Greece, the

remains of which may still be seen at many places of Athens and elsewhere. Many sick persons wanted to go for healing rituals known as incubation or temple sleep to these resorts or hospitals. They would lay down to sleep in the dormitory or abation and were visited in their dreams by Asclepius or by one of his priests, who gave advice of treatment. In the morning, patient often departed and cured. There are many inscriptions recording the cares at Epidaurus and there seem to have been no failures and no deaths. In Greece and Sicily sick persons are still taken to spend a night in certain churches in the hope of cure. Diet, bath, exercise etc. played important role as a form of treatment. In the 5th Century B.C. Empedocles set forth the view that the universe is composed of four elements – Fire, Air, Earth & Water. This conception led to the doctrine of the four bodily humours: blood, phlegm, choler and melancholy. The maintenance of health was held to depend upon the harmony of the four humours.

Hippocrates (460-370 B.C.), who is often called the father of medicine, classified diseases based on observation and reasoning. He denied the tradition of magic in medicine and introduced clinical methods in medicine. Hippocrates lectures and writings, compiled by Alexandrian scholar titled 'Corpus Hippocratium' encompassed all branches of medicines. His works have been compiled in 72 volumes. The sayings of Hippocrates have become the key stone of medical ethics. To quote some of his sayings, "The life is short, the art of medicine is long", "Where there is love for mankind, there is love for the art of healing" etc. "Hippocrates Oath" has set a high moral standard for the medical profession which

demands intellectual attention for all the days to come. His famous book 'Air Water and Places' is considered as a monumental work in social medicine and hygiene. His concept of health and disease stressed on the relation between man and his environment. The Greeks gave a new dimension to medical thoughts which rejected supernatural theory of disease and considered disease as a natural process and not a visitation from the God of immolation. One Greeks postulates that the health prevails when the four humours are in equilibrium and when the balance is disturbed, disease is the result. The Greek medical thought change the destiny of medicine by separating it from the magic raising it to the status of science.

3.7 Mesopotamian Medicine

Another ancient civilization known as Mesopotamia (now part of Iraq) existed contemporary with Egyptian Civilization, lies between the rivers Tigris and Euphrates, was famous for about 6000 years, which is often called as the cradle of civilization. In ancient Mesopotamia the basic concept of medicine was based on religion. It was known as the place of magic and necromancy. Demons were considered to be the cause of diseases and Geomancy, the cause of dreams. Liver was considered as the seat of life and characteristics of medical lore. The Sumerians, Babylonians and the Assyrians were the contributors of medical astrology which flourished in the whole Eurasia. Prescriptions were written on tablets and in cuneiform writing. The oldest prescription discovered in Mesopotamia dates back 2100 B.C. The Hammurabi Code (2000 B.C.) of health practice of Babylon bears

the significances of medical knowledge of that time. Hammurabi was a king of Babylon (2000 B.C.), who formulated drastic laws related medical practices. According to the law, a doctor prescribing wrong treatment may be hanged. It also incorporated law related medical practice, fees payable to Physicians for satisfactory service and penalties for harmful treatment. The code of Hammurabi can be regarded as the reflection high degree of social organization and the scientific foundation of medicine and treatment of the then Mesopotamian people.

3.8 Babylonian Medicine

Very little knowledge regarding Babylonian medicine is known to us. The clues to early knowledge of medicine are scanty. Consisting of clay tablets bearing cuneiform signs and seals were used by Babylonian physicians about 3000 B.C. The medical code of Hammurabi, an early king of Babylon is inscribed on a stone pillar in Paris. The code includes laws regarding medical practice. The penalties for defaulters were severe, for example, 'if a doctor kills a patient while opening an abscess, his hands shall be cutoff.' According to Herodotus, early Babylonian was an amateur Physician. It was however a custom to lay the sick in the street so that everybody can offer advice at the time of passing. The sacrifice of animal was widely practiced for the care of patients.

3.9 Egyptian Medicine

The Egyptian people had a very old civilization, which discovered many things and largely contributed to the world civilization which dates back about 2000 B.C. The Egyptian people invented writing and recorded their doing on papyrus. They were able to mummify their bodies after death. The medicine of ancient Egypt may be viewed as a healing system of a traditional and the naturalistic curing associated with classical Greece. It has basic magical-religious orientation deeply immersed with myth and magic. In Egypt a series of medical papyri were produced between 3000 and 1200 B.C. Egyptian history of medicine testifies that Egypt had the Sinu a lay healer who worked together with the 'Wabu', a priest- physician consecrated to 'Sekhmet' the goddess of pestilence. Therefore, the art of medicine in ancient Egypt was mingled with religion. Physicians of ancient Egypt were co-equals of priests who were trained in schools within the temples. There had been no practical demonstration in anatomy because Egyptian people believed in preservation of human body. Egyptian medicine reached its highest peak of development during the days of Imhotep who became famous for statesmanship, architecture, building pyramids and above all as a physician. Imhotep was considered as a physician and as a symbol of divinity. Homer considered Egyptians as the best of all doctors, who were specialized in the treatment of eye, head and tooth. All the doctors were paid by the state. The well known medical discovery of manuscripts are the Edwin Smith Papyrus (3000-2500 B.C.) and Ebers papyrus (1150 B.C.). Edwin Smith discovery describes about surgery, paralysis, skull fractures

etc. On the other hand, Ebers Papyrus, discovered on the bank of the Nile, is a unique description of 800 prescriptions based on 700 drugs. A large number of diseases are mentioned in that papyri such as worms, eye disease, diabetes, rheumatism, polio, schistosomiasis etc. the drugs mentioned are castor oil, tannic acid, opium, turpentine, gentian scnna, minerals and herbal roots. They had knowledge about inoculation against small pox and the association of plague with rats. Horus was regarded as the God of health and was worshiped by the people. Egyptian system of medicine was famous for its effectiveness and dominance for about 2500 years till its replacement by the Greek.

3.10 Roman Medicine

The Romans brought their system of medicine largely from the Greeks. The Romans were practical minded compared to the Greeks. The important figure among the medical teachers was Galen (130-205 A.D.) who was a Physician of the Roman Emperor, Marcus Aurelius. His important contributions were in the field of comparative anatomy and experimental physiology. According to Galen, disease is the result of three factors – predisposing, exciting and environmental factors. Galen was the writer of some 500 treatise on medical subjects, who was literally a medical doctor in his time. His writings influenced European medicine which were accepted as standard text book in medicine for about 14th Centuries, till his views were challenged by the anatomist, Vesalius in 1543 and the physiologist William Harvey in 1628 almost 1500 years after his death.

3.11 Unani and Arab Medicine

The ancient Arabian System of medicine popularly known as *Kabirajee* is called Unani medicine. In ancient Arabian Language, the name of Ancient Greece was 'Unan'. The father of ancient Arabian system of medicine was Hakin Bokrat or Hippocrates who was in Greece in 860 B.C. He was an inhabitant of ancient Greece or Unan and as such his system of medicine is known Unani medicine. Although Arabian system of medicine is largely influenced by Galen's method of Rome and yet it is largely indebted to Ayurvedic and Chinese medicine (Campbell: 1926). According to Ayurvedic System of medicine, three elementary substances constituting body are air, phlegm and bile and in Unani System it is known as *Ruh*, *Sofra* and *Bolgom*. According to Unani System, disease is the result of the unbalance of one or more the one substance of body. According to this method, medicines will be of opposite nature of the disease, which may help bring back normalcy of the body i.e. disease will be cured by applying reverse action on human body. There is also difference of opinion regarding the origin and development of Unani medicine. Some European thinkers opined that the Arabs translated Greek and Roman literatures into Arabic and helped preserve the ancient knowledge. Borrowing largely from the Greeks and Romans, they developed their own system of medicine known as the Unani System of medicine. They established various types of medicine centers and hospitals in Cairo, Damascus, Baghdad and other places. Abu Becr (865-925 A.D.) and Ibn-Sina (980-1037 A.D.) contributed lot in the field of Muslim medicine. Abu Becr was a director of hospital in Baghdad.

His work on small pox and measles is still regarded as an authority today. His 21 volume encyclopedia titled Canon of Medicine is a classical doctrine on medicine. The greatest contribution of the Arabs was in the field of pharmacology. They developed pharmaceutical chemistry introducing a large number of drugs both herbal and chemical. They invented the art of writing prescription and introduced a wide variety of syrups, oil, poultices, plusters, pills, powders and alcohol. The word drug, alcohol, syrup and sugar are all Arabian (Douglas: 1947). The golden period of Arabian medicine was between 800-1300 A.D. With the gradual development of medicine, a large number of hospitals sprang up from Persia to Spain, the number of which was 60 in Baghdad and 33 in Cairo. Al Mansur, a renowned hospital had separate departments for various diseases and wards for both sexes.

3.12 Yoga

The word 'Yoga' has been derived from Sanskrit language, the meaning of which is discipline. Yoga is a term which has two meanings. It is a kind of school of thought and a system of mental and physical exercise developed by the Hindus. The believer of the Yoga school, known as Yogis, use Yoga exercise to achieve their goal of isolation of the soul from the body and mind. Now a days, many non Hindus of various countries practice Yoga exercise in the hope of improving health and achieving peace of mind. The Yoga school teaches that, the soul is completely separated from the body of a person but the person does not realize it. Mankind suffers because, he wrongly believes that his soul is bound to his body and mind. Yoga exercise

tries to give people *Prajna* (understanding) of the meaning of their soul. The moment a person obtains this understanding, his or her soul gains *Moksha* (release) from the *Samsara* (cycle of rebirth) in which Hindus have strong faith. Under the guidance of a *Guru* (teacher) a Yogi goes through eight stages of training on the way to *Moksha*. The Yogi has to achieve these stages gradually one after another. The names of the stages are: 1) *Yana* (disciplined behavior), 2) *Niyama* (self-purification), 3) *Asana* (bodily postures such as the lotus), 4) *Pranayama* (control of breathing), 5) *Pratyahara* (control of senses), 6) *Dharana* (fixing of mind on a chosen object), 7) *Dhyana* (meditation). The eighth stage known as *Samadhi* is a state of concentration in which Yogi realizes that his / her soul is pure, free and empty of all contents. A Yogi who completes these eight stages may reach to *Kaivalya* i.e. a total isolation of the soul from the body and from all natures. In addition to these eight practices, other popular form of Yoga exists in the religious traditions of India. These are known as *Bhaktiyoga* which involves dedication of all actions and thoughts to a Chosen God. Another form *Karmayoga* involves doing one's duty without caring about reward. The third form *Hathayoga* stresses difficult bodily postures and breathing techniques. Various forms of Yoga have become popular in the USA, Europe and other Asian countries. One kind of Transcendental Meditation, requires less mental concentration than does the Yoga of Hindus. Research has shown that it provides little more than does any good athletic program.

3.13 Homeopathic Medicine

English word homeopathy has been derived from Greek word homoeopathia hmoios the meaning of which is a treatment by following similar symptoms. According to this method, if a particular medicine is administered on a normal body of certain individual, some symptoms may be evident on his or her body. If those symptoms therefore occur on certain patient, which has got similarity with the resultant effects of that medicine; in that case, the same medicine may be applied since it has got similarity of symptoms. For example, if epicuk is administered on the normal body, vomiting may occur. Therefore, epicuk will be applied for checking vomiting, since it has got similar effects after administration on the normal body.

Haniman, a German Physician is the founder of this system of medicine. At the time of translation of meteria medica, Haniman found that *Kompojor* appears if *Sinkona Chhal* is taken on normal body, but *Sinkona* is the medicine for curing *Kompojor*. This created a new horizon in the discovery of a new system of medicine, namely Homeopathic medicine. Haniman discovered the theory of applying very little quantum of medicine for durable and side effects free treatment. The more the durable side effect free treatment is observed the little is the quantity of medicine applied on the patient- he observed.

3.14 Social Medicine

Social medicine is not a new branch of medicine rather a new orientation of medicine to the changing needs of man and society. However, the concept of Social medicine has been evolved in Europe, which was revived by Alfred Grotjohn in 1911, who stressed the need for social factor in the etiology of disease, which he termed as Social Pathology. The seeds of medicine which is now regarded as social science, was sown in the late 19th Century by Neuman and Virchow. But their ideas were far more advanced of their time. The discoveries in microbiology and the development of germ theory accelerated the progress of their ideas. The Belgian Social Medicine Association was founded by Rene Sand in 1912. The developments in the field of Sociology, Psychology and Anthropology discovered that man is not only a biological animal rather a social being. It was viewed that, disease has social causes, social consequences and social therapy. The idea of Social Medicine began to spread out in Europe and in other countries with the development of aforesaid disciplines. John Ryle and his followers were greatly influenced by these ideas and as such viewed Social Medicine as an evolution of medicine. They began to work for the promotion and expansion of the concept of Social Medicine in England and consequently a chair of Social Medicine was introduced in Oxford University in 1942 followed by similar other in the universities in England.

CHAPTER FOUR

Modern Health Care Facilities and Folk Treatment In Bangladesh

4.1 Introduction

Bangladesh is a rural based country. Most of its peoples live in the villages. Food habit, pattern of dress, economy, belief system, norms and values etc. are very much traditional of the peoples of Bangladesh, the majority of whom have constituted rural population. Because of belief system and traditionalism, a vast majority of the rural peoples are still inclined towards folk-treatments, although rich and educated peoples are comparatively depended upon modern medical systems. One of the major objectives of our study was to review the existing modern health care facilities in contemporary Bangladesh and also to examine the role of folk-treatments prevailing in rural Bangladesh. This chapter is however, designed to focus on our national drug policy, existing health care facilities, capacity of the poor and marginal peoples to access modern health care facilities, peoples traditional knowledge and wisdom regarding health and diseases,

their conception about medicine and treatment, folk-practitioners changing attitudes and lastly, nature of folk-treatments in Bangladesh.

4.2 Drug Policy of Bangladesh

In its truest sense, there had been no well devised drug policy of the government of Bangladesh before its first announcement during Ershad regime. There was a prolong debate and controversy regarding the drug policy of the then Ershed government. However, the salient features of the drug policy are as follows:

a. to encourage and patronise our local and national pharmaceutical companies with a view to reducing the dependence on foreign imported medicines;
b. to popularise our Unani/Ayurvedic system of medicines with a view to reducing the degree of dependence on Allopathic medicines, since Unany/Ayervedic medicines are comparatively cheap, easy available and less side effect free;
c. to encourage Homeopathic medicines by imparting its knowledge among the practitioners and common peoples;
d. to discourage import of foreign medicines by improving the quality of drugs produced locally and nationally;
e. to impose ban on certain medicines which have been proved injurious for health and in which certain toxic items have been discovered;

f. to produce more quality raw materials of medicines and thus reduce dependence on foreign raw materials and foreign medicines;
g. to continue to import foreign medical apparatus/machines so long it is locally produced;
h. to assist and encourage manufacturing medical apparatus/machines in the country;
i. to produce quality medicines, popularise these in the domestic markets and search for more markets at home and abroad;
j. to encourage and strengthen medical research to discover more better treatments for the humanity;
k. to make available life saving drugs at a cheaper price, so that poor and marginal peoples may have access to it; and
l. to use more local raw materials for producing medicines, since these are more effective in our geo-social environment.

4.3 Existing Health Care Facilities and Health Situation in Bangladesh

Ministry of Health and Family Planning (HFP) of the Government of Bangladesh is entrusted with the task of preparing plan and executing policies of the government in connection with health and family planning for its people. Under the Health and Family Planning Ministry, there is a Health Deteriorate, which controls and supervises the activities of the Deteriorate of health, located in six Divisional Head Quarters (DHQ). These DHQs give

directive and supervise the health programmes of 64 district health offices in Bangladesh. District health office, known as Civil Surgeon Office (CSO), play supervisory role on the Thana Health Complexes (THC), located throughout whole Bangladesh.

The primary health care is provided through the following three tires systems:

a. Community level i.e. village- through the community health care workers, called Health Assistants, Family Welfare Assistants and T.B.A., of which the first two categories are full time paid employees, on the other hand the TPAs are trained for providing safe delivery services. Each community health workers services cover a population of 4000.
b. Union Health and Family Welfare Centres (Union Level) provide health and family planning care to approximately a population of 20,000-25,000.
c. Thana Health Complex (Thana level) provides curative treatment for various ailments having emphasis on prevention and promotion. It covers a population of about 200,000.

Moreover, the secondary health cares are provided by 57 district hospitals with beds 50-200 located at district levels. Tertiary level health care is provided by eight medical colleges which are spread throughout the

country. Specialised health care is provided by specialized hospitals numbering 9, mainly located at the national headquarters.

Careful examination of the O&M of Health Directorate reveals that, CSO and THC play vital role in connection with health services in the country. But specially the THC lies in the key position, since it has extended health care facilities in the grass-root levels of the country. Therefore, it deserves special attention of the planners, since the whole rural peoples have been brought under Thana Health Complexes. In addition to these, there are sub-health centres throughout the whole country, which are supposed to render health services in the rural areas. Recently government has taken an ambitious plan to establish 13,900 Community Health Clinics (CHC) (one for every 6000 peoples) throughout whole Bangladesh.

Apparently, the organogram of THC seems to be good. Because, almost all key positions and technical hands have been shown in the organogram. But our survey has revealed that most of the THCs are not properly manned and are very poorly equipped. The most precarious condition is that, most of the THCs suffer from machinery troubles and tremendous shortage of life saving drugs. Our observation and study further indicate that, a significant number of the THCs are running without medical officers, surgical specialists, guinaecologists and dental surgeons. A significant number of the important posts have been lying vacant for years together.

4.4 Family Health Education Programme

Family Health Education Programme (FHEP) under the initiative of Health Education Programme (HEP) has launched an awareness programme in the grass-root level, through its Health Assistants and Health Educators to prevent and control 23 diseases including EPI of six diseases i.e. Tuberculosis, Tetanus, Diphtheria, Whooping-cough, Measles, and Polio. By timely immunization, these six diseases can be easily prevented or controlled. But due to lack of primary knowledge regarding these disease, our poor and marginal propels have been tremendously suffering from these diseases. According HEB information, 30per cent children died of these diseases in 1994 (HEB: 1995:1). In addition to these, efforts have been made to create awareness and mobilize rural peoples to take helps from the Health Assistants and Health Educators for the following diseases: ARI (Acute Respiratory Infection, Diarrhoea, Blinders due to malnutrition, Anaemia, Hookworm, Goitre, Malaria, Kalazar, Filarial, Leprosy, Cancer, Rheumatic fever, Gonorrhoea, Syphilis, AIDS, nursing of pregnant women and breast feeding.

According to HEB information, 69 per cent peoples of Bangladesh are suffering from physical and mental diseases. Of them, about 47 per cent are suffering from Goitre, and 0.5per cent are suffering from neurological problems (*Op. cit.*, 42). Furthermore, 80 per cent peoples are suffering from various kinds hookworm. Due to Anaemia, 55per cent, women give births

child of malnutrition. According to the same report, 53875 patients of Malaria were identified in 1990, which increased up to 1, 66,564 in 1999.

Moreover, 40,000 cases of *Kalazar* were identified in 36 districts of Bangladesh. In 1993, 136,000 peoples were identified, who were suffering from Leprosy, 30 per cent of which were physically handicap. According to a recent survey, 6.3 per cent peoples per thousand have been suffering from Rheumatic fever, of which 60% are suffering from Rheumatic Heart diseases.

4.5 Capacity of the Poor and Marginal People to Access Modern Health Facilities

Now let us turn our attention to see, to what extent our poor marginal peoples are capable of enjoying modern health facilities out of their meagre income in Bangladesh. As we know, more than 50 per cent peoples of Bangladesh are living beneath the poverty level, who are considered to be poor and marginal. With their limited income, they can some how feed up their hungry belies, but are not all capable of enjoying modern health facilities, since it involves huge expenditure. In this connection, we can have a glimpse over the existing modern medical facilities in Bangladesh.

At present there are about 14 medical colleges, 3 dental colleges and 490 Thana health complexes in Bangladesh, where number of doctors, nurses and beds are approximately 24752, 10624 and 37868 respectively

(BBS: 1996: 859). The existing number of Thana health complexes, doctors, nurses, beds and other facilities are so insufficient compared to the requirements of the common people that, it can hardly meet the requirements of poor and marginal peoples. Moreover, pathological investigations X-ray etc. are not at all done in these health centres due to acute shortage of manpower and machinery problems. Life saving drugs are hardly available in the government health centres. Rare medicines and complicated investigations are unthinkable there. Private health care facilities are beyond the reach of the poor and marginal peoples, since the expenditure of even an ordinary and common disease involves around several thousands Taka. The following table quoted from Dr. Rahman's (2000: p.-5) study will give a comprehensive idea of the expenditure pattern of various kinds pathological examinations, operations and cost of medicines.

Table 4.1

Expenditure Pattern of Pathological Investigation, Operation Fees and Cost of Medicines in Private Clinics in Bangladesh

Name of examinations	Fee in Taka	Name of operation	Fee in Taka	Cost of medicines
Blood for TC, DC	100	Eye	3000	1000
Stool & Urine	100	Uterus	4000	2500
Chest X-ray	100	Hydrocil	2000	1500
Ultra sonogram	350	Tumour	3000	1000
ECG	300	Piles	2000	500

Source: Dr. Rahman's work (2000: 5)

From the above expenditure list it can be easily imagined that it is beyond the reach of the poor and marginal peoples to obtain private treatments in Bangladesh. But the actual condition is that, in government hospitals no treatment is available at this moment. The physicians of government hospitals are in the habit of referring patients to their own clinics. Most of the government doctors have opened private clinics where they offer treatments, although its standard is very poor. So, it can be opined that, medical and health care facilities in the government sectors have been almost broken down. Hence, the poor and marginal peoples of Bangladesh have no capacity to access to modern health care facilities.

It is the earnest desire of each and every people to have sound health care facilities within their reach. But truly speaking, there are very little modern health care facilities in the government sectors in Bangladesh. Only the rich peoples can afford it in the private clinics. But this is impossible for the poor and marginal peoples to afford it. Moreover, most physicians in Bangladesh are inefficient about complicated diseases. Very often they prescribe wrong medicines and diagnose imperfectly. As a matter of fact, the rich peoples usually go to foreign countries particularly India, Singapore and Thailand for their medical check-up and treatments. As a result, huge amount of foreign exchanges are being spent for medical purpose. Costs of medicines have been multiplied by several times over the years due to imposition of government taxes on life saving drugs. Moreover, government has no control over the fixation of price of the national and multinational companies. It has no control over private clinics also. Physicians are

charging high fees, which is not only unethical but also unrealistic in the context of Bangladesh. The condition of the poor and marginal peoples are so deplorable that, they have no alternative way than to die without treatment or go to the folk- physicians for cheap treatments.

4.6 Knowledge of Rural People Regarding Modern Health Care

Primary knowledge regarding health care and diseases can largely help individuals to control health problems. If individuals are acquainted with the causes, symptoms and preventive measure of common health hazards and diseases, then the problems can be effectively reduced and checked. Keeping this objective in view, the HEB identified 23 common diseases and trained its health workers to make the poor rural peoples aware of these diseases and health problems. Rahman (Op. cit. p.-3) in his study tried to investigate and evaluate the level of knowledge and awareness of the rural peoples regarding these diseases and other health related issues. The study however, revealed very poor knowledge of the rural people visa vis the prevalence of some traditional knowledge and belief system regarding some diseases in the study areas of Rajshahi district. The study is more or less representative and as such, considered to be a base line survey. The level of knowledge and traditional belief of poor marginal peoples have been revealed through the table-4.2.

Table 4.2

The Level of Knowledge on Common Diseases/Health Problems

Name of diseases/health problems	Interviewed		Causes		Symptom		Prevention		Treatment		T. knowledge
	M	F	M	F	M	F	M	F	M	F	
1. Tuberculosis	50	50	7	5	7	5	4	2	3	1	5
2. Tetanus	40	60	10	5	10	5	2	1	no	no	-
3. Deptheria	50	50	no	no	no	no	no	no	no	no	-
4. Whooping cough	50	50	5	3	3	2	no	no	3	2	-
5. Measles	25	70	10	6	10	6	no	no	no	no	-
6. Polio	25	75	no	no	no	no	10	15	no	no	7
7. ARI	50	50	2	1	2	1	no	no	no	no	-
8. Diarrhoea	25	75	20	17	20	17	10	15	7	9	-
9. Anaemia	40	60	15	13	15	13	9	10	9	9	-
10. Hookworm	40	60	10	7	7	5	8	6	5	5	-
11. Goitre	50	50	3	2	no	no	no	no	3	2	5
12. Malaria	50	50	10	15	5	10	5	5	3	2	-
13. Kalazar	40	60	7	7	5	5	no	no	no	no	-
14. Fileria	50	50	no	no	no	no	no	no	no	no	-
15. Leprosy	50	50	no	no	no	no	no	no	no	no	20
16. Rheumatic fever	60	40	3	2	3	2	3	2	no	no	-
17. Gonorrhoea	60	40	5	3	no	no	no	no	no	no	8
18. Syphilis	60	40	7	3	no	no	no	no	no	no	10
19. Nursing of pregnant women	60	40	no	no	no	no	no	no	no	no	-
20. Breast feeding	25	75	no	no	no	no	no	no	5	10	-

Note: M = male, F = female, T= Traditional

Source: The table is quoted from Dr. Rahman's work titled "Health for marginal peoples of Bangladesh: Relevance of traditional knowledge and wisdom", (2000:3)

The table gives a comprehensive picture regarding the knowledge of poor rural peoples in connection with some common diseases and health problems. The table shows that rural peoples know nothing about 3 diseases and these are: Diphtherias, Filaria and Leprosy. Very few peoples know about the causes and symptoms of measles, but they know nothing about its preventive measures and treatments. Nobody knows about the causes and symptoms of Polio, but few males and females know about its prevention. But surprisingly they know nothing about its treatment. The knowledge regarding the causes, symptoms and treatments of Diarrhoea is by far the highest among the rural peoples. Knowledge about Anaemia is also little but satisfactory. Very few peoples know about the ABC of Hookworm. Surprisingly a negligible number of men and women know about the causes of Goitre, but they know nothing about its symptoms and prevention. Few peoples know about the causes, symptoms, prevention and treatment of Malaria. Regarding rest of the diseases and health problems, the knowledge of rural people is very poor.

In addition to these, Rahman made queries about arsenic problem, which is very alarming in Bangladesh. But the knowledge about its consequences is very poor. Moreover, traditional knowledge and belief system are prevalent among the rural peoples in connection with some diseases and these are leprosy, Gonorrhoea, Syphilis, Goitre, Polio and Tuberculosis. According to them, Leprosy, Goitre, Polio etc. are hereditary diseases and therefore, obtained from the ancestors, who committed sin in their life. On the other hand, Tuberculosis is a curse of God which is

originated in human being due to sinful acts. Cholera, Pox etc. is a kind of deity in the guise of diseases. Gonorrhoea, Syphilis are not ventral diseases rather these are the out come of some sinful acts.

4.7 Peoples Conception and Gradual Development of Knowledge about Medicine and Treatment

Peoples conception and knowledge about diseases in the primitive period was quite unique and interesting. Because, people at that time, did not consider death and disease as a natural phenomenon. Common diseases were considered as a part of existence of human body and were dealt with by means of herbal remedies. Serious diseases were placed in different category and thought of supernatural origin i.e. the act of malevolent demon or of an offended God. The treatment was therefore, applied to lure the errant soul back to its proper habitant within the body by suction, incantations and such other means. The method of treatment known as the practice of trepanning i.e. making a hole in the skull of the victim for treatment of brain. Trepanned skulls have been discovered in Britain, France and other parts of Europe. This practice still exists in the primitive peoples of Algeria, Melanesia and elsewhere although it is becoming extinct.

Magic and religion played vital role in the medicine in the prehistoric and primitive period. Application of herbal medicine or recently by mouth was always accompanied by dancing, grimaces and incantations. Therefore, the first doctor or physician may be regarded as witch doctor or sorceres.

The use of charms and talismans which is still prevalent in modern time, is indeed of ancient origin.

Until the scientific inventions and discoveries in the 19th and 20th century, the doctors were almost helpless before all most all maladies. Because, they could hardly suggest effective remedies before the discoveries of these two centuries. 19th century is very important in the history of medicine and treatment since significant developments in the field of public health have taken place in this century. This century is famous for the development scientific medicines, verification of germ theory, development of anesthesia, discovery of X-ray, etc. 20th century is marked by several developments in medical science such as Chemotherapy, Immunology, Indoctrinology etc. Anti Tuberculosis drugs, antibiotics like Penicillin, Immunisation against Tuberculosis, Tetanus, Antitoxin, Polio vaccine, discovery of Insulin, Radiation treatment of Cancer etc. are some of the important developments of 20th century.

Human being have suffered a lot from various diseases since their first appearance on this earth about 2.5 million years ago, because they would know very little about human body and the cause of disease. Treatments during the early period of human history was largely based on superstition and guess work. But medicine, the science and art of healing, has made tremendous progress in the last 200 years. Now it has become possible to cure, control and prevent hundreds of diseases beginning from Measles, Polio, Pox, Yellow fever to Tuberculosis and such other complicated

diseases. Scientific drugs, treatment methods and surgical operations have added several years to life and increased life expectancy of the peoples up to average 75 years to the industrially developed countries of the world. Due to medical progress, improvement of nutrition, sanitation and living conditions, peoples have achieved longer life expectancy and comfort in life. By this time, medicines have become more and more scientific and complicated. In the early days, doctors cared patients almost single handed. Patients would get treatments at home for all kinds of diseases. But now, the doctors no longer work by themselves, rather they head a medical team constituted by nurse, laboratory workers and such other skilled professionals. The medical care provided by such teams cannot be done at home and as such health centres, clinics, hospitals have emerged for medical care in most countries.

Bangladesh is one of the developing countries of the world. Most of the peoples of this country are poor and marginal. Not only that, a significant majority of the peoples are illiterate and live in the rural areas. Moreover, almost all the peoples are living in the rural areas who are religious minded, a significant percentage of whom, have extreme faiths in magic and supernatural power. As a matter of fact, rural illiterate people are inclined towards folk-treatments and spiritual healers. However, in Bangladesh, five types of treatments are popular, these are: Allopathic, Homeopathic, Ayurvedic, Unani and Folk. There is no reliable statistics in our hand regarding the practice of treatment taken by our rural peoples (Bureau of Statistics does not maintain such record) and as such, it is not only possible to opine about the dependence of the peoples on each of these sectors of

treatment. But it can be guessed from the data, furnished in table 2.2 of this work and from the study of Professor P.C. Sarker which has been conducted in a village of Rajshahi district (See table-4.3).

Table 4.3

Methods of Treatment Practiced by Infertile Spouses

Method of Treatment	Hindus			Muslim			Grand Total
	Husband	Wife	Total	Husband	Wife	Total	
Allopathic	2 (4.1)	3 (6.1)	5 (10.2)	3 (2.5)	7 (5.8)	10 (8.3)	15 (8.8)
Homeopathic	2 (4.1)	2 (4.1)	4 (8.2)	3 (2.5)	8 (6.6)	11 (9.1)	15 (8.8)
Ayurvedic	4 (8.2)	10 (20.4)	14 (28.5)	10 (8.3)	26 (21.5)	36 (29.8	50 (29.4)
Folk	3 (6.1)	5 (10.2)	8 (16.14)	5 (4.1)	10 (8.3)	15 (12.4)	23 (13.5)
Cosmopolitan	4 (8.2)	14 (28.5)	18 (36.7)	14 (11.6)	35 (28.8)	59 (100.00)	67 (10.00)
Total	15 (30.7)	34 (69.3)	49 (100.00)	35 (39.00)	86 (71.00)	121 (100.00)	170 (100.00)

Source: Quoted from infertility and practice of traditional methods of treatment in cross-cultural perspective in Bangladesh published in South Asian Anthropologist, 1996, 17(1): 21-25.

Note: Figures in the parenthesis indicate percentage

Sarker, in his study in a village of Rajshahi found that 170 infertile spouses took various types of treatment methods for getting child. These

methods are Allopathic, Homeopathic, Ayurvedic, Folk and Cosmopolitan. Of these 170 spouses, 50 applied Ayurvedic method which is nearly 30 per cent of the total. On the other hand, 23 adopted folk-treatment constituting nearly 14 per cent. The dependence on Allopathic and Homeopathic are nearly 9 per cent. The dependence on cosmopolitan method (that is more than method) is 29 per cent .This indicates that, the rural peoples are very much inclined towards Ayurvedic and folk-treatment methods.

4.8 Folk-Practitioners Changing Attitudes

Folk-treatment has been widely practiced in all parts of Bangladesh from time immemorial but its large acceptance and popularity can be noticed in rural areas. As we can observe the presence of folk-culture in the rural areas, the practice of folk-treatment is largely associated with folk-culture rural Bangladesh. Although there are cultural homogeneity among the peoples of all parts of Bangladesh and yet there are some differences in food habits, housing pattern, belief system in connection with diseases and treatment. But one thing which is common in the folk-physicians is that, most of them are orthodox regarding the origin and origin of almost all diseases. Majority of them believe that disease and health hazards are originated due to the evil spirits of deity, demon or ghost. Folk-physicians are mainly of four types in rural Bangladesh, (a) Religions or spiritual healers, (b) *Jeen kabiraj* healers associated demon or ghost, (c) *Ojha* exorcist and d) *Totka* empiric care. Religious healers are usually *maulanas* and *Peer Shahibs* who give *tabeez* (amulet), *panipora* (water blown up after

reciting verses and *jhar-fook* (blowing breath over the body after reciting verses) as means of treatment.

According to them, disease is the result of *kukarma* evil deeds and as such it may be cured by religious treatments i.e. *tabeez* or *panipora*. According to the *Jeen kabiraj*, disease is caused by the *Ashor* (influence) of bad demon. Their treatments are therefore largely accompanied by dancing, incantation and exorcism. *Ojha* i.e. exorcists treat the patients by giving some herbs, bones of animals and such other things. And *Totka is* a kind of empiric treatment usually given by the *Totka kabiraj,* which is not only surprising but also very interesting in rural Bangladesh. For example, one kind of *Totka* treatment is very popular and common in Bangladesh. For tooth pain, the name of seven *sudkhor* (interest taker) is written and pushed in the amulet and thus placed by hanging in the ache place. Patients of our study village and other areas of Bangladesh opined that this was very effective and fruitful.

However, our observation is that, the attitudes and treatment methods of the folk-physicians of rural Bangladesh are gradually changing due to changing attitudes of the patients, spread of education and availability of modern treatment methods. I have had discussions with the above mentioned four types of folk-physicians in the study village and other parts of Bangladesh (particularly at Rajshahi, Sylhet, Chittagong and Rangpur) and found that, these four types of folk-physicians were simultaneously suggesting some herbal medicines along with their traditional exorcism,

incantation, quack remedy, amulet and *panipora.* The patients are also in the habit of applying cosmopolitan method of treatment and folk-physicians of rural Bangladesh are gradually proceeding towards modernism from antiquity.

4.9 Folk-treatment in Bangladesh

Folk-treatment is as old as folk-cultures of Bangladesh. This is related to the belief system of rural people living in different areas of Bangladesh. Authentic and reliable data in connection with folk-treatment is not available in our country. From different scattered studies and observations it may be said that around 25 per cent of the rural peoples are depended upon folk-treatment. Folk-treatments are however, associated with:

1. Religious belief and practices
2. Customs and tradition
3. Purity and impurity
4. Existence of demon and ghost
5. Trees and plants
6. Certain thing/items.

4.10 Religious Belief and Practices

There is wide belief in the rural areas that certain diseases/problems may be generated in human beings due to the curse of the parents or by

super natural power. For example, Leprosy is a sort of exposure of curse of the ancestors which is not curable by medicine. *Panipora* is therefore, widely practised by the rural men and women in different parts of Bangladesh. Infertility of spouses is not considered as a biological phenomenon in rural Bangladesh. The belief of the infertile spouses about the cause of infertility is fate, Karma and super-natural spirit (Kirpotric: 79). The infertile spouses attributed their infertility of fate, and expressed the idea that what happens to one is already written on ones forehead (Sarker: 96:24). Sarker observed that the infertile spouses obtained *panipora* and *tabeez* from the folk physicians in a village of Rajshahi (Sarker Op. cit.). Belief system goes like this, that Cholera and Pox generally breaks out in the from of epidemic when the evil deity becomes angry with the peoples of certain village. In that case, *manot* is given in the seared place like mosque or *mandir* to satisfy the evil spirit.

4.11 Customs and Traditions

Certain customs and traditions are associated with some diseases. For example, if new born off springs of certain mother die frequently and repeatedly, then it is believed that *sadka/manot* are to be offered just before or after the birth of the child to satisfy the evil spirit. It is sometimes believed that due to the *Ashor* (influence) of demon such occurrences happen. In that case *tabeez* (amulet) should be used with the leg of the off spring and inferior type of name should be given to new born child. Customs prevail like this in the rural Bangladesh that, fair looking girls may be

affianced by the evil demon if she walks around the open court yard opening hair just immediately before the sun set.

4.12 Purity and Impurity

Water is always regarded as pare. Nobody should therefore, make it impure by making water during bath in the pond or river. If anybody does so, he/she may be affected by infection in the urinary track. In that case no treatment is fruitful excepting offering of *Kaffara*. Belief systems are prevalent like this that, if anybody burns frog in the fire, then he/she may be affected by throat problem, since frogs are considered to be pure because it (frog) tried to save a prophet from the fire. In case of such throat problem, uttering *tauba* or giving *manot* is the usual treatment.

4.13 Existence of Demon or Ghost

There is wide belief in the rural areas that God has created *Jeen* (demon) and *inshan* (man). Jeen can do many *carisma* and knows many medicines of diseases which are not known to man. *Jeen kabiraj* therefore, seeks medicines from the demon and offer treatments of diseases and problems such as Infertility, broken bone, Asthma etc. Some complicated diseases and problems like dissolution of marriage may be effectively treated by the herbal plants or *tabeez* suggested by the Jeen *kabiraj*.

4.14 Trees and Plants

Certain trees and plants are considered pure and useful for health. On the other hand, few trees and plants are regarded as impure or injurious for health. For example neem Margosa tree is considered useful and Tetul tamarent tree is considered harmful. Therefore, sleeping beneath the tamarent is considered bad for health. On the other hand, Hindus believe that tulsi plant is sacred, therefore one should be brought under the tulsi plant before death.

4.15 Certain Things Items or Portion Thereof

The skull of individuals and bones of monkey are considered very important for incantation. The nail, hair, portion of dress (*sharee*) *moila* etc. are also important and necessary for empiric care and incantation point of view. Ministration cloth, pregnant women's petticoat etc. are also used for incantation. The doll is made with the cloth of the persons who will be attacked by *baan* (kind of exorcism) and the needle will be pushed though the doll to attack him by the *Jeen kabiraj*. This sort of *ban mara* can be effectively checked if a picher filled with water is placed behind the head of the person who is thought to be attacked.

Chapter Five
Health Seeking Behaviour of the Village Petkata

5.1 Introduction

Health seeking behaviour of the people of any society is related to a number of factors; these may be economical, social, cultural and even political. Economics is a cardinal factor of human life, since it determines many important aspects of human society by moulding socio-cultural factors of individuals. Education is another important social factor, which may very often influence and moulds human character and culture. Belief systems, norms and values of individuals are sometimes characterized and influenced by the systems of education and religious values. Bangladesh is predominantly a rural based country. Most of the peoples of this country are Muslims and their life-style is patterned by Islamic values and culture. Around 15 per cent of the peoples are Hindus, Christians, Buddhists and Tribal. Their life-patterns are also guided by their own religious injunctions. But one thing which is common is that, the entire rural peoples of Bangladesh are poor and very much religious. In other worlds, it can be said that, religion is a guiding force in the rural life, which has moulded the entire life-pattern, within the orbit of which every thing comes; and health seeking behaviour is not immune from it. As we have mentioned, Petkata is a

village, which is inhabited by mostly Muslims and hence, their life pattern is moulded by Islamic belief system. Most of the inhabitants of this village are illiterate, poor and agricultural. As a matter of fact, most of the peoples cannot afford modern costly treatments, which are not at all available in their door-step, since there is no medical centre in the village. Our field study however has revealed some unique and interesting factors in connection with disease and health seeking behaviour of the village Petkata. At first, we did not take the help of the health visitors to identify disease and disease affected persons. We were rather guided by hear say and that is why number of diseases seem to be high compared to the actual number of diseases in the village, which has been shown in the table no – 5.3. This chapter is, however, designed to discuss the types of diseases roughly identified by the researcher, age and sex vulnerability towards diseases / illness, practice of treatments taken by the villagers, treatments by traditional methods, treatments by herbal methods etc.

5.2 Types of Diseases / Problems Roughly Identified

Although the village is small but it is populous like other villages of Bangladesh. Not only that, the village is poverty stricken and vulnerable from the point of view of diseases. According to our preliminary survey, roughly 37 types diseases were identified and about 500 peoples were detected, who seemed to the researcher disease / problem affected in the village. The table – 5.1 however, gives a rough idea regarding types of

diseases and illness suffered by the people of village Petkata. The number has been reduced when it was confirmed by the doctors and health visitors.

Table-5.1: Types of Disease / Illness Identified Roughly by the Researcher

Types of Disease	Types of Disease
Heart Disease	Colic pain
Diabetes	Tooth pain
Pneumonia	Tetanus
Diarrhoea	Hysteria
Asthma	Eclampsia
Goitre	Impotency
Siatica	Typhoid fever
Hookworm	Jaundice
Anaemia	Leprosy
Kalazar	Arsenicosis
Intermittent fever	Measles
Malaria	Tuberculosis
Phyleria	Urinary problem
Skin Disease	Diphtheria
Bone breaking	Tetanus
Infertility	Yellow fever
Night blindness	Rheumatoid arthritis
Hemicrania	Keratosis
Dysentery	

Source: Field Investigation

Among these 37 diseases and illness some are very common and frequent among the villagers. Common diseases and illness identified among the villagers are Diarrhoea, Asthma, Goitre, Hookworm, Anaemia, Kalazar, Indigestion, Vitamin shortage blindness, Dysentery, Eclampsia, Hepatitis and Jaundice, Tooth ache, *Siatica*, Measles, Yellow fever, keratosis, Rheumatic Arthritis, Tetanus, Snake bite, Infertility, Tuberculosis, Ear problem etc.

5.3 Age and Sex Vulnerability Towards Disease / Illness in the Study Village

As we have noticed, the village Petkata is disease prone and very poor from socio-economic point of view. Out of 1697 villagers, 311 have suffered from illness / diseases which constitute about 18.32 per cent of the total villagers. The table 5.2 indicates that females are more disease prone compared to the males, the percentage of which is 20.55 and 16.16 respectively.

Table – 5.2: Age and Sex Vulnerability Towards Illness in the Study Area

Age group	Male	Percentage	Female	Percentage
0-10 years	120 (21)	17.50	102 (24)	23.52
11-15 years	89 (09)	10.11	82 (10)	12.19
16-20 years	45 (04)	08.88	42 (12)	28.57
21-25 years	75 (03)	04.60	62 (13)	20.97
26-30 years	61 (03)	04.91	51 (04)	07.84
31-35 years	75 (02)	02.66	65 (02)	03.07
36-40 years	70 (08)	11.42	61 (09)	14.75
41-45 years	65 (08)	12.30	51 (09)	17.64
46-50 years	60 (09)	15.00	51 (14)	27.45
51-55 years	50 (11)	22.00	61 (14)	22.95
56-60 years	49 (14)	28.57	51 (15)	29.41
61-65 years	41 (15)	36.58	58 (15)	25.86
66-70 years	32 (16)	50.00	52 (14)	26.92
71 years & above	28 (16)	57.14	48 (17)	35.42
Total	860(139)		837(172)	

Source: Field Investigation

N.B. Figures in the parenthesis indicate disease affected males and females.

5.4 Age and Sex Distribution of Disease/Illness in the Study Village

Out of 1697 persons of Petkata village around, 18 per cent have suffered from various types diseases/illness. Various kinds skin diseases are common and frequent in the village. Of the total 311 sick peoples, 20 male and 23 female children of 10-15 age group, were suffering from skin diseases (see table – 5.3). Rheumatic arthritis was also a common problem in the study village, the number of which was 29. This problem was detected

among the age group of 50-55 years. The numbers of jaundice and chronic dysentery ware also alarmingly high among the males and females, but their age groups were different; jaundice was common in 30-35 years age group, while dysentery was found in the 50-55 years age group. Goitre and Asthma were common in the same age group i.e. 50-55 years. The table – 5.3 indicates that, Hookworm and skin diseases were common and frequent among the children of 8 and 10-15 years age group. Diabetes affected persons were quite few, the numbers being only 11 in the 55-60 years age group.

Table – 5.3: Age and Sex Distribution of the Diseases/Illness Affected Persons in the Study Village

Types of Disease	Male	Female	Total
Skin Disease	20	23	43
Diabetes	07	04	11
Asthma	08	06	14
Goitre	06	17	23
Siatica	06	08	14
Hookworm	13	09	22
Infertility	04	05	09
Ulcer	06	16	22
Dysentery	14	24	38
Diarrhoea	04	07	11
Jaundice	12	13	25
Leprosy	04	03	07
Impotence	05	08	13
Tuberculosis	03	--	03
Yellow fever	04	03	07
Arthritis	14	15	29
Measles	02	03	05
Snake Bite	02	02	04
Leukoderma	05	06	11
Total	139	172	311

Source: Field Investigation

5.5 Disease/Illness and Practice of Treatment Taken by the Villagers

We were able to identify 311 persons of different age groups, who were suffering from various types of diseases and illness in the study village. Of these 311 persons 232 took different types of treatments namely, Allopathic, Homeopathic, Herbal etc. In addition to these methods, they also took the help of *Imam*, *Jeen Kabiraj* and *Ojha* for their treatments. A few of them (9) adopted more than one method of treatment i.e. cosmopolitan methods for their illness. These nine peoples are comparatively rich and educationally a bit high. Our query indicates that 79 out of 311 ill persons, did not at all take any kind of treatment for their problems and diseases. We had special attention to these patients. These patents replied that, they could not take treatments due to their pecuniary condition. A few of them, however, occasionally took *tabeez* or *panipora* but did not admit. Study therefore, revealed that about 25 per cent of the patient could not at all take any kind of treatment. It seemed to the researcher that, these patients had neither faith in available method of treatment, nor could they afford treatment cost. These patients were suffering from depression and melancholy and did not like to talk to the researcher. The table-5.4 however reveals that, highest number of the patients (62) depended on herbal method of treatment, because it was easily available and cheap. Moreover, it was side effect free. Religious healers have tremendous role over the patients, because significant number of the patients took the help of religious healers, which include *tabeez*, *panipora*, *jhar-fook* etc. *Jeen kabiraj, Peer Shaheb,*

Maulana. Imam and *Ojha* have also significant role over the patients of Petkata village. The dependence on Allopathic treatment is very insignificant, which constitute only five patients. Most of the patients in the study village were very poor and illiterate and as such, would not go to the Allopathic doctors due to their hardship and or extreme dependence on religious healers, herbalists and folk-physicians.

Table – 5.4: Diseases/Illness and Nature of Treatments Taken by the Villagers

Name of the Diseases/Illness	Nature of Treatments								
	Allopathic	**Homeopathic**	**Herbal**	**Cosmopolitan**	**Imam**	***Jhar-fook***	***Ojha* and Cuack**	**Treatment not at all taken**	**Total**
Skin Disease	-	4	11	-	2	4	-	22	43
Diabetes	-	-	4	-	1	2	3	1	11
Asthma	1	2	3	-	1	3	2	2	14
Goitre	1	2	4	2	1	1	3	9	23
Siatica	-	-	3	1	2	2	6	-	14
Hookworm	-	2	3	-	13	2	-	2	22
Infertility	-	1	4	2	-	-	2	-	09
Ulcer	-	-	2	-	4	2	6	8	22
Dysentery	-	2	10	3	4	2	2	15	38
Diarrhoea	1	2	4	-	2	-	2	-	11
Jaundice	-	2	5	-	3	3	5	7	25
Leprosy	-	-	-	-	4	3	-	-	07
Impotence	-	-	-	-	6	2	1	4	13
Tuberculosis	1	1	1	-	-	-	-	-	03
leucorrhoea	1	1	3	-	1	-	1	-	07
Arthritis	-	2	5	1	5	7	5	4	29
Measles	-	-	-	-	4	-	1	-	05
Snake Bite	-	-	-	-	-	-	4	-	04
Leukoderma	-	4	-	-	-	2	-	5	11
Total	5	25	62	9	53	35	43	79	311

Source: Field Investigation

5.6 Treatments by Traditional Methods

In the foregoing subsection we have seen that, the villagers applied several methods of treatments which run as follows: Allopathic, Homeopathic, Herbal, Cosmopolitan, Religious, Witch Physicians, *Jeen Kabiraj, Imam, Peer Shaheb, Maulana* and *Ojha*. Out of these types of treatments, religious physicians attracted our special attention during our fieldwork. In addition to these, witch physicians and o*jha* played vital role in connection with treatments in the study village. We had been able to detect 86 cases of traditional treatments so far taken by the villagers, which have been presented in tabular form in 5.5. Now let us discuss these treatments taken by the villagers one after another.

Table 5.5:

Problems and Treatments by Traditional Methods

Problems	Nature of Treatments	No. of Cases
1. *Baan mara*	Witch physician, *Jeen Kabiraj*	4
2. Infant child mortality	*Jeen Kabiraj, tabeez, panipora, manot*	9
3. Infertility	*Panipora*, herbalist, *jhar-fook*	9
4. *Bariband* for illness	*Jeen Kabiraj, maulana*	6
5. Dissolution of marriage	Religious healer, *Jeen Kabiraj, manot*	5
6. Not being married	Religious leader, *jeen kabiraj, manot*	4
7. Snake bite	*Tabeez, ojha, jeen kabiraj*	4
8. Failure in love	*Sadhu, tabeez*, witch physicians	4
9. Impotence	Herbalist, *ojha, panipora*	9
10. Leukoderma	Herbalist, *ojha, panipora, tabeez*	6
11. Leprosy	*Tabeez, panipora*	7
12. Leucorrhoea	*Tabeez, panipora*	7
13. Fracture & Asthma	Herbalist, *jhar-fook, jeen kabiraj*	12
Total		86

Source: Field Investigation

(a) *Baan mara*: *Baan mara* is a kind of incantation to harm a person, which is administered by the exorcist. This is applied in a technical way at night before the new moon. The *Baan mara* plate may be placed at the *trimohoni* at the dead of night. The technique described by a witch physician of this village is as follows:

'Kafurer ekta putul heyar maiddhey ekta sui handaya deta oibey, hayer maney jarey baan martey chaion. Putuldarey ekta pitoler thaley raktey oibey, Hayer maddhey paha kela, kancha marich, hoguner pogar, dalim, goia, gorur shing, atafal, futi, anaros, bokulful, Jobaful, Kaminiful - Aey sob detey oibo. Heyarpore Eie montor portey oibey'.

"Lag lag lag lag lag,

Velki lag patey lag,

Kalee Mar namey lag,

Kamroop Kamakshar namey lag,

Lag lag lag lag lag baan lag".

At first a doll has to be prepared by cloth. Then a needle has to be passed through that doll, in the name of that person, whom some one wishes to attack by *Baan* for killing. The doll should be kept on a plate which should be furnished by the following articles: ripe banana, green chilli, vulture feathers, punica granatum, guava, cow horn, custard apple, muskmelon, pineapple, bakul flower, china rose, china box flower, etc. These articles are given to satisfy the goblin. After that, in the name of *Kali*

Mata (The goddess of the Hindus) and Kamroop Kamakkheya (A place famous for incantation) the following *mantra* should be recited by the witch physician. The moment witch physician will start reciting this *mantra*, the expected person will be affected by severe pain. He may even die, if counter treatment is not done by another witch physician in time. This *mantra* should be recited by the witch physician:

"*Lag lag lag lag lag,*

Velki lag patey lag,

Kalee Mar namey lag,

Kamroop Kamakkshar namey lag,

Lag lag lag lag lag baan lag".

During the time of our field investigation, we detected four cases of such *Baan mara*. It is interesting to note that, the cases of *Baan mara* cannot be cured by any kind of scientific medical treatment. In that case, one has to take the shelter of witch physician, who knows the art healing by means of *mantras*. There are some witch physicians in the nearby village, who has narrated that, there are two methods of treatment i.e. preventive and curative. By preventive method one can check *Baan mara*, which is according to the witch physician, as follows:

'*Ekda kalshi paney voria mathar logey raikha ghumailey baan lagbona.*'

If any one keeps a pitcher with full of water near the head before sleep, *Baan* will not be effective. While asked about the protective method of treatment when a person moves around, he replied,

> *'Tabeez achhe, komorey bainda rakhley kono bedai mor khoti hortey parbona'.*

There is amulet (*tabeez*), if any one uses it around his/her waist, nobody can harm by *baan*. He did not, however, mention that *montra* despite our request and as such, it cannot be put here.

(b) Infant Child Mortality: We detected nine young women in the village, who reported that their newborn child did not survive. For that propose, they offered *manot* (sacrifice of animals in the name of saint like man such as Shahjalal or Baizid Bostani for the fulfilment of desire) and took treatment from *jeen kabiraj* and *Panipora* from the local religious personality i.e. *Imam*. Shohor Banu, a young woman of village Petkata said,

> *'Baro bochhor agey mor bia oichey. Chaidda maya polai jonmo dichhi. Ektao chhai maser beshi bacheni. Bohut dawa khaichhe, kichhu hoi nai. Bohut osud khaichhe kono kam hoi nai. Sheshe peerer dorgai manot horchi. Shahjalal baba morey sontan dechhey.'*

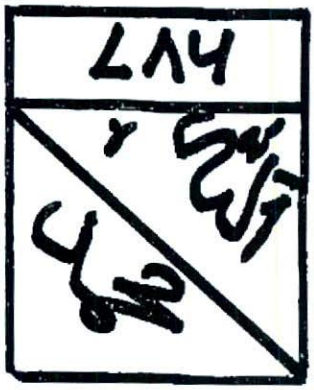
Twelve years have been passed since my marriage. During this period, four Children were born, but none survived for more than six months. I took

a lot of medicines but got no fruitful result. Last of all, I went to the *majar* of Shahjalal and offered *manot* for that. Father Shahjalal gave me son.

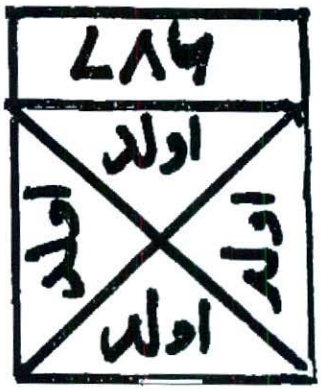
Of these nine cases of child mortality, four took medicines from *Jeen kabiraj* and five offered *manot* to the *dargah* of a *peer shaheb*. Both of them took *panipora* from the local *Imam Shaheb*. None of them consulted Homeopathic or Allopathic physicians for the purpose. Of these nine cases of child mortality, at least six took *tabeez* from the *Maulanas*. The researcher compared the *tabeez* of six cases with each other, but no similarity was found among them excepting numerical figure 786, which means *Bismillah*. The texts of the *tabeezes* are shown in the next page.

TEXT OF TABEEZ

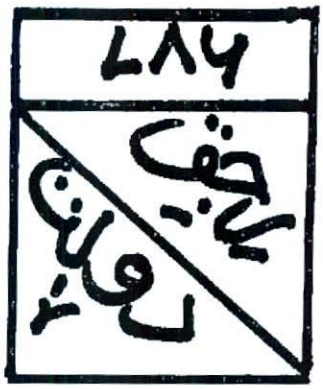
1



2

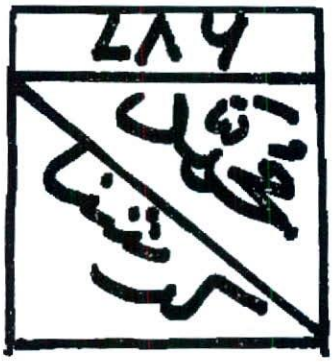


3



4

5



6

It is interesting to note that, the *tabeez* was different from each other form textual point of view. The subject matter of number one *tabeez* is Allah, *Mohammad* and *Bismillah*. The text of number 2 tabeez is *Aulad* means son, which has been written four times in the *tabeez*. The third *tabeez* is embodied with *Rezek* (food) and *Daulat* means wealth. The subject matter of forth *tabeez* is *Kalb* means heart. The fifth *tabeez* is very interesting and unique from the theological point of view. The name of *Krishna* (Hindu God) and Muhammad (Sm.), the prophet of Islam are written in the fifth *tabeez*. And the sixth tabeez is completely different from the rest five *tabeezes*. In this *tabeez*, *Haq Maula* is written. However, all the *tabeezes* are written by saffron. We took the help of *maulanas* for interpretation of the *tabeez*. They said that, the significance of *Bismillah* (in the name of Allah) was very important. Any *maqusud* (desire) may be fulfilled if anything is started in the name of Allah. *Aulad* means son, possibly indicates the desire of a son. But there is a dilemma in the *tabeez* and that is, the name of *Krishna* and Prophet Muhammad (Sm.). It indicates that the writer of the *tabeez* was possibly in a fix and as such, wrote the names of two religious personalities of two major religions i.e. Islam and Hindu. These respondents have replied that, they had got fruitful results after using *tabeez* and *panipora*.

(c) Infertility: In the study village, we identified as many as nine infertile couples who had no issue for a long time. These couples were married at least 8-10 years ago, but did not conceive. All these couples seem to be healthy and disease free. They did not examine medically and as such,

it was difficult to identify who was actually infertile. According to medical science, female infertility may be due to Endometrial tuberculosis, ovarian atrophy and stricture of fallopian tube. The females, however, took herbal treatment, *panipora* and *jhar-fook*. The herbalist prescribed *Ghrito Kumari*, *Ashwagandha*, *Thankunipata*, *Ulot Kombol* and *Methi* to the infertile couples for conception. Both males and females took herbal medicines. Till our field investigation, no couple could get effective results from these herbal treatments. The researcher consulted herbal literatures and came to know that, all these herbs were meant for increasing sexual excitement and not for the treatment of infertility excepting *Ulot Kombol*. But *Ulot Kombol* was also exciting drug.

All the infertile females used *panipora* and gave *manot* to the *majar* of *Peer shaheb*. At the time of collection of data, one girl was conceived. At the time of report writing, the researcher paid final visit to the research village, when that conceived girl gave birth of a male child. She pressed her opinion with the following words:

> *'Tabejee kam hoiney more. More biswas manotey kam oichhey. Moi ShahJalaler dorgai manot horchhey. Shahjalal baba morey pola dichhey'.*

Nothing happened with the *tabeez*. I believe, I have become successful due to *manot* offered at the *dargah sharif* of Shahjalal. Father Shahjalal has given me son.

(d) ***Bariband*** **(Restriction to get access into house):** There is strong belief among the in habitants of the village Petkata that, the evil demon has bad effects on some houses, and due to such effects, the member of those houses suffer a lot from complicated diseases. We discovered 6 houses of this type. Not only that, in two houses, we found to discover some magical items, which was kept underground by some evil exorcists to do harms to the members of the house. One member of that house has had leukoderma and a girl was not married for long time. According to the *Jeen kabiraj*, who discovered those items from the house, leukoderma was the resultant effects of that evil deed, locally known as *thakna*. The researcher however, witnessed the possession of these items in her own eyes, which included the following:

I. A pitcher made of brass;
II. The pitcher was filled with *Kali Murti* (Hindu Goddess of Power);
III. A small arrow made of silver;
IV. A girl with vermillion;
V. Amulet;
VI. Bracelet;
VII. Ear ring;
VIII. Hair pin;
IX. Wristlet;
X. *Monosha Debi Murti* (Hindu Goddess of Snake).
XI. In addition to these, there were also some coins and sanitary napkins.

The house, according to the *Kabiraj*, was under the influence of a goblin and for that, nothing good could happen. *Kabiraj* Shomsher Molla discovered and showed these to the members of the house including the researcher. He declared:

> *'Aey barir maddhey kee achhil dekhen. Aey barir ufor bod ashor achhil. Aey gola uthaya na halailey. Aey barir bhala kichhu hoitona'.*

'Just you see, what was in the house. There had been bad influence on this house. Nothing good could happen in this house, if all these were not removed from the house.' The *Kabiraj* further told that, had it not been discovered by him, many more fatal matters could happen in the house. He therefore, performed the task of *Bariband* i.e. restriction to get access in to the house by evil demon. He kept underground four earthen pitchers to the four corners of the house. In the pitchers, he kept mustard seeds. After that, he started muttering and blowing breath inside the pitcher. He did not however, loudly recite the verse and as such, the *montra* could not be transcribed here. The *kabiraj* however, firmly opined that, henceforth no evil deeds could be happened on this house and the influence of evil sprit will be off from now. The effects of such *bariband* could not be witnessed, since the researcher had left the village befor few days of *bariband*.

(e) Frequent Dissolution of Marriage: Dissolution marriage is a psychological problem which is one of the subject matters of mental health.

We took this factor into consideration since it comes under the purview of rural health seeking behaviour. We had been able to detect five cases of frequent dissolution of marriage in the village under study. Of these five cases, three were females and two were males. These three girls, whose age may be around 25 years, were married three times with local young men of about 30 years old. But after marriage, it continued for about six months. There were serious maladjustments among these couples. Dowry was also common cause for these maladjustments. Whether or not biological factor contributed to the dissolution of marriage, could not be revealed. Because, the girls did not disclose this fact to the researcher. All the young girls were fair looking and apparently healthy. But their marriage life did not continue for longer period. One of these girls named Shaira was the member of that house, which fall under the category of *Bariband*. The witch physician opined that, due to *tuktak* of that house, marriage could not continue. Hence, he suggested *Tabeez* for her. Other two girls opined that, their husband did not like them from the very beginning of their marriage life. While asked about the causes of their disliking, one of them named Rahela replied,

'More biar por thhoney nahi hayer babosher loss shuru oichhey. Hey koi mui nahi opoya.'

'My husband incurred heavy loss just after my marriage and as such he termed on as *opoya*.'

Another girl of course could not mention any reason of dissolution of marriage. But according to her opinion, her husband might have been fall in any other girl's love. All these three girls were however, using *tabeez* for the removal of their 'curse' revealed upon them, according to the *jeen kabiraj* and witch physicians. By applying all means and techniques, the researcher could not collect their amulets and as such, the text of these amulets cannot be presented here.

Although these three girls were not socially out cast, but societal treatments with them seemed to be such. They were always avoided by other unmarried girls. Not only that, they were not allowed to visit the residence of unmarried girls' house and the weeding ceremonies of girls. The traditional belief is that, their close association with the unmarried girls may create problems of marriage or may cause dissolution of marriage. These three girls, therefore, lived in isolation in the village and developed friendships among themselves. They were mentally suppressed as depressed.

Other two young men, who had divorced their wives four times, were neither socially avoided nor they would live in isolation. But they were a bit psychologically weak, since they had no mental peace. They said that, they had visited *majar* for mental peace. They did not use any kind of *tabeez* but were thinking to go to the *Peer Shaheb* for some advices.

(f) Not Being Married: The usual age of marriage of girls in rural Bangladesh is around sixteen years. Because, girl's virginity is very much required in our culture. Although many rural girls have pre-marital sexual experience in Bangladesh. Whenever, a girl crosses fifteen years of age, her guardians pass sleepless night. Unmarried girls of twenty years age are almost rare in rural Bangladesh. Therefore, girls of this age group (twenty and above roughly) are considered as *Aaiburo* in rural Bangladesh. In our study village, we discovered four girls, who had roughly crossed twenty years of age. I have had several talks with these four girls in different occasions. From informal talks, I was able to realize the condition of their minds. They were very serious about their age, since they thought that, their age of marriage was barred.

Observation indicates that these girls were socially avoided by other girls particularly by the unmarried. Their guardians were also very thoughtful for not being married. Study indicates that, because of pecuniary condition, these guardians, could not meet dowry money/articles, hence marriage could not be possible at appropriate time. These girls were also fair looking, and nevertheless marriage could not take place. We made special queries about the nature of treatments so far taken by them. All the guardians had given *manot* for marriage of their girls. Of these four girls, one was Hindu, who visited *kali Mata Mandir* several times for her marriage. The *Brahman* suggested her to take bath in the *Ganges* river and also give some *vogue* to the *Kali*. Three Muslim girls already visited the *Peer Shaheb* of Sorsian for his *doa*. One of them named Shefali went to the

jeen kabiraj, who suggested her to wear *tabeez*. At the time of writing final report, the researcher visited the village Petkata and found that two girls were married, of whom one was Hindu girl named Deepali. Deepali opined,

> *'More bia oichhey gonga snaner por. Maa gonga morey pobitra horchey biar jonney'.*

"I have been married after the bath in the Ganges. Mother Gango purified me for marriage".

Deepalil, therefore, believed that she was impure and as such, marriage could not be executed. So, after purification by *Gonga snan*, she became pure and marriage could be possible. She told that, she also worshiped *Maa Kali* under the holy *Peepul* tree, after taking bath from the Ganges.

Shefali, another unmarried girl opined that, she fasted for consecutive two Fridays and gave *manot* to the *majar* of a *sadhu* for her marriage.

According to their opinion, they are now quite free and mental belief is that, their marriage has been possible after the acceptance of their *manot* by their respective Gods.

(g) Snakebite: Barishal is land of rives where various type of snakes are found. The prevailing local conception is that, all snakes are not poisonous and harmful. For example, *Dhorasanp* is not poisonous. Their feeling is that, snake bite is a matter of fate; therefore, precautionary measure is not sufficient to avoid snake bite. Not only that, Hindus' belief is that, snake is considered as *Maa Monosha*, who has been symbolised as good. Some snakes are considered to be wealth, which is the conversion of hidden wealth of the predecessor and as such, this type of snake should not be killed. Sayings goes like this in the study village: snakes take heat from the human body for incubation of their eggs. Therefore, they come in touch with human body whenever they consider it necessary. Snakes are fond of milk, therefore, they may suck girls beast or cows, whenever, they get chance. Snakes do not usually bite except they are in awkward condition or sent in the form of *Azrail* or *Jeen*.

However, we witnessed 4 cases of snake bites in the village at the time of field investigation. All the cases were treated by traditional methods and not by any other treatments. The traditional method of treatment of snake bite in the village Petkata is as follows:

'Jehaney hape katbo, heyar ufre roshi deya badhtey oiby. Matitey gorto koira hyer vetorey dudh dhalthy oibo. Rogir paa heyer maidhey dhukaya dethy oibey. Heyer pore eya mantru party oibay-'

'Hey keotey tui monosher bahon
Monosha debey mor maa
Olot palat patal fore.
Dhorar bish tui ney
Tor bish dhorarey daye
Doodh raj Moniraj
Kar aggey bisho horer aggy'

The upper place of the snake bite should be tightly bound so that poison can not reach to the brain, by circulation of blood through the artery. A hole should be created on ground and be filled with cow milk. The leg of the patient should be placed on the hole and then treatment be started by incantation reciting this *mantra*:

'Oh! snake, you are the media of Monosha,

Goddess Monosha is my mother,

Come here by any means,

Take the poison from the dhora snake; and

Give your poison to the dhora snake,

Doodh raj moniraj

In whose name (cure)

In the name of Bishohori, the Monosha

Who vanishes poison.'

This incantation is done by the *ojha* whose business is also snake charming and selling of herbal medicines. In addition to these, he gives some herbs/amulets to be put under the earth for protecting snakebite. According to him, if these are kept under the ground of a house, snakes will not take access; and wearing amulet will protect individuals from snake bite. They were also found to give herbal medicines for gout of waist. They give treatment for chronic headache locally known as *kulia lagano*, a kind of extraction of blood by sucking with the help of cow horn.

(h) Failure in love: Love and affection is a human attribute which very often controls and guide human beings. According to the theory of parallelism, both human body and mind are placed in parallel way;

according to theory of reactionism, both body and mind react each other. Therefore, if some one is mentally sound, then she/he is bodily sound and the vice versa is true. With the increase of age, a child gradually attains maturity and thus fall in love of opposite sex. This is quite obvious and inherent in human life. Due to failure in love, anybody can therefore, commit such an offence which is immoral and offensive in terms of values and norms of a particular society. Love is, therefore, very much related to mental health of an individual, which is consequently related to social health. Keeping this point in mind, the researcher took this factor in to consideration and revealed some cases in the study village, who had been failure in love. Our attention were, however, concentrated on the nature or practice of treatment adopted so far, by the candidates, during and after failure in love. This treatment was indeed very unique and characterised by belief systems prevailing in the study village.

In the study village four young men were detected, who were reportedly connected with love affairs. They loved the girls of a nearby village, who did not respond to their proposal. Subsequently they took the shelter of witch physicians and *sadhu,* who directed their clients to bring some used items of those girls whom they loved. These include: hair, some portion of used cloth i.e. *blouse, pettycoat*, *sharee*, nail, sanitary napkin etc. The witch physician then started applying magical influence on the things of the expected girl. He needs the name of the girl and his father's name also. The witch physician according his description, started incantation and

meditation in a specific place. The time, place, required articles for incantation are given below:

1. Place: Cremation ground.

2. Time: Dead of night before new moon.

3. Articles: A doll wearing vermillion, *sharee*, nose ring, wristlet etc.

4. A plate on which:
   (i) Hair, *blouse*, *pettycoat*, body excretion, nail of the desired girl;
   (ii) Banana, *chameli* flower, milk, night jasmine flower, marigold flower;
   (iii) The skull of a dead man;
   (iv) The place will be covered by red cloth; and
   (v) Certain *montra* should be repeatedly recited (which he did not mention).

The witch physician confidently said that, the girl would come to the young man after the incantation prayer is over. But that incantation should be done for three consecutive nights with devotion. He said that, he got the results in three cases out of five incantation prayers. While asked about the cause of failure, he replied it depends upon the perfection and devotion of mind. How has he learnt it, when asked, he replied that he learnt it from *Kamroop Kamakhya*.

Of these four candidates, who were refused by their expected girls, two were still trying to attract their expected girl lovers at the time of my field investigation. Another two were taking advice from the *sadhu* who was far away from the place of my research. However, these two young men were found using amulet to influence their subject of lover.

(i) Impotence: Impotence is a condition of biological inability to satisfy opposite sex sexually. According to medical science, it is not a disease rather symptoms of some diseases / problems such as, anxiety, depression, diabetes, hypertension, hyper-lipideaemia, drug reaction etc. This is very personal matter and as such, nobody likes to expose it. It was therefore, very difficult to find out such cases. However, after long observation and building rapport in the study village, the researcher was able to detect only few cases. It was not possible to take interview with the impotent man and as such, I had to rely on secondary information i.e. on the description of the wife of an impotent man. According to the information of the wife of the impotent person, the following treatments were taken by them.

1. Extraction of winter cherry;
2. Extraction of devil's cotton;
3. Extraction of onion;
4. Fermented juice of palm tree; and
5. Oil of leech for use in the genital organ.

In addition to these, they were also taking amulet of the *ojha* and Homeopathic medicines. The impotent persons were taking more than one types of treatments, which included Unani medicine also. But they did not take suggestion from Allopathic doctors.

(j) Leukoderma: Leukoderma is a kind of disease which is considered contagious in rural Bangladesh. But medical science does not recognise so. According to medical science, it is caused by the disorder of connective tissue. In our study area, we discovered six cases of leukoderma, who were psychologically a bit weak. It is curable by scientific treatment. But the persons suffering from this disease, did not take any medical treatment except the help of herbalist and *Ojha*. Some of them took *panipora* from local *Imams* for this treatment. A few of them used ointment and oil from the advertiser of periodical rural market.

(k) Leprosy: We have discovered seven cases of leprosy in the study village. All of them thought that it was not a curable disease. Hence, they did not take any medicine for this treatment. Everybody thought that it was the curse of Allah. So, only religious treatment can solve the problem. Everybody has taken *panipora* and amulet for its treatment. One of the patients opined:

'Mor kopaley aye rog achhil oichhey. mor bap dadar pap bhog, horchhey, Mor kono guna nai.'

This disease is the out come of my fate. I have been suffering due to the sinful act of my forefather. I am innocent. These patients are socially outcast. Nobody invites them in the social gathering or weeding.

(l) Leucorrhoea: It is a female disease. According the opinion of the medical doctors, it is caused by multifarious reasons such as, Bacteria, Fungus, Chronic Cervicities, Cancer, Cervix and Endometrities. But the women, suffering from this disease, did not take any Allopathic or Homeopathic treatments. Seven patients suffering from leucorrhoea took amulets and *panipora* from the local *Maulanas*. All of them were around 20 years, whose health have been broken due to this disease. Their husbands did not take care of their health. They thought that it was not curable.

(m) Fracture: Three young men were suffering from fracture of bones which happened due to accident. Nobody took Allopathic treatment. Everybody was under the treatment of a renowned herbalist who had given herbal medicines. They were of course getting fruitful results from herbal treatments. Simultaneously, they were taking *jhar-fook* from the local *Maulanas*. This *mantra* is very popular in the village for the treatment of fracture:

'Kochar naak kochuritel nundia

Mochhuri raam lokkhon Bhai Bhanga

Har jora detey chai

Aeye kotha jodey mittha hoi

Mor Eshawarer matha khai'.

5.7 Problems / Diseases and Treatment by Herbal Methods

Introduction: As we have noted, herbal treatment is very popular in Bangladesh including our study village. Because, it is easily available and very cheap. Poor people can afford it. In the nearby village, there is a herbal physician, who was giving treatment to the villagers of Petkata for a long time. According to the rural men, his treatment was very effective. However, I tried to develop cordial relation with that herbalist and gradually collected information about the treatments of common diseases of the village under study. Diseases and his herbal treatments are given below.

(a) Constipation: Constipation is a common problem in Bangladesh. But this is frequent and acute in the urban areas compared to the rural areas. However, few peoples of the village were occasionally suffering from the problem of constipation. The treatment offered by the herbalist was:

1. Folium Sennae (*Sonapata*)
2. Leaf of Aloe (*Ghrito Kumari*)
3. Chebulic Myrobalan (*Hortoki*)

4. Flea Seed (*Ishobgul*)
5. Arjuna (*Arjun*)

I have had talks with the patients of this type of problem. Almost eighty percent of the patients reported that they got fruitful results from these treatments. After discussion with them, I consulted literatures of herbal medicine and found that the prescription was quite scientific and accurate.

(b) Fever: Fever is a common problem of rural men and women. Although there are various types of fevers in rural Bangladesh and yet the herbalists give a common treatment. The treatment given by herbalist is as follows:

1. Great (*Kalomegh*)
2. Marsh Mint (*Pudina*)
3. Aloe (*Ghrito Kumari*)
4. Black Basil (*Tulshipata*)
5. Onion (*Peaj*)
6. Beleric Myrobalan (*Bohera*)
7. Black Seed (*Kalojira*)

I made queries with the patients regarding this treatment. The result was quite enthusiastic and fruitful. But it is less effective compared to the treatment of constipation. This is also quite scientific treatment according to herbal science.

(c) **Dysentery:** Dysentery is also a common problem of the rural people because, it is water borne disease. A significant number of the

peoples of Petkata village suffer from this problem and they sought treatment from the herbal physicians. Treatment offered by the village herbalist run follows:

1. Beleric Myrobalan (*Bohera*)
2. Leaf of Indian Penny Wort (*Thankunipata*)
3. Gum Arabic Tree (*Babla*)
4. Arjuna (*Arjun*)

Patients were asked by the researcher regarding the effectiveness of this herbal medicine. Every patients among the respondents replied that it was effective and fruitful.

(d) Diarrhoea: A significant number of the peoples of our study village suffered from Diarrhoea, since it was also water borne disease. Majority of the people of the village Petkata know the herbal treatment of this problem. According to them, the treatment is the combination of the following three herbal items.

1. Leaf of Indian Penny Wort (*Thankunipata*)
2. Emblic Myrobalan (*Amla*)
3. Devil's Cotton (*Ulot Kombol*)

(e) **Asthma:** Asthma is also a common tropical disease of Bangladesh. There are various kinds of treatments including the herbal, which are available in Bangladesh. The herbal treatment is most durable and effective and as such, a significant number of the patients visit herbal

physicians for their treatments. According to the herbalist, the treatment is the extraction of the following items:

1. Liquorices root (*Jaiste Madhu*)
2. Vasak (*Basokpata*)
3. Winter Cherry (*Ashwagandha*)

Very few people know the treatment of Asthma. I made queries about the effectiveness of this kind of herbal medicine. About fifty percent of the Asthma patients replied that it was effective. But chronic Asthma is not fully curable by this herbal medicine.

(f) Hookworm: Problem of hookworm is very common in rural Bangladesh including our research village. Because, majority of the villagers do not use any shoe or sandal as footwear. The herbalist, however offer following treatment for hookworm.

1. Creat (*Kalomegh*)
2. Marsh Mint (*Pudina*)
3. Ginger (*Ada*)
4. Garlic (*Roshun*)
5. Turmeric (*Holud*)
6. Snake Root (*Sorpogondha*)
7. Black Basil (*Tulshipata*)

All these herbal items are not offered at a time for hookworm. Usually 2-3 items are prescribed for the treatment of hookworm. But the common people are more or less aware of the use of black Basil as treatment of hookworm. Inquiry reveals that, all these herbal items are very fruitful for

the treatment of hookworm and majority of the villagers use herbal medicines for such treatments.

(g) Cough and Cold: Cough and cold is a common problem of rural Bangladesh. It usually affects common people during the winter season and during changing months of a season. Traditional herbal treatments are very popular in our study area. Following items are, however, prescribed for its treatment including massage of mustard oil.

1. Onion (*Peaj*)
2. Marsh Mint (*Pudina*)
3. Black Seed (*Kalojira*)
4. Winter Cherry (*Ashwagandha*)
5. Fenugreek (*Methi*)
6. Liquorices Root (*Jaithe Madhu*)

If any one or two items are taken at a time, anybody can get effective result. Majority of the villagers are, however, aware of the utility of black seed as an effective medicine of cough and cold.

(h) Skin Disease: Skin disease is very common in the study village. Very few children have had taken treatment of skin disease, although young children are the victim of this disease. Following herbal items are used as means of treatment for Skin Disease.

1. Margosa Leaf and Seed (*Neempata* and *Neembeez*)
2. Turmeric (*Holud*)
3. Marsh Mint (*Pudina*)

4. Chebulic Myrobalan (*Hortoki*)

Most of the common peoples know the use of Margosa seed and its oil as a means of treatment of skin disease. Turmeric is also widely used in the empty stomach for purification of blood, which causes skin disease. But the use of Marsh Mint is quite rare among the general mass.

(i) Diabetes: This is not that much common in rural Bangladesh as is common in urban Bangladesh. However, the use of garlic as its effective medicine is known to many rural peoples.

(j) Piles: Piles is very common in both rural and urban areas of Bangladesh. Its rate is increasing day by day. Its effective medicine is not known to the rural people. However, Aloe and winter cherry are widely practiced as its medicine in rural Bangladesh, including our research village. Common peoples were asked about its effectiveness, they replied in the affirmative from.

(k) Jaundice: Jaundice is a common problem of Bangladesh. It is increasing day by day. Its effective medicine is not known to the common people. The use of *Basokpata* and *Asparagus* are popular in the rural areas including our research area.

(l) *Siatica*: It is a common problem of Bangladesh. Particularly the aged people are the victims of this problem. Common people do not know

its effective medicine. However, the use of black seed is popular among the people affected by *Siatica*.

5.8 Herbal Plants and Their Utility as Medicine

Bangladesh is a land of herbal plants since it is surrounded by numerous herbal plants and items. A significant number of the rural peoples are aware of their utility particularly the aged. I made queries regarding the knowledge of these herbal plants among the villagers. Their levels of knowledge are furnished in the tabular form. Now let us discuss their level of knowledge one after and another.

Table-5.6: Diseases/Problems and Their Herbal Treatments

Diseases/Problems	Herb
1. Constipation	1. Folium Sennae (*Sonapata*) 2. Aloe (*Ghrito Kumari*) 3. Chebulic Myrobalan (*Hortoki*) 4. Arjun (*Arjuna*) 5. Flea Seed (*Ishobgul*)
2. Fever	1. Creat (*Kalomegh*) 2. Marsh Mint (*Pudina*) 3. Aloe (*Ghrito Kumari*) 4. Indian Penny Wort (*Thankuni*) 5. Onion (*Peaj*) 6. Beleric Myrobalan (*Bohera*) 7. Black Seed (*Kalojira*)
3. Dysentery	1. Beleric Myrobalan (*Bohera*) 2. Indian Penny Wort (*Thankuni*) 3. Gum Arabic Tree (*Babla*) 4. Arjuna (*Arjun*)
4. Diarrhoea	1. Indian Penny Wort (*Thankuni*) 2. Emblic Myrobalan (*Amla*) 3. Devil's Cotton (*Ulot Kombol*)
5. Asthma	1. Liquorices Root (*Jaiste Madhu*) 2. Vasak (*Basokpata*)
6. Hookworm	1. Creat (*Kalomegh*) 2. Marsh Mint (*Pudina*) 3. Ginger (*Ada*) 4. Garlic (*Roshun*) 5. Turmeric (*Holud*) 6. Snake Root (*Sorpogondha*) 7. Black Basil (*Tulshipata*)
7. Cough and Cold	1. Onion (*Peaj*) 2. Marsh Mint (*Pudina*) 3. Black seed (*Kalojira*) 4. Winter cherry (*Ashwagandha*) 5. Liquorices Root (*Jaiste Madhu*) 6. Fenugreek (*Methi*)
8. Skin diseases	1. Margosa (*Neem*) 2. Turmeric (*Holud*) 3. Marsh Mint (*Pudina*) 4. Chebulic Myrobalan (*Hortoki*)
9. Diabetes	5. Garlic (*Roshun*)
10. Piles	1. Aloe (*Ghrito Kumari*) 2. Winter cherry (*Ashwagandha*)
11. Jaundice	1. Vasak (*Basokpata*) 2. Asparagus (*Sotomuli*)
12. *Siatica*	1. Black Seed (*Kalojira*)

(a) Marsh Mint (*Pudina*)

Marsh Mint is a common herbal plant which is abundantly available in Bangladesh. The utility of this plant is known to majority of the peoples. It is widely used as anti worm in rural Bangladesh. The use of this herbal plant as medicine of skin disease and cough/cold is known by around fifty percent of the villagers under study. But they know nothing about its use as medicine of Vomiting and Bronchitis.

(b) Margosa (Neem)

It is a common tree of Bangladesh. The use of Margosa as an effective medicine for skin disease is widely known by majority of the respondents in our research village. But they know nothing about its use as the medicine of fungal infection.

(c) Creat (*Kalomegh*)

Create is also a common herb in Bangladesh. It is used as anti fever, anti worm and painkiller which is known to our patients of Petkata village. It is also a medicine of heart trouble, which is not known to our patients and herbal physicians. It also increases appetite.

(d) Chebulic Myrobalan (*Hortoki*)

It is very popular as medicine in rural Bangladesh. Almost ninety percent of the villagers are acquainted with the utility of this item as

medicine of constipation. It also increases vigour and digestive capacity. But the common people of the village under study and the herbalist do not know it's effectiveness as medicine of diarrhoea, skin disease and energy.

(e) Black Seed (*Kalojira*)

The use of blank seed as an effective medicine of *Siatica* is well known. It also increases milk of mother. As a pain killer, it is very popular among the rural men and women in Bangladesh. But the study reveals that, the common peoples are quite ignorant about its effectiveness as medicine of cancer, acidity and tumour. Even the local herbalists are not acquainted with the effectiveness of this item as medicine of such disease.

(f) Indian Penny Wort (*Thankunipata*)

Indian Penny Wort is abundantly available in Bangladesh. Its utility is also quite familiar among the common peoples of Bangladesh. It clears blood, and acts as effective medicine of fever, diarrhoea and dysentery. But the common peoples do not know its utility as an anti cholesterol medicine. It increases memory and vigour which is not known to the herbal physicians and common peoples of the study areas.

(g) Vasak (*Basokpata*)

Vasak is very common herbal medicine in rural Bangladesh. It cleans blood and acts as an effective medicine of Asthma and hoping-cough. Cough

and bronchitis are also cheeked by its regular application. But the use of this medicine against jaundice and tuberculosis are not known to the common people and herbalists.

(h) Turmeric (*Holud*)

Turmeric is a common spice which is used by the common people of rural Bangladesh. Its use as medicine against acidity is also effective. For purification of blood and skin disease, its use is also very popular. But the peoples hardly know its effectiveness as medicine of cancer, cholesterol and tumour.

(i) Garlic (*Roshun*)

Garlic is also used as spice for cooking curry in Bangladesh. But it is a good medicine of *Siatica*. It is anti-worm and anti-tumour also. It increases sexual power of individuals. But very few herbalists know its effectiveness as medicine of cholesterol and blood cancer.

(j) Ginger (*Ada*)

Ginger is a popular spice of rural Bangladesh. It is also a nice medicine against worm. Heart pain is also reduced by taking ginger. It also acts as an engime.

(k) Aloe (Ghrito Kumari)

Aloe is an effective medicine of influenza, piles and indigestion, which is known to the common peoples of our study area.

(l) Onion (Peaj)

Onion is very popular spice of Bangladesh. Without onion no carry is cooked. It increases taste of curry. Almost all rural peoples take it while eating *panta bhat*. But its use as medicine is not known to every body. However, a significant number of the peoples in our study area know its utility as medicine of cough, cold and throat pain. It also increases sexual power and digestive capacity. But its use as bacteria killer and anti fever is not known to the people of our study area.

(m) Emblic Myrobalan (Aamloki)

The use of Emblic Myrobalan is very old in Bangladesh. Its use as hair tonic is also popular in rural Bangladesh. It is very rich in vitamin-C. Its effectiveness as medicine of HIV infection and cancer is not known to all. It is good medicine for diarrhoea. But no body of the village knows its effectiveness as bacteria killer and anti fever.

(n) Arjuna (Arjun)

Common people of the village Petkata is not so much aware of the ability of Arjuna. It is very fruitful medicine for constipation. One can get

energy and vigour if he takes it regularly. Blood pressure is also controlled by its application. It acts efficiently on fever also. But our investigation shows that, neither the physician nor ill peoples are familiar about its utility.

(o) Devil's Cotton (Ulot Kombol)

Devil's cotton's utility is known to the common people. It is widely taken by the males as panacea a of sexual inability. Irregularity of ministration can also be cheeked by taking it for consecutive four days. It is an effective medicine of diarrhoea and gonorrhoea. Its use as a tonic is also known to the common people.

(p) Snake Root (Sorpogondha)

Snake root is a rare medicine in rural Bangladesh. Common people is not much familiar about its application as an effective medicine for insomnia and mental depression. But it is very often taken as an anti worm medicine. Hysteria is often cured by its administration on human body.

(q) Winter cherry (Ashwagandha)

It is a common medicine of a number of diseases and problems. Common peoples are more or lees familiar with its utility as medicine. Good number of peoples could say that it was a good medicine of piles and ministration. Herbalist replied that they preserved it as an effective medicine

for increasing sexual power and against cough and cold. But they no nothing about its use as a medicine of syphilis and respiratory trouble.

(r) Black Basil (Tulshipata)

It is a common herbal medicine of rural Bangladesh. It is even considered as a sacred plant by the Hindus. Its leaf is used by the Hindus for *puja*. The dead body of the Hindus are usually brought under black basil plant just before death. The common people use it for many diseases and problems such as pain killer, anti-cholesterol, anti-worm, anti-fungus and a variety of common problems.

(s) Folium Sennae (Sonapata)

The name of Folium Sennae is very common in rural Bangladesh; but very few peoples and herbal doctors know its utility. It is only used as a medicine of constipation.

(t) Liquorice Root (Jaiste Madhu)

It is very familiar with the common people and herbal doctors of rural Bangladesh including our research area. It is very often chewed by the people for clearing cough. Asthma is sometimes controlled by taking it regularly. Old fever is cured by taking its extraction. It also acts against cold.

(u) Gum Arabic Tree (Babla)

It is a common tree of Bangladesh. Its leaf is needed as an antiseptic medicine. Malaria fever and dysentery are also cheeked by its use. As a pain killer, its familiarity is well known. But its use against diarrhoea is not known to the common people. One can get vigour and gain energy, which is not known to the general mass.

(v) Fenugreek (Methi)

Herbalist frequently use this herbal item for decreasing glucose level of the patients and controlling glucose of urine. It is used as a medicine for increasing the sexual ability of a person and increasing the quantity of milk of a mother.

Herbal plants and its utilities are furnished in the tabular form. (See Table – 5.7)

Table – 5.7: Herbal Plants/Items and Their Utility

Name of the Plants/items	Utility	Unknown
1. Marsh mint (Pudina)	anti worm, skin disease, cough, cold, headache	vomiting, bronchitis
2. Margosa (Neem)	Skin disease, Eczema	Fungal infection
3. Creat (Kalomegh)	anti fever, anti worm, increase appetite, pain killer	heart trouble
4. Chebulic Myrobalan (Hortoki)	increase vigour, constipation, digestion	diarrhoea, skin disease, energetic
5. Black Seed (Kalojira)	*Siatica*, increases milk, cough, cold, pain killer	anti-cancer, anti-acid, anti-tumour
6. Indian Penny Wort (Thankuni)	cleans blood, anti fever, diarrhoea, dysentery	decreases cholesterol, increases memory, increases vigour
7. Vasak (Basokpata)	cleans blood, cough bronchitis, Asthma, hopping cough	jaundice, tuberculosis
8. Turmeric (Holud)	cleans blood, anti acid, anti worm, skin disease	anti-cholesterol, cancer, tumour
9. Garlic (Roshun)	anti worm, anti tumour, increases sexual power	anti-cholesterol, blood cancer
10. Ginger (Ada)	acts as engime, anti-worm, indigestion throat-pain	-
11. Aloe (Ghrito Kumari)	influenza, piles, indigestion	-
12. Onion (Peaj)	cough, cold, throat pain, increases sex, indigestion	Bacteria killer, anti-fever
13. Emblic Myrobalan (Aamloki)	vitamin C deficiency cancer, H.I.V. infection, diarrhoea	tooth problem
14. Arjuna (Arjun)	constipation, vigour, blood pressure, fever	constipation, vigour, blood pressure, fever
15. Devil's cotton (Ulot Kombol)	irregularity of ministration, gonorrhoea, diarrhoea, weakness, sexual inability	-
16. Snake root (Sorpogondha)	Hysteria, anti worm	insomnia, mental depression
17. Winter cherry (Ashwagandha)	Piles, insomnia, ministration irregularity, increases sex, cough/cold	syphilis, respiratory trouble
18. Black basil (Tulshipata)	pain killer, anti cholesterol, anti worm, anti fungus	-
19. Falium Sennae (Sonapata)	Constipation	-
20. Liquorice root (Jaiste Madhu)	clears cough, old fever, cough, cold, asthma	-
21. Gum Arabic Tree (Babla)	Anti septic, malaria fever, pain killer, dysentery	diarrhoea increase vigour
22. Fenugreek (Methi)	decrease glucose and cholesterol, increase sex, increase milk	-

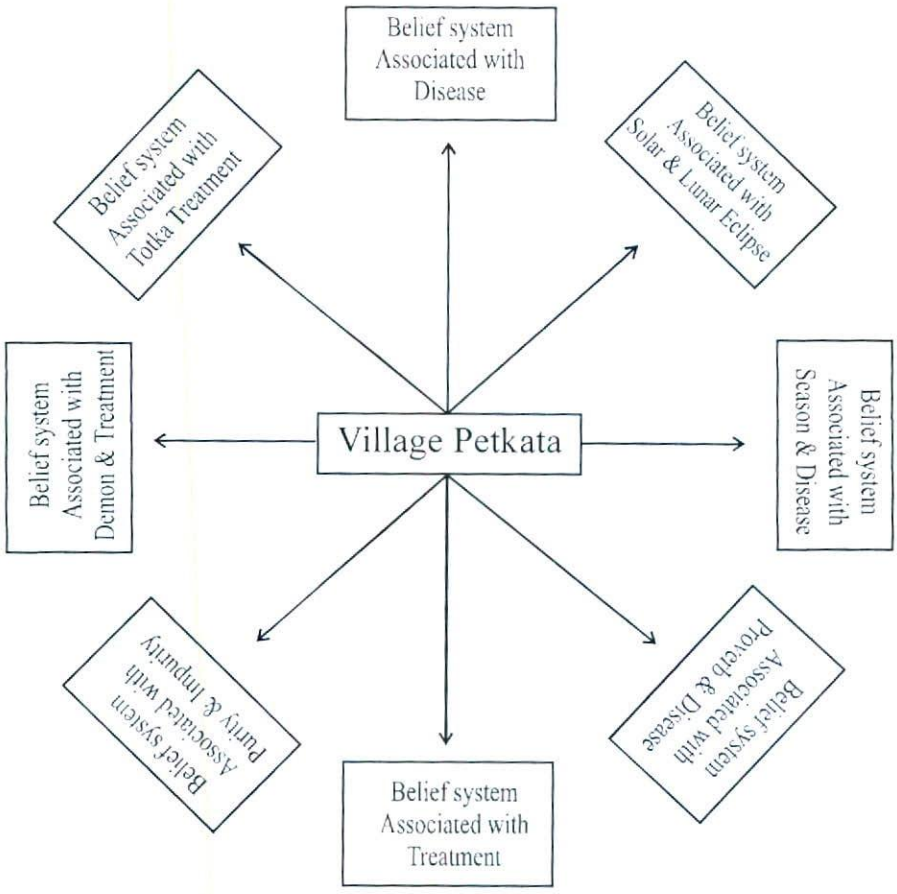


Figure 2: Belief system associated with disease and treatment.

CHAPTER SIX

Belief System Associated with Disease and Treatment of Village Petkata

6.1 Introduction

Disease is the outcome and resultant effects of disorder or malfunctioning of human organs, which have constituted the whole system of body. Various kinds of belief systems in connection with disease and treatments were invogue in different civilizations of human history. Hindus, for example, believe that the body is the combination of three elements namely air, phlegm and bile, which they call spirit. Health depends on the normal balance of these three elementary substances. On the other hand, according to Chinese belief system, body contains five organs: heart, lungs, liver, spleen and kidneys, which store up but do not eliminate; viscera, such as stomach, intestines, gallbladder, bladder which eliminate but do not store up. According to their belief system, each organ is associated with one of the planets, colours, tones, smells and tastes. There are 365 bones and 352 joints in the human body. Any malfunctioning or disorder among these organs may create imbalance condition the resultant effects of such imbalance is disease.

Method of treatment is therefore, largely associated with the belief system of a particular society, which is characterized by its norms, values and culture. Rural society of Bangladesh has its own norms, values and pattern of culture, which is largely different from urban society and culture. It is therefore imperative that, the rural society of Bangladesh normally has its own belief system in connection with disease and treatment. Our study village 'Petkata' being one of the remote villages of Barishal district may therefore obviously has its own cultural values and belief system in connection with disease and treatment. This chapter is designed to go into the deep regarding its belief system associated with disease and treatment, since one of the prime of objectives of present research was to reveal such truth. We, in this chapter want to describe the following aspects of the village under study:

a) Belief System Associated with Disease;
b) Belief System Associated with Treatment;
c) Belief System Associated with *Totka* and Treatment;
d) Local Proverbs Associated with Disease;
e) Belief System Associated with Seasonal Variation and Disease;
f) Belief System Associated with the Sun, the Moon, Trees and Plants;
g) General Belief Associated with some Diseases;
h) Belief System Associated with Purity / Impurity and Disease;
i) Belief System Associated with the Existence of Demon and Disease / Treatment;

j) And lastly, the study will present some Case Studies in Connection with some Disease and Treatments of the study area.

6.2. Belief System Associated with Certain Disease

As we have mentioned, each society is characterized by its own norms, values and cultural traits And Bangladesh is not immune from it. Particularly the rural society of Bangladesh is unique and distinct from its own cultural point of view and belief system. Regarding the origin of disease, there are many theories and doctrines which we have described in chapter three. There is no such kind of scientific doctrine regarding the origin of disease in rural Bangladesh. There are, however, some folk concepts in connection with the origin or cause of certain diseases, in our study village. These folk-concepts may also prevail in other villages of Bangladesh, since there is cultural homogeneity in rural Bangladesh. This may also prevail in different or slightly different form in other parts of rural Bangladesh. Belief systems associated with some diseases are collected from the village Petkata, which are now described here in a nutshell.

a. *Dhobol* (Leukoderma): Leokoderma is a kind of skin disease which is caused by Bacteria, Fungus, Protozoa, Chronic Cervicities. It is not at all infectious, but it is viewed as an infectious disease by the rural people under study. Belief system goes like this, if any body burns the plants of flower, then he / she may be affected by this disease. They

say that, flower is the symbol of beauty and as such, its plants should not be burnt for any purpose.

b. *Thont Kata* (Cleft leap): According to medical science, cleft leap may happen if marriage takes place between first cousins. So, first cousin marriage should be discouraged. But, the villagers believe that, if any women during gestation period cuts pine-apple, she may produce cleft leaped offspring.

c. *Anjoni* (Conjunctivitis): Conjunctivitis is a kind of small tumour which may appear in the upper or lower eye-lid due to some reasons. But belief system goes like this, 'if anybody demolishes the egg of lizard, he / she may be affected by this problem.

d. *Gonoria* (Gonorrhoea): It is a sort of sexual disease, which may be cured by taking scientific treatment. It is caused by Bacteria namely *Neisseria gonorrhoea*. But it is a confirm belief of majority of the people that, anybody can be affected by this disease if he / she makes water during bath in the pond or river. While asked about the cause, they say, water is considered as the symbol of purity and is also considered as the symbol of life; therefore, nobody should impurify it in this way.

e. *Jor* (Fever): There are various kinds of fevers which are caused by various reasons. However, in most of the cases, it is considered as the abnormal condition of the body, which may be created due to some complicated reasons. But in our study areas, some people believe that, it may occur if anybody cuts bamboo on Saturday. Because, they think that bamboo is affected by fever on every Saturday.

f. *Golabetha* (Throat pain): There are no specific reasons of throat pain. It may be due to many reasons including cough and cold. But the villagers believe that, anybody can be affected by throat pain if he / she kills a frog. They could not however mention any cause behind it. But some Muslims believe that, a group of frogs tried to save the life of Prophet Ibrahim (Aalaihewasallam) from burning by making water on the fire and as such, cruelty against frog is considered as a sinful act. Therefore, the killer of a frog is punished by throat pain.

g. *Dhojovongo* (Impotence): Impotence is a biological phenomenon which may be caused by many reasons. It is not a disease rather symptoms of some diseases such as anxiety, depression, diabetes, hypertension and drug reaction. But the strong belief is that, it is the effect of homosexuality, since according to them it is strictly prohibited by religious norms. Masturbation is another cause of impotence which is also prohibited by our social norm.

6.3 Belief Associated with Some Traditional Treatments

Various kinds of treatments are prevalent in modern times. These are Allopathic, Homeopathic, Unani, Ayurvedic, Yoga etc. These treatment methods are more or less found in all parts of Bangladesh. In addition to these treatments, there is a religious treatment method which is deep-rooted among the common people of rural Bangladesh; these are *panipora, tabeez, telpora, jhar-fook* etc. Another kind of treatment is prevalent in rural

Bangladesh, which is neither *Totka* nor purely herbal in nature rather these are characterized by traditionalism. These are now described below:

a. *Chok utha* (Opthalmia): There are various types of eye drops and ointments which are prescribed by the Allopathic doctors for opthalmia. But our traditional healers of Petkata village suggest an unique medicine which is prepared by lamp black and mustard oil. This ointment is applied on the eye lids for treatment of opthalmia. Majority of the people say that they get good result by this treatment.

b. *Baat* (Gout): Gout is a common problem of Bangladesh. It is almost incurable, since most of the patients do not get durable results by taking any medicine. But our traditional healers suggest a medicine for gout which is durable. A dove should cooked by normal spices and be taken by the patient at a time facing on the west. A significant number of the gout patients opined that they had got durable result from this treatment.

c. *Bron* (Acne): According to traditional healers, Acne may be cured by taking layer of milk (*dudher Sor*) for consecutive few days.

d. *Pochagha* (Gangrene): Gangrene is fully cured by taking old Ghee for few days. According to the traditional healers, old Ghee of around 15-20 years becomes poison and poison cures poison.

e. *Fora* (Boil): A boil may be cured by rubbing the ointment prepared from the dust of the horn of a deer.

f. *Anjoni* (Conjunctivitis): Conjunctivitis may be cured by touching it with genital organ of an infant. This is very effective according to the opinion of majority of the people of Petkata village.

g. *Kostokathinnoya* (Constipation): A child suffering from Constipation may get effective result if the stalk of a betel leaf is pushed through the anus.

h. *Petbetha* (Colic pain): Persons suffering from Colic pain can get effective result by applying *terpin* oil on the place of pain.

i. *Gajala* (Burning sensation of body): Burning sensation of body of an individual may be relieved by taking bath of water boiled by vitex negurdo leaves.

j. *Daad* (Herpes): Herpes may be cured by rubbing mustard oil, which shall be boiled pouring it in the seed free Chili.

k. *Gabetha* (Pain of body): Pain of body may be relieved by rubbing mustard oil warming it on the *Akanda* leaf.

l. *Hapani* (Asthma of child): Asthma of child may be fully cured by taking beetle with 1.5 black peeper. After that 24 paisa should be donated. This is very effective according to the villagers.

m. *Raatkana* (Night blindness): Night blindness may be cured by taking a firefly along with a banana. This is also very effective according to the common people of the study village.

n. *Mrigirog* (Hysteria): Hysteria patient may be fully cured by the germ of gangrene which should be accompanied by a ripe banana.

o. *Amasha* (Dysentery): Dysentery may be cured if anyone takes warm sweetmeat (*Rasgolla*).

6.4. Belief System Associated With Totka and Treatment

In the rural areas of Bangladesh, including our study village, there is a kind of treatment locally known as *Totka*, which is quite unique since there is no scientific basis behind this treatment. But there is a wide belief that, this treatment is quite effective. We, in this study, have revealed some *Totka* treatments of some disease / problem which is described bellow:

a) *Adhkopali* (Hemicrania): This problem is popularly known as *Adh kopali*. *Adh Kopali* is a kind of violent pain which affects half portion of the head and gradually it increases with the appearance and rising of the sun. At

noon, the headache reaches its culminating point and begins to decrease with the turning of the sun to the western side of the sky. The usual *Totka* treatment according to the description of the villagers is as follows:

Keeping a half betel nut on the head, the patient will have to sit before the sun facing towards the east and continue this act till the rise of the sun on Saturday. This formality will be done for consecutive three weeks.

According to the villagers, this treatment is very effective.

b) *Pitjor* (Jaundice): Jaundice is a kind of liver problem which is caused by viral hepatitis, Hepatoma, drug induced hepatitis, stone impacted into the common bile duct etc. The *Totka* treatment of the villagers is as follows: The jaundice affected person will keep a *mala* of night jasmine flower on his/ her head on Saturday and sit on a *shetal paty* whole day. This act will continue for three consecutive weeks. At the end, the patient will give *soapanch ana* i.e. about 30 paisa to the beggars.

c) *Dantbetha* (Tooth Pain): The *Totka* treatment of tooth pain is, placing of seven names of traditional rural interest taker (not taker of bank interest rather traditional money lender) on the place of tooth ache by thread hanging from the ear. The villagers have opined that this was very effective and fruitful. The usual treatment of the villagers is gurgling by guava leaf extract and coconut tree root.

d) *Palijor* (Remittent Fever): The *Totka* treatment of remittent fever is quite unique and interesting. An amulet is used on Tuesday which is filled

by a used rail way ticket. However, the patient is not informed about the content of the ticket. This is also proved effective, according to the villagers.

e) *Haam* (Measeles): The name Rum (Hindu God) and Rabon is written on the leaf of palm tree and it is pulled over the body of the patient. This is done for three days. The patient will need to give some alms to the fakirs. This is also according to the villagers very effective.

f) *Bari Baand* (Putting restriction against the access of evil demon in the house): There is a wide belief in the study village that, due to the evil influence of certain goblin, the members of certain house may be the victim of some incurable diseases i.e. the girl may not be married timely or the new born child may not survive. In that case, *Bari Baand* is a traditional practice. If *Aital Qurshi* (The Quarnic Verse) is hanged against the wall, the evil influence may vanish. This is also proved effective. Mustard seed followed by *zar-fook* is kept under the earth of four corners of the house, which is suspected to be affected by the evil goblin.

g) *Baan mara Baand* (Protection against *Baan mara*): *Baan mara* is a kind of incantation by the exorcist for some evil design. This *Baan mara* can not be checked or cured by any scientific medicine. In that case, there is a traditional practice which can prevent an individual from the effects of *Baan mara* which may be termed as counter *baan*. The practice is that:

A pitcher with full of water may be placed just attached to the head of the person, who is apprehended to be attacked.

h) *Foska* (Blister): Blister can be cured by the application of ash of a burnt house along with mustard oil.

i) *Kankra bish* (Poison of Crab): Poison of crab may be removed by wash with huble buble water.

6.5 Proverb Associated with Disease

Proverbs related to disease and treatments are nothing but embodiment and reflections of the experiences of common people associated with treatment. We have been able to collect few proverbs in the study village, which reflects the picture of health seeking behaviour of the villagers under study.

"*Haiga Khai,*
Khaya Mutey.
Harey na Chhoi,
Jom Dutey."

Meaning: He who takes food after evacuation, and makes water after taking food, is not touched by *Jomdoot* (killer of human being.)This proverb explains that, one should clear his belly before taking food. This is medically a bit scientific.

"*Khaya Jedai badna loy,*
Jom bolay Aai Aai."

Meaning: He, who goes to the toilet just after taking food, is always affected buy disease.

This is also medically a bit correct.

"*Tetul Batash Bhalana*

Neem Batash Janala."

Meaning: The air of *tetul* tree is not good for health on the other hand, the air of Margosa tree is good.

The air of Margosa tree is quite good for health.

6.6 Belief System Associated with the Sun the Moon and Trees/Plants

There is a wide belief that the health and diseases are largely related to the sun ,the moon and trees/plants. In the Chinese medical system also, we have witnessed the doctrine of 12 planets related to health. But the system which we have noticed in our study village is, a kind folk-belief which goes like this:

(a) Belief System Related to Solar Eclipse:

The earthen pot used before solar eclipse should be thrown away otherwise persons may be affected by hard diseases.

Medical science does not prove such truth .The entire rural people of Bangladesh do not follow such practice.

(b) Belief System Related to Lunar Eclipse:

The pregnant mother if takes food during lunar eclipse, her offspring may be physically cripple or handicap.

This kind of evidence is rare in Bangladesh. Medical science does not say so.

If an offspring is born during the lunar eclipse he/ she may be blind.

This is also not supported by medical science.

(c) Belief System Associated with Plant/Trees:

***Tulshi* Tree:** *Tulshi* is a sacred plant which is worshiped by the Hindus. Its leaf is widely used as medicine for many diseases. Just before the death, the Hindus irrespective of caste, colour and creed are brought beneath the *Tulshi* plant for the salvation of the ill person.

***Ashathow* Tree:** This tree is also regarded as sacred one .There is a wide belief among the Hindus that, if any body desires any thing with devotion under this tree, he/ she can obviously get it. There is also a belief in the study village that, if any ill person worships at the deed of night before the new moon under this tree with meditation, he /she can be relieved of such hard diseases.

6.7 Belief System Associated with Seasonal Variation and Diseases

There is a general belief that certain disease is related to particular season. Therefore, with the variation of season, certain disease may

disappear and certain disease may be rampant. For example, Asthma is a disease of cold season; therefore it becomes acute in the winter season. Same is the case with gout. It becomes rampant during the winter season. Cholera is a disease of rainy season; on the other hand, small pox breaks out during the dry season. In our study village, this belief system has been marked among the common peoples. Not only that, they have been found to take precautionary measures against some diseases. According to their belief, dietary pattern is also related to some disease and treatment .After the birth of a new baby, mother is given special food which may help improve her body. *Holud rutee* is the normal diet of a mother who has given birth of a child.

6.8 General Belief Associated with Some Diseases in the Study Area

The villagers under study, have wide variety of beliefs in connection with diseases like cholera, Small pox, Leprosy, Goitre, Tuberculosis Arsenocosis and Tetanus. Study reveals that all these are associated with deity or curse by divine power.

Table 6.1: Belief System Associated with Disease and Super Natural Power

Disease	Associated with Supernatural Power
Cholera	Deity
Small Pox	Deity
Leprosy	Curse by divine power
Goitre	*Ku karma* of the Ancestors
Tuberculosis	*Ku karma* of the ancestors
Arsenocosis	Misdeeds of father
Tetanus	Curse by parents
Infertility	*Bod Doa* of Saint like man
Impotence	Sexual Abuse

Source: Field Investigation

For example, the inhabitants of the village Petkata believe that, cholera and small pox has separate deity; the expression of their dissatisfaction is the breakout of such disease in the form of epidemic. Leprosy is the curse of divine person on certain individual. If a saint like man desires so on certain individual; he may be affected by this disease. On the other hand, Goitre is the result of misdeeds of the ancestors of a person, on whom it is cursed. The reason of Tuberculosis is quite same. Arsenicosis is the resultant effects of father's misdeeds. Tetanus is the curse imposed by parents. Impotence is not considered as sexual inability rather it is viewed as curse of forefather for sexual abuse.

6.9 Belief System Associated with Purity and Impurity

In every culture, purity and impurity is considered in terms norms, values and belief system. We have had discussions with the villagers under study regarding certain matters, such as, semen, ministration, gestation period, certain food, drink etc. Hundred percent respondents opined that, semen was impure and as such, after cohabitation every body should take bath. Particularly the females should not touch utensils and prepare food before taking bath .Their belief system is that, if any body performs any work or touches religious books before taking bath, he/ she may be cursed with some incurable diseases. Similarly, ministration is also viewed as an impure matter. Therefore during ministration period, no girl should touch religious books and say regular prayer, since she seems to be impure .During ministration period if anybody cohabits, he/she may be affected by venereal diseases and may be impotent.

Regarding food, drink, there are some restrictions i.e. is *taboo* is imposed on certain food and drink. *Tari* is regarded as wine and as such nobody should meet sexually under the influence of *tari* or liquor. In spite of that, if anybody does so, the offspring may be drunkard and may be even physically handicap. Pork is considered impure by the Muslims and as such, it should not be taken by any Muslims. If any body meets his wife taking pork, the offspring may be mentally unsound.

6.10 Belief System Associated with the Existence of Demon, Deity and Their Influence on Certain Disease

Most of the Muslims under the study village have faiths in demon, deity, *Jeen* etc. Not only that due to the influence of bad demon or deity, the member of a house may be affected by some incurable diseases. These diseases will never be cured unless a *Jeen Kabiraj* prescribes medicine.

6.11 Case Studies

(a) Case Study – 1 (Asthma):

Deldar Sheikh, aged about 60 years, was a chronic patient of Asthma, who had been suffering from this disease for about ten years. Due to respiratory problem, he could not sleep at night. This problem, according to him, increases during cold season. Deldar's wife was also sick; she was suffering from malnutrition and anemia. Deldar was a poor cultivator who had 3 bighas of land. During his young age he would cultivate his own land and simultaneously worked in others land. Somehow he would maintain his family. He married at about 20 years of age. At that time, his wife's age was about 15 years. A new face came in his family after one and a half year of marriage. Due to financial hardship, Deldar went to Barishal town and started pulling rickshaw with a view to earning some money. By pulling rickshaw, he could earn approximately taka 60 per day.

After about two years of pulling rickshaw, he felt some problems in the chest. By that time another baby was born. At first he went to a village *Kabiraj* for treatment. He gave him some medicines and advised not to pull rickshaw further. As he was a poor man, it was difficult to run the family by the products of 3 bighas land. He therefore started going to others land as *kamla* to maintain his family. Deldar described that he felt well after taking medicine of the *Kabiraj*. Third baby was born by this time. Somehow he was pulling his family yoke. At this stage his friend Sofor Ali advised him to take a job in the Narayan Ganj jute mill, where he was a labor. Deldar thought that, it was better to work in a mill instead of working in the field as an agricultural labor. He instantaneously accepted his proposal and went to the jute mill. He worked there for about three years. But after two years, he again felt pain in the chest. After x-ray the doctor opined that he was a patient of Tuberculosis. After giving some medicines, the doctor advised him not to work in the mill; because it might cause much harm to his health. Deldar came back home. After taking those medicines of the jute mill, Deldar felt well and thought that he had been fully cured .Again he started pulling rickshaw in the Barishal town and continued up to about five years. At that time he was about 40 years old. At this stage of age, Deldar again felt problem in his chest and came back home in empty hand. He had no money to go to the doctor for Allopathic treatment. Deldar told that he had a mind to go to the Allopathic doctor for treatment, since he became almost physically well after taking Allopathic treatment. But, because of his pecuniary condition, he could not continue that treatment. In this way few months passed. Suddenly an old man named Hakim suggested him to go to

the village *Imam* to obtain his spiritual help. Deldar was in a fix. But Hakim described the charisma of that *Imam* in such a way that he became convinced. However, he went to the *Imam*. *Imam Shaheb* without listening to his problems, told that he was a patient of anaemia and suggested him to take some rich food. He also gave *panipora* which should be taken just early in the morning after *Fajar* prayer. He began to take it with firm faith. Deldar told that, he felt a little bit well after taking *Panipara*. At this stage he came to know that there was a *Kabiraj* of *Jeen* in the nearby village. He went to seek his help. After going there, he saw that the *Kabiraj* was surrounded by a host of deciples and the *Kabiraj* was reciting some verses. One patient was laid down on the ground. Milk, banana, *paanpata, tulshipata, dalim, Dalim-ful, Jaisthi madhu, Basokpata, Ashwagandha, Ulot Kombol* etc. were put on a tray. The *Kabiraj* just after having a glimpse over the patient with exorcism uttered "*haqmawla*" very loudly and asked him to take those items (treated as medicine) kept on the tray. Deldar became hypnotized and sat down there. The *Kabiraj* offered him the same medicine and advised him to take it for three days and donate 31 paisa. At the time of field investigation, Deldar was taking those medicines with great faith and devotion. It was marked that he was suffering from respiratory problem. Deldar believed that he would be fully cured since he was gradually getting well after taking those medicines. Deldar lost weight of the body and became almost skeleton, and still he looked very cheerful while narrating his case history.

Note: According to herbalist, *Jaiste Madhu*, *Basokpata*, and *Ashwagandha* are medicines of Asthma and *Ulot Kombol* is energetic for health.

(b) Case Study – 2 (Impotence):

Jalil is a young man of about 30 years old. He seems to be a man of sound health. Apparently no disease seems to be found in him. But study reveals that, he is impotent although he does not say so. He is a hotel man having more or less good income. His wife Shefali has been away from him since long. Shefali was a beautiful girl. She left her husband's home leaving a child when it was about 4 years old. Jalil again married after about 3 years of the dissolution of his first marriage. This wife was also quite fair looking and healthy. But she also wanted separation from Jalil. Jalil did not agree to this proposal and nevertheless, she pressurized in the village *Salish*. While asked about the cause of demanding separation, she shouted at the top of her voice and told "Jalil is not a *morod*". In reply to this claim, Jalil uttered not a single word. The *salish* was however ended without any fruitful decision .At the time of field investigation, jalil's second wife Jamila left away home at the deed of night with his young neighbor Sharif, with whom Jamila's friendship developed. This story discovered the clue of his impotence. Through second hand information the researcher came to know that, Jalil would frequently visit nearby *Kabiraj*'s home for the treatment his impotency. The *Kabiraj*, who initially suggested him to take *Ulot Kombol*'s

juice, this herbal plant according to herbalist, meant for increasing sexual power. Jalil began to take it regularly, but he did not go to the Allopathic doctor for any treatment. This information was collected from his first wife Shefali, who advised his husband to take Allopathic treatment. Jalil according to his first wife's description, went to a *Baidaney*, who would annually visit the village Petkata and give treatments of headache, tooth pain, Siatica and infertility. *Baidaney* suggested him to use a kind of herbal oil popularly known as *Saanda tel* (oil prepared from leech) and use an amulet of *Astodhatu*, but it went in vain. Subsequently he went to a *Jeen Kabiraj*, who was very famous for treatment of diseases including infertility and impotency. He suggested to use *Ashwagandha* for increasing sexual power. At this stage a new baby was born. First wife waited for sometimes although she was dissatisfied due to his impotency. Any how, Jalil's first conjugal life continued for about three years. Jalil's second wife could not be traced out sine she was far away from the village Petkata and as such, was not accessible to her. But the first wife was the main source of information, who was again married in the nearby village. According to her information, Jalil was not capable of satisfying her sexual needs. Even then, she stayed with her husband couple of years and encouraged him to take treatment. However, Jalil went to a Homeopath who suggested him to take homeopathic medicine *Turnera* and *Avena* which are intoxicating drugs. Jalil would also take *Tari* before cohabitation and even then he could not warm up himself. He would simply excite his wife and slept after ejaculation. This act of his sexual behaviour created some biological problems in his first wife and as such, she took separation against his

husband's will. After becoming failure from all corners of treatment, Jalil began to lead a lonely life at the age about 35 years, when he was found to keep beard wearing *lungi* and *chadar*. His face indicated that, he was suffering from melancholy and frustration.

Note: *Ashwagandha* (winter cherry) is according to herbalist, increases sexual power; *Turnera* and *Avena* increases sexual power.

(c) Case Study – 3 (Dysentery and Piles):

Lokman is a man of about 50 years old. He is a patient of chronic dysentery and piles. He had been suffering from these two diseases for a period of about 15 years. He said that he underwent several treatments but could not get fruitful results. In his early stage of life, he suffered from hookworm and for that, he did not take any Allopathic treatment since it was costly and not available at hand. For this treatment a village *Kabiraj* suggested him to take *Tulshipata* and *Pudina*. He also took *panipora* from the village *Imam* for it.

He was initially cured after taking these herbal medicines and *panipora*, Lokman opined. But he has been suffering from dysentery for a long time. He took the help of a *ojha* who would usually come to the village for treatment. *Ojha* suggested him to use a *tabeez* for it. Lokman said that he did not get any benefit from it. He, therefore, thought to switch over method

of treatment. Lastly he went to the herbalist for this treatment. Herbalist suggested him to take *Jaiste Madhu* and *Basokpata*. He took it accordingly. But he did not get the benefit after taking such herbal medicines. For the treatment of piles, he went to the homeopath but did not get any result. Lokman said that he sought treatment of piles from a village herbalist who advised him to take *Neem* and *Pudinapata* for this. But he did not get any result from this. However his skin disease was cured after taking these tow herbal items. Lokman thought that these diseases were hereditary and not curable. Somebody asked him to under go for operation of piles but he thought that it was shameful act. However, he thought that *manot* might be given for it.

Note: It is surprising to note that the treatment which was suggested for chronic dysentery by the herbalist, was not at all appropriate. According to herbal science, the treatment suggested by the village herbalist, was actually meant for skin disease. Study of the herbal literature reveals that, the compound syrup prepared from three items namely *Ghrito Kumari*, *Ashwagandha* and *Anantamuli* were suitable for the treatment of piles. On the contrary, dysentery requires compound prepared from *Bohera*, *Thankunipata*, *Babla* and *Arjun*. Therefore the treatment suggested by the herbalist was not scientific and appropriate. This happened because of inadequacy of knowledge of the herbalist.

(d) Case Study – 4 (Infertility):

Jobeda is a married girl of 25 years old who, had been married 10 years back. Her husband aged about 30 years is a farmer, living in a joint family. They had no issue during their ten years of married life .They did not use any contraceptive during their decade long conjugal life. They did not undergo for medical examination of any kind. It can not therefore be ascertained, whom of the two is infertile. It may be so, that anyone of them or both of them are infertile; or even it may be so, that none of them are infertile. But the fact was that, almost everybody in the family blamed that the girl was infertile. However, the treatment procedures adopted by the couple was quite interesting and unique. The couple at first gave *manot* in the *majar* of Shahjalal and waited for issue for two years. After getting no result, they went to the *Peer Shaheb* of Sorsina for *panipora*. The woman was asked to keep fast and told to break the fast with that *panipora*. She did it accordingly. Not only that, she was advised to lay down in the *majar* at that night after *Esha* Prayer so as to get advice by the *Peer Shaheb* in the dream. This sort of healing, known as incubation prayer was prevalent in the Babylonian civilization. However she opined that, she passed several nights at the *majar* but never dreamt any dream of such kind. He reported the matter to the *Peer Shaheb*. *Peer Shaheb*'s deciples then assured her that, he would depute himself for incubation prayer on behalf of the woman, but for that she will have to donate a goat as *manot*. She immediately agreed to do it. In this way she got spiritual medicine from the *Peer Shaheb*, according to her description. But the condition remained the same.

Her husband Rahim went to a *Jeen Kabiraj* at this stage of their conjugal life. The *Jeen Kabiraj* gave both of them some herbal medicines the name of such medicines were unknown to them. They were asked to take some foods along with the medicines and then meet for cohabitation. They followed it for consecutive few nights but did not get any result. They also consulted herbalist but it also went in vain. Last of all, they thought that their fate was responsible for it. But they did never go to the Allopathic and homeopathic physicians for their treatments. At the time of field investigation they were found go under treatment by an o*jha* of the locality, who was reportedly practicing exorcism as a part of his treatment.

(e) Case Study – 5 (Jaundice):

Rahela aged about 45 years was a patient of jaundice. She was suffering from this problem for a couple of months. But for that, she did not take any treatment from any Allopathic doctor. At first she took *panipora* from the village *Imam*. She was simultaneously taking the juice of sugar cane and the extract of *Arohor* leaf. She also consulted the folk-physician, who gave him a *mala* of certain flower, the name of which was not known to him. She was advised to keep that *mala* on the head for couple of days. She was also advised to take certain diets, which were easy digestive. Although she was advised to take complete rest, but she was found roaming hither and thither and husking paddy. She was wearing a *tabeej* in her left hand. Out of curiosity the researcher wanted it and discovered that, there was a railway

ticket in it. But, it was not known to her. With firm faith and devotion she was wearing the *tabeez* with a view to getting recovery from it.

(f) Case Study – 6 (Siatica):

Joigon, aged about 70 years, was a patient of *baat* (Siatica). She was suffering from this problem for the last 15 years. She told that, multifarious types of treatments were taken by her including *panipora*, *telpora*, ointment etc. But she did not get any remedy. According to her opinion, there is no treatment of *baat*. At first she obtained treatment from a homeopathic doctor. But after taking homeopathic treatment it aggravated. Therefore, she stopped taking homeopathic medicine. After that, she took treatment from a *Baidaney*. She gave a *tabeez* of *Astodhatu*. It seemed to be a bit curative. Because, the acuteness of pain, according to her, diminished too little extent. According to Joigon, the main cause of *baat* is dietary and climatic. Certain diets may increase *baat* such as *Mistikumra*, Soybean oil, *Khesari daal* etc. It also increases due to the impact of certain season. She opined that during *Amabashyia* it increases and during the cold season. During the month of *Falgoon*, when wind blows from the south, *baat* increases. She also took some herbal medicines, which were the compound of *Roshun*, *Babla* etc. She also took dove curry for its treatment.

(g) Case Study – 7 (Leucorrhoea):

Asma is a woman of about 25 years old, who is a patient of leucorrhoea. Her health has broken. She was married at the age of about 14 years old. Just immediately after ministration, she was married. She gave birth of a child after about 15 months of her marriage. She at first witnessed the problem after the birth a child, when she felt that her health began to break. The problem was multifarious such as vertigo, insomnia, and vomiting. First she was taken to a homeopath who gave her some medicines, but she did not get any result. After that she went to herbalist, who suggested some plants to be taken along with honey. She got prompt result after getting herbal medicines but she stopped it after getting fruitful result. The same problem relapsed after stopping herbal medicine. She again went to that herbalist but did not get effective result this time. Her grand mother suggested her to take *panipora* from the local *maulana*, who was very famous for his religious treatment. She did it accordingly, but did not get any result. Being disappointed, she went to a local *Jeen Kabiraj*. The *Jeen Kabiraj* told her, it was the cumulative effects of so many maltreatments. He confidently told that, she would be fully cured if she performed some rituals according to his advice. She was asked to keep fast on three consecutive Fry days. On completion of fasting, she will have to give alms to the beggars and then take *panipora*. She did it accordingly and according to her description, she was getting result. At the time of field investigation, she was under the treatment of a famous *Jeen Kabiraj*, who gave some herbal roots to be taken along with *Kalomegh* for three weeks.

Asma told that, her husband loved her very much. But after she was affected by that problem, her husband's love began to disappear from her. She felt weakness and did not get any energy in any work. She was passing time in melancholy and was waiting for dissolution of marriage. Because, she thought that the ultimately result of that problem was separation.

(h) Case Study – 8 (Leprosy):

Doliluddin is a man of around 50 years old. At the time of field investigation, he was a vagabond. At first he was a day labour when he was a boy of 16 years old. His father died of jaundice, when he was a boy of 15 years old. Doliluddin reported that no body in his family was a patient of Leprosy. He did not know why this crucial disease made him isolated from the society. He has been informed by some of his neighbours that, it was due to the curse of his predecessors, who had committed some great sins. Doliluddin was married at the age of 20 years old with a local girl named Hasina. Hasina told that, she had noticed the symbol of leprosy in the left hand of her husband, while he was a man of 30 years old. At first they did not recognize it. But when it began to get prominence on the hand, they took the shelter of a folk healer who suggested to wear a *tabeez* in the wrest. He also gave *panipora* for it but did not get any result. Consequently, he went to the *Darbar Sharif* of Aatroshi and promised *manot* for it. This also went in vain. Last of all, he took the shelter of a *Jeen Kabiraj*, who told that it happened due to *Bodashor* of a goblin. In the opinion of Doliluddin,

"*Mui bohut jaiga har chikitsar logey gachhi. Moray bohut doa, fanifora maulana shabey dichhay. Kono kham oitona. Moray mor dadar shap lagchoin—Kushthi oichhey*".

I have visited many places for its treatment. *Maulana Shaheb* has given me many medicines. But nothing fruitful happened. It is the curse of my grand father.

At the time of my field investigation, Doliluddin was under the treatment of a *Jeen Kabiraj*, he believed that, he might be cured by the treatment of *Jeen Kabiraj*.

CHAPTER SEVEN

Summary and Policy Implications

7.1 Summary of the Study and Findings

Chapter One: Introduction and Methodology

1.1. Per capita cereal consumption in Bangladesh has increased both in the rural and urban areas from 507.5 gm and 448.2 gm per day in 1988-89 to 522 gm and 422 gm respectively in 1995-96.

1.2. In Bangladesh, the average life expectancy in 1997 was 58.7 years for women and 59.2 years for men. According to South Asian Association for Regional Cooperation (SAARC) the infant mortality rate under five-years is 66. The success of EPI (Expanded Programme on Immunisation) has increased and the use of ORT (Oral Rehydration Therapy) has contributed significantly towards the improvement in Bangladesh.

1.3. The number of women reproductive age group (15-49 years) is 22 million. The total fertility rate per women is 4.3 and infant mortality

(per 1000) is 80. Child birth and death rates are 30.1per cent and 11.9 per cent respectively in Bangladesh.

1.4. Under Article 15(A) of the constitution of Bangladesh, government of Bangladesh is committed to ensure the basic requirements of medical treatment for its common people and according to Article 18(1) of the same constitution the government is obliged to act for the development of health and nutrition.

1.5. The health policy of the Government of Bangladesh is committed to ensure primary health care services at the *thana* level and to reduce the extent of malnutrition among the common people. It is also intended to reduce and discourage people to go abroad for medical treatment by evolving effective method of complicated treatment.

1.6. Dr. Rahman in a recent study found that urban people of Bangladesh are more inclined towards Allopathic physicians. According to his study, 44.75 per cent males and 55.25 females consulted Allopathic physicians in Rajshahi Metropolitan City. On the other hand, our study village revealed that the peoples of the village Petkata are more inclined towards folk-physicians. The percentage of Ayurvedic and Unani physician consulted by males and females of our study village are 45.45 per cent and 34.04 per cent respectively.

1.7. According to World Health Organization, merely the absence of disease does not signify health; rather it is a state of complete physical, mental and social well being. It means complete freeness and freedom from mental, physical and social illness, and not freeness from any diseases or infirmity.

1.8. The broad objective of our study was to examine and analyse the health seeking behaviour of the rural people; i.e. rural people's belief system and attitude towards health, sickness and other health related issues. It was further designed to examine the role of folk treatments in rural Bangladesh with special reference to the study area. The study was also devoted to have a glimpse over the folk-values and customs of the rural people, in connection with folk-medicines, treatment procedures, diseases and other health related issues.

1.9. For making any health policy effective and fruitful, majority peoples attitudinal profiles should be taken into consideration in the one hand, and socio-economic factors of the rural people on the other; because, these are guiding principles for evolving an effective health policy.

1.10. Study reveals that, researches on sociology of medicine are very rare in Bangladesh. Scattered researches on this specialised branch of knowledge gave us very little idea about Sociology of medicine in Bangladesh. Present study is therefore designed to enrich our knowledge by revealing truth in connection with disease and treatment in rural Bangladesh.

1.11. Researcher Islam in a recent study found that, women are more inclined towards folk-medicines compared to males, which is mainly because of their ignorance and antiquity. He observed that the females are illiterate, economically dependent upon the males and nutritionally poor. As a matter of fact, they have no alternative than to depend upon folk-medicines and folk-physicians. He further reveals that, Folk-medicines are cheap and folk physicians are easily

accessible for them. Moreover, their mental makeup and belief systems are favourable to accept this system of medicine.

1.12. Asian medical system is quite different from that of cosmopolitan medial systems of Europe, since it has got its own belief systems and traditions. Its earliest concepts of Indian medicine are set out in the sacred writings, called the Vedas. The Chinese system of medicine is of great antiquity and is independent of any recorded external influences.

1.13. The village Petkata is about 12 kilometres away from the district head quarter, which can be reached by waterways. The village is quite representative from the point of its existing nature and characteristics. It is inhabited by various types of professionals, most of whom are quite illiterate and politically unaware.

1.14. As a kin-relation of the village headman, the researcher was able to build rapport among the common people and thus collected qualitative data in connection with health seeking behaviour of the village *Petkata*. She observed very closely as to how the rural men and women would go to the village physicians to collect medicines. She also observed the techniques of *Panipora* and *Jhar-fook* of the *Imams* and *Maulanas* residing in the nearby villages.

1.15. The questionnaire covered the following: (1) Age and sex of the health seekers, (2) Educational standard, (3) Nature of occupation and income, (4) Recreational pattern, (5) Personal belonging, (6) Dress costume and ornaments used, (7) Housing pattern and nature of latrine, and (8) Sources of drinking water and nature of

water use, (9) Religious belief and practices (10) Belief system, customs and values associated with disease and treatments, (11) Awareness regarding disease and treatment, (12) Tendency towards various types of medicines.

1.16. For collection of data the researcher interviewed various types of respondents such as village leaders, aged persons, school teachers, *Imams*, *Maulanas*, health workers, healers, students, herbal physicians, spiritual leaders, traditional surgeons, traditional birth attendants and the common people.

1.17. At the very out set two female field investigators were trained and sent to the field for collection of data. But after couple of weeks it was revealed that well educated urban male investigators were not fully capable of collecting quality data from the village *Petkata*. Hence, the idea of exclusive male investigators was dropped. After couple of months, the researcher thought that she herself would collect data and information. She therefore, met with the village headman and expressed her desire. The village headman was an elderly person. He helped the researcher in many ways for collecting data and information.

1.18. Although a Bengali version questionnaire was prepared for administration among the respondents, but it was found difficult to collect sufficient data through it. Out of fear, suspicion and other reasons, respondents were reluctant to reply some questions particularly regarding income, disease and some other health related issues.

1.19. In total 2 years were spent for data collection. One year was spent for collecting socio-economic data of the village under study. On the other hand, nine months were required for collecting health and treatment related data. At the time of report writing, three months were again spent for re-checking of the data and information.

1.20. Bangladesh is more or less homogenous country (with some of dialectical difference from colloquial point of viewer) and religious identity (excepting 15 per cent Hindus, Christians and Tribal), where the same medical pluralism can be found. Considering the above factors in to consideration, we have chosen the title 'health seeking behaviour of the rural people of Bangladesh' instead of using 'rural people of Barishal'.

Chapter Two: Socio-economic Profile of the Study Area

2.1. The main focus of our study was to reveal the health seeking behaviour of the rural people which is also closely associated with socio-economic profile of the study area. Hence we wanted to depict a clear picture of the study area, where the researcher had passed a significant period of time during the time of field investigation.

2.2. All the traditional characteristics of a village of Bangladesh are present in this village. In this small village, there are as many as 194 families of different types, having 1697 populations of which, 860 are males and 837 are females. There is no electrification in

this village. Tropical weather prevails in this village. Highest and lowest recorded temperature in the village is around 35.1 and 12.1 degree cellcious respectively. Average rain of the village is 19355 mm.

2.3. Literacy rates of males and females are 24.66 per cent, 20.55 per cent respectively. Only 8.14 per cent, males and 6.21 per cent females can put their signatures. The rate of higher education is very insignificant being only around 2.34 per cent. 2.91 per cent males and 6.09 per cent females can read the Holy Quran. The level of education of HSC and SSC are 0.70 per cent and 1.64% respectively. On the other hand, around 7 per cent students level of education is between VI-VIII only; around 3 percent students level of educations is between class IX and X.

2.4. Modern medical facilities are completely absent in this village. There is neither Government hospital nor any private clinic excepting one government health complex in the village. The doctor is supposed to be available regularly excepting holidays, but the fact is that, the doctor comes to his office once or twice a week. Sometimes he does not at all come to his office even in a week. Naturally, the patients are deprived of medical services, who come to the health complex from different villages, which are far away from the medial centre.

2.5. Study reveals that there is no life saving drugs excepting paracetamol, histacin and oral saline, which are seldom distributed free of cost among the patients. A *Kabiraj* almost weekly sits in

the village *Joperhat* and *Naptarhat.* He sells herbal medicines delivering lecture. Peoples are attracted by his lecture and purchase medicines. In addition to this, there are some *Ojha*, Fakir, *Kabiraj* and *Gunees* in and around this village, who prescribe herbal medicines, give *tabeez* and *Jhar-fook.*

2.6. During the time of data collection, we found that out of 311 affected persons (139 males and 172 females) 232 took treatments for different types of diseases/problems. Out of these232 persons, only 2.16 per cent took Allopathic treatment. On the other hand 54.46 per cent patients took folk-treatments, which include panipora, jharfook, tabeez etc. The percentage of Ayurvadic and Unani treatments are 14.22 and 12.50 respectively.

2.7. Study reveals that, most of the families are poor and live from hand to mouth. Around 18 per cent family's level of income is up to Taka 1000.00 per month. Only 2.58 per cent family's level of income is Taka 5000 and more than that amount per month.

2.8. Sanitary condition of the village is very unhygienic. Out of 194 families of the village, only 4 has sanitary latrine which constitute only 2.06 per cent of the total. Semi sanitary latrine constitutes only 5.15 percent of the total families of the study village. More than 28 per cent latrines are of hanging type. This is most unhygienic which spreads bad smell in the locality. Hole latrine is also very common in the locality, which constitutes more than 28 percent. Bush and open places are also used for evacuation which occupies more than 36 percent of the total.

2.9. More than 29 percent families use pond water after boiling for drinking. More than 55 percent families drink river water to satisfy their thirst. Although the villagers boil water before drinking, and yet it cannot be said that, it is completely germ free.

2.10. Study indicates that, out of 194 families in the study village 104 have been identified sick which constitute 53.60per cent of the total and 311 persons have been found suffering from various diseases constituting 18.32 percent of the total population of the village. The rates of ill persons are higher in the big families compared to nucleus and small families.

2.11. Muslim women are more religious who usually go to *Peer*, *Fakir*, *Ojaha*, *Imam*, *Beidaney* for their treatments. They go to *majar* for fulfilling *nek ichha* by giving *manot*. They also go to *Peer Shaheb* for *panipora* and Hindus go to *majar* and give *manot* for spiritual treatment.

Chapter Three: Origin and Development of Medicine and Health Seeking Behaviour: Historical Perspectives

3.1. Medicine, the art and science of healing patients, has a long history. It has developed through several changes, the major part of which is not recorded in the pages of history. It is art in the sense that, it depends upon how skilfully physicians and other medical workers apply their knowledge on the patients.

3.2. Study revels that, man at first did not regard death and disease as natural phenomena. Common medicines were however dealt with by means of herbal remedies as were available around their surrounding areas. Serious diseases were placed in a difficult category and were thought of supernatural origin- the activity of a malevolent demon. Magic and religion played important role in the medicines and treatment in primitive man.

3.3. Study indicates that, application of herbal medicine or remedy by mouth was usually accompanied by incantations, grimaces, dancing and such other tricks of magicians. Therefore, the primitive physicians or medicine men are to be regarded as witch doctors sorcerers.

3.4. From time immemorial man has been found to interpret health and disease from cosmological and anthropological point of view and were interested to control disease by various ways and means, such as magical power, applying herbal medicine and also by exorcism. The earliest medicine men were, therefore, the priest, the herbalist and the magician, who took various ways to care man's disease.

3.5. The concept of disease in which the ancient people believed, is known as the supernatural theory of disease. As a matter of fact, the treatment procedure followed by the ancient people was a logical sequence i.e. appeasing God by prayer, rituals, sacrifices, driving out 'evil spirits' from human body by witch craft using charms and amulets to protect from the influence of the evil spirit.

3.6. Evidence are also common in prehistory where man improvised stone and flint instruments with which he performed circumcisions,

amputation and trephining of skulls. Primitive medicines were intermingled with religion, magic, witch craft and superstition.

3.7. The supernatural theory of disease is as old as civilization, which still prevails in many parts of the world including India and Bangladesh. In Bangladesh and India, still the snake bite is heard to be cured by '*mantras*'. Diseases like leprosy are still interpreted as a punishment for one's past deeds in Bangladesh and India.

3.8. The system of medicine called Ayurveda was received by Dhanvantari who has been deified as the God of Medicine in the Vedas. This is also called Indian medicine which dates as for back as 2nd Millennium B.C. The period of Vedic medicine lasted until 800 B.C. The highest development of Ayurvedic medicine has been recorded from 800 B.C. until the end of 1000 B.C. which may be regarded as Brahmanistic period.

3.9. According to Hindu Philosophy, body contains three elementary substances – microcosmic representatives of the three divine universal forces, which they termed spirit (air) phlegm and bile. According to Hindu Philosophy, health depends on the normal functioning of these three substances.

3.10. Ayurvedic medicines were mainly of vegetable drugs, all of such drugs were from indigenous plants. Caraka and Susruta (Physicians of Brahmanistic Period) knew huge medicinal plants the numbers of which are 500 and 760 respectively.

3.11. Chinese medicine made substantial progress until A.D. 960 and the appeared a static progress. Traditional Chinese medicine is based on

dualistic cosmic theory of the Yin and the Yang means the female and the male. The human body is like matter and which is made up of five elements: wood, fire, earth, metal and water.

3.12. Wang Ching-jen contributed much to the development of anatomy, based on cosmic system which postulates the presence of hypothetical structures of 12 channels. The body contains five organs (heart, lungs, liver, spleen and kidneys), which store up but do not eliminate; and five viscera (such as stomach, intestine, gall bladder and bladder) which eliminate but do not store up. Each organ is associated with one of the planets, colors, tones, smells and tastes.

3.13. In the early Pre-Christian Era in Japan disease was regarded as sent by the Gods or produced by the influence of evil spirits. Treatment and prevention of diseases were therefore based largely on religious practices such as prayers, incantations and exorcism.

3.14. Ancient Greece inherited much of its system of medicine from Babylonia, Egypt and even India and China. Asclepius, the God of medicine, who lived about 1200 B.C. and is said to have performed many miracles of healing. Asclepius was worshiped in many temples throughout Greece, the remains of which may still be seen at many places of Athens and elsewhere.

3.15. In ancient Babylon, many sick persons wanted to go for healing rituals known as incubation or temple sleep to these resorts or hospitals. They would lay down to sleep in the dormitory or abation and were visited in their dreams by Asclepius or by one of his priests, who gave advice of treatment. In the morning, patient often departed and cured.

3.16. Hippocrates (460-370 B.C.), who is often called the father of medicine, classified diseases based on observation and reasoning. He denied the tradition of magic in medicine and introduced clinical methods in medicine.

3.17. In ancient Mesopotamia the basic concept of medicine was based on religion. It was known as the place of magic and necromancy. Demons were considered to be the cause of diseases and Geomancy, the cause of dreams. Liver was considered as the seat of life and characteristics of medical lore.

3.18. The Hammurabi Code (2000 B.C.) of health practice of Babylon bears the significances of medical knowledge of that time. Hammurabi was a king of Babylon (2000 B.C.), who formulated drastic laws related medical practices.

3.19. Egyptian people believed in preservation of human body. Egyptian medicine reached its highest peak of development during the days of Imhotep who became famous for statesmanship, architecture, building pyramids and above all as a physician. Hours was regarded as the God of health and was worshiped by the people. Egyptian system of medicine was famous for its effectiveness and dominance for about 2500 years till its replacement by the Greek.

3.20. Galen was the writer of some 500 treatise on medical subjects, who was literally a medical doctor in his time. His writings influenced European medicine which were accepted as standard text book in medicine for about 14th Centuries, till his views were challenged by

the anatomist, Vesalius in 1543 and the physiologist William Harvey in 1628 almost 1500 years after his death.

3.21. In ancient Arabian Language, the name of Ancient Greece was 'Unan'. The father of ancient Arabian system of medicine was Hakin Bokrat or Hippocrates who was in Greece in 860 B.C. He was an inhabitant of ancient Greece or Unan and as such his system of medicine is known Unani medicine. Some European thinkers opined that the Arabs translated Greek and Roman literatures into Arabic and helped preserve the ancient knowledge. Borrowing largely from the Greeks and Romans, they developed their own system of medicine.

3.22. Ibn-Sina (980-1037 A.D.) contributed lot in the field of Muslim medicine. Abu Becr was a director of hospital in Baghdad. His work on small pox and measles is still regarded as an authority today.

3.23. The believer of the Yoga school, known as Yogis, use Yoga exercise to achieve their goal of isolation of the soul from the body and mind. Yoga exercise tries to give people *Prajna* (understanding) of the meaning of their soul.

3.24. Haniman, a German Physician is regarded as founder of Homeopathic Medicine. At the time of translation of meteria medica, Haniman found that *Kompojor* appears if Sinkona Chhal is taken on normal body, but Sinkona is the medicine for curing *Kompojor*. This created a new horizon in the discovery of a new system of medicine, namely Homeopathic Medicine.

3.25. The concept of Social medicine has been evolved in Europe, which was revived by Alfred Grotjohn in 1911, who stressed the need for

social factor in the etiology of disease, which he termed as Social Pathology. The seeds of medicine which is now regarded as social science was sown in the late 19th Century by Neuman and Virchow.

Chapter Four: Modern Health Care Facilities and Folk-treatment in Bangladesh

4.1. Union Health and Family Welfare Centre (Union Level) provide health and family planning care to approximately a population of 20,000-25,000. Thana Health Complex (Thana level) provides curative treatment for various ailments having emphasis on prevention and promotion. It coves a population of about 200,000.

4.2. Thana Health Clinic (T.H.C.) lies in the key position since it has extended health care facilities in the grass-root levels of the country. Therefore, it deserves special attention of the planners since the whole rural people have been brought under Thana Health Complexes.

4.3. Family Health Education Programme (FHEP) under the initiative of Health Education Programme (HEP) has launched an awareness programme in the grass-root level, through its Health Assistant and Health Educators to prevent and control 23 diseases including EPI of six diseases i.e. Tuberculosis, Tetanus, Diphtheria, Whooping-cough, Measles, and Polio. By timely immunization, these six diseases can be easily prevented or controlled.

4.4. More than fifty per cent people of Bangladesh are living beneath the poverty level, who are more or less considered to be poor and

marginal people. With their limited income, they can some how feed up their hungry bellies, but not all capable of enjoying modern health facilities, since it involves huge expenditure.

4.5. Dr. Rahman in his study reveals that, Private health care facility is beyond the reach of the poor and marginal people, since the expenditure even for an ordinary and common disease involves around seven thousand Taka.

4.6. Most of the government doctors have opened private clinics where they offer treatments, although its standard in very poor. So, it can be opined that, medical and health care facilities in the government sectors have been almost broken down. Hence, the poor and marginal people of Bangladesh have no capacity to access to modern health care facilities.

4.7. Government has no control over the fixation of price of the national and multinational companies. It has no control over private clinics. Physicians are changing their fees, which is not only unethical but also unrealistic in the context of Bangladesh.

4.8. Magic and religion played vital role in the medicine in the prehistoric and primitive period. Application of herbal medicine or recently by mouth was always accompanied by dancing, grimaces and incantations.

4.9. For tooth pain, the name of seven *sudkhor* (interest taker) is written and pushed in the amulet and thus placed by hanging in the ache place. Patients of our study village and other areas of Bangladesh opined that their tooth ache had been cured by this folk-treatment.

4.10. Study in our village reveals that, leprosy is a sort of exposure of curse of the ancestors which is not curable by medicine. *Panipora* is therefore, widely practised by the rural men and women in different parts of Bangladesh.

Chapter Five: Health Seeking Behaviour of the Village Petkata

5.1. Health seeking behaviour of the people of any society is related to a number of factors; these may be economical, social, cultural and even political.

5.2. Petkata is a village, which is inhabited by mostly Muslims and hence, their life pattern is moulded by Islamic belief system. Most of the inhabitants of this village are illiterate, poor and agricultural. As a matter of fact, most of the peoples cannot afford modern costly treatments, which are not at all available in their door-step, since there is no medical centre in the village.

5.3. Although the study village is small but it is populous like other villages of Bangladesh. Not only that, the village is poverty stricken and vulnerable from the point of view of diseases. According to our preliminary survey, roughly 37 types diseases were identified and about 500 peoples were detected, who seemed to the researcher disease / problem affected.

5.4. The village Petkata is disease prone and very poor from socio-economic point of view. Out of 1697 villagers, 311 have suffered from illness / diseases which constitute about 18.32 per cent of the

total villagers. The females are more disease prone compared to the males, the percentage of which is 20.55 and 16.16 respectively.

5.5. Out of 1697 persons of Petkata village around, 18 per cent have suffered from various types disease/illness. Various kinds skin diseases are common and frequent in the village. Of the total 311 sick peoples 20 male and 23 female children of 10-15 age group were suffering from skin diseases.

5.6. Rheumatic arthritis was also a common problem in the study village, the number of which was 29. This problem was detected among the age group of 50-55 years. The numbers of jaundice and chronic dysentery ware also alarmingly high among the males and females but their age groups were different; jaundice was common in 30-35 years age group, while dysentery was found in the 50-55 years age group. Goitre and Asthma were common in the same age group i.e. 50-55 years.

5.7. Religious healers have tremendous role over the patients in the village under study. Because significant number of the patients took the help of religious healers, which include *tabeez*, *panipora*, *jhar-fook* etc. *Jeen kabiraj, Peer Shaheb, Maulana. Imam* and *Ojha* have also significant role over the patients of Petkata village.

5.8. Of the eight types of treatments, religious physicians attracted our special attention during our fieldwork. In addition to these, witch physicians and o*jha* played vital role in connection with treatments in the study village. We had been able to detect 86 cases of traditional treatments so far adopted by the villagers.

5.9. *Baan mara* is a kind of incantation to harm a person, which is administered by the exorcist. This is applied in a technical way at certain time, which is usually done at night before the new moon. The *Baan mara* plate may be placed at the *trimohoni* at the dead of night. During the time of our field investigation, we detected four cases of such *Baan mara*. It is interesting to note that, the cases of *Baan mara* cannot be cured by any kind of scientific medical treatment. In that case, one has to take the shelter of witch physician, who knows the art healing by means of *mantras*.

5.10. In the study village, we identified as many as nine infertile couples who had no issue for a long time. These couples were married at least 8-10 years ago, but did not conceive. All these couples seem to be healthy and disease free. They did not examine medically and as such, it was difficult to identify who was actually infertile.

5.11. All the infertile females in the study village used *panipora* and gave *manot* to the *majar* of *Peer shaheb.* At the time of collection of data, one girl was conceived. At the time of report writing, the researcher paid final visit to the research village, when that conceived women gave birth of a male child. She expressed her opinion in this way: '*Tabejee kam hoiney more. More biswas manotey kam oichhey. Moi ShahJalaler dorgai manot horchhey. Shahjalal baba morey pola dichhey*'.

5.12. There is strong belief among the in habitants of the village Petkata that, the evil demon has bad effects on some houses, and due to such

effects, the member of the houses suffer a lot from complicated diseases. We discovered 6 houses of this type.

5.13. Although the unmarried girls were not socially out cast, but societal treatments with them seemed to be such. They were always avoided by other unmarried girls. Not only that, they were not allowed to visit the residence of unmarried girls' house and the weeding ceremonies of girls. The traditional belief is that, their close association with the unmarried girls may create problems of marriage or may cause dissolution of marriage.

5.14. We made special queries about the nature of treatments so far taken by the unmarried girls. All the guardians of the unmarried girls had given *manot* for marriage of their girls. Of the four girls, one was Hindu, who visited *kali Mata Mandir* several times for her marriage. The *Brahman* suggested her to take bath in the *Ganges* river and also give some *vogue* to the *Kali*. Three Muslim girls already visited the *Peer Shaheb* of Sorsian for his *doa*.

5.15. The researcher witnessed four cases of snake bite in the village at the time of field investigation. All the cases were treated by traditional methods and not by medical science. The traditional method of treatment of snake bite is as follows, 'the upper place of the snake bite should be lightly bound so that poison can not reach to the brain, by circulation of blood through the artery. A hole should be created on ground and be filled with cow milk. The leg of the patient should be placed on the hole and then treatment be started by incantation reciting the *mantra*.

5.16. In the study village four young men were detected reportedly connected with love affairs. They loved the girls of a nearby village, who did not respond to their proposal. Subsequently they took the shelter of witch physicians and *sadhu,* who directed their clients to bring some used items those girls whom they loved. These include: hair, some portion of used cloth i.e. *blouse, pettycoat*, *sharee*, nail, sanitary napkin and excretion of body of the expected girl.

5.17. The witch doctor confidently said that, the expected girl would come to the young man after the incantation prayer is over. But that incantation should be done for three consecutive nights with devotion. He said that, he got the results in three cases out of five incantation prayers. While asked about the cause of failure, he replied "it depends upon the perfection and devotion of mind."

5.18. The researcher has discovered seven cases of leprosy in the study village. All of them thought that it was not a curable disease. Hence, they did not take any medicine for this treatment. Everybody thought that it was the curse of Allah. So, only religious treatment can solve the problem.

5.19. Leucorrhoea is a female disease, which is caused by multifarious reasons such as, Bacteria, Fungus, Chronic Cervicities, Cancer, Cervix and Endometrities. But the women, suffering from this disease in the study village and did not take any allopathic or homeopathic treatments. Seven patients suffering from lecucorrhoea took amulets and *panipora* from the local *Maulanas*. All of them were around 20 years, whose healths have been broken due to this disease.

5.20. Asthma is a common tropical disease of Bangladesh. There are various kinds of treatments including the herbal, which are available in Bangladesh. According to the villagers herbal treatment is most durable and effective and as such, a significant number of the patients visit herbal physicians for their treatments.

Chapter Six: Belief System Associated with Disease and Treatment of the Village Petkata

6.1. Method of treatment is largely associated with the belief system of a particular society, which is characterized by its norms, values and culture. Rural society of Bangladesh has its own norms, values and pattern of culture, which is largely different from urban society and culture. It is therefore imperative that, the rural society of Bangladesh normally may have its own belief system in connection with disease and treatment.

6.2. Conjunctivitis is a kind of small tumour which may appear in the upper or lower eye-lid due to some reasons. But belief system goes like this in our study village, 'if anybody demolishes the egg of lizard, he / she may be affected by this problem'.

6.3. There are various types of eye drops and ointments which are prescribed by the Allopathic doctors for Opthalmia. But our traditional healers of Petkata village suggest a unique medicine which is prepared by lamp black and mustard oil. This ointment is applied on the eye lids for treatment of Opthalmia.

6.4. For the treatment of gout a medicine for gout which is durable. A dove should cooked by normal spices and be taken by the patient at a time facing on the west. A significant number of the gout patients opined that they had got durable result from this treatment.

6.5. *Adh Kopali* is a kind of violent pain which affects half portion of the head and gradually it increases with the appearance and rising of the sun. At noon, the headache reaches its culminating point and begins to decrease with the turning of the sun to the western side of the sky. Folk-treatment in our study village is as follows: Keeping a half betel nut on the head, the patient will have to sit before the sun facing towards the east and continue this act till the rise of the sun on Saturday.

6.6. In the village Petkata, the *Totka* treatment of tooth pain is, placing of seven names of traditional rural interest taker (not taker of bank interest rather traditional money lender) on the place of tooth ache by thread hanging from the ear. The villagers have opined that this was very effective and fruitful.

6.7. Hundred percent respondents of the village Petkata opined that, semen it was impure and as such, after cohabitation every one should take bath. Particularly the females should not touch utensils and prepare food before taking bath. *Tari* is regarded as wine and as such nobody should meet sexually under the influence of *tari* or liquor. In spite of that, if anybody does so, the offspring may be drunkard and may be even physically handicap.

7.2 Policy Implications

This humble study on health seeking behaviour of the rural people of Bangladesh has revealed some truths which was not probably done by any academician, since no integrated study on this particular area of sociology of medicine was carried out in Bangladesh. However, on the basis of the summary of the study and findings, some policies are put forwarded here in connection with herbal treatment, the implementation of which will not only popularize herbal medicines and treatments but also help earn big foreign exchange and thus it would contribute to our national economy.

1. Available knowledge of botany indicates that, out of seventy lac trees and plants of the whole world, about 70 thousands have been detected as medicinal plants. In Bangladesh, there are as many as five thousand trees and plants, of which around 550 plants have been detected in which medicinal qualities are present. The use of herbs and plants as medicine can be seen from time immemorial. The ancient Indian medicine was consisted of mainly vegetable drugs, most of which were from indigenous plants. Out of 550 discovered medicinal plants, only around 100 are used for preparation of herbal medicines in Bangladesh. It is therefore suggested that, more medicinal plants may be used for preparation of herbal medicines, so that poor rural people can afford those for their treatments, since these are comparatively cheap and easily available.

2. Doctors have discovered the elements of modern medicines from herbal extraction procedure of medicines. For example, quinine have been prepared from cinacone, Morphine from Opium, and Belladonna from Atropa. The theory of preparation of chemical medicines in the laboratory, have been derived from herbal medicine. Ample examples can be cited in support of this arguments. The idea of synthesis of medicine in the chemical laboratory have also come from the possession of medicinal substances in the herbs and plants. The importance of herbal medicine can never therefore be overemphasised. Keeping these view points in mind, it is recommended that more medicinal plants may be cultivated in herbal gardens, which are not only the raw materials of herbal medicines, but also keep impacts on the environmental balance, control pollution of air and maintain the balance of diversity of nature.
3. Study indicates that, most of the medicinal plants are available in our nature. Not only that, soil condition and environment of this country are very suitable for the cultivation of medicinal plants required for the treatments of our common diseases. It is therefore desirable that, herbal gardens should be encouraged so that treatments of common tropical diseases of this country, can be effectively cured by herbal methods, which is not only economical but also free from side effects. It should be remembered that, some rare medicinal plants are being disappeared from our country, due to our ignorance and absence of patronization.

4. There are some items which are simulteniomsly used as food, curry, spices and also raw materials of herbal medicines. For example, carica papaya, cocos nuclear, punica granatum etc are taken as food; daucas carota , salanum nigram, ramphanus sativas etc are taken as curry and zingiber officinate, cardamomum etc are used spices. These items are very much required for preparation of herbal medicines. There are such other numerous items, which are taken as food, curry, spices and also used as raw materials for herbal medicines. Because of our paucity of knowledge and ignorance, we do not know their use as medicine. It is therefore suggested that, proper knowledge in connection with the use of such items and plants should be imparted through books and publicity media, so that common peoples are encouraged to produce these items in their kitchen gardens, and take it as a part of their diets and thus, can keep themselves bodily fit. They many also be encouraged to produce these items, with a view to adding some money to their income. In the syllabus of schools and colleges, this subject may be introduced so that it may be popular among the common peoples and thus its use can be deep rooted in our society and culture.
5. Study indicates that, around one hundred items are frequently used for the preparation of Ayurvedic and Unani medicines in our country. It constitutes several thousand tons. Although its costs can not be properly calculated, and yet it can be said that, it involves huge amount of money. It further indicates that, its use is

increasing rapidly. According a recent study (Said: 1996) herbal medicines, to the tune of 4.5 Billion U.S. dollar, was sold throughout the whole world in 1980. The sell of such medicines increased by 245 per cent in 1990, which stood at 15.5 billion US dollar. By 1999, the sell of herbal medicines stood at 70.00 billion U.S. dollar in Europe, America, Australia and Canada, the percentage of such increase calculated at 351 per cent. The World Health Organization (WHO) has forecast the sell of these medicines to the tune of 5.0 bullion U.S. dollar by 2050. The world scenario indicates sharp expansion of markets of herbal medicines. It is therefore recommended that, the Ministry of Health should give proper attention to this particular area of medicine, so that more herbal gardens (there are very few herbal gardens in Bangladesh) can be established on commercial basis. It can supply raw materials for our home consumption and also be exported abroad with a view to earning more foreign exchange. In this connection one thing can be borne in mind that, our government expends huge foreign exchange for importing raw materials for preparation of our drug from foreign countries. If we can encourage herbal sectors of medicines, then simultaneously we can earn foreign exchange by exporting herbal materials and medicines, and also save hard earned foreign exchange by reducing or discouraging the import of life saving drugs from foreign countries.

6. We are to encounter some problems in connection with exporting herbal medicines. These are mainly linguistic and cultural. We must be familiar with the language and culture of those countries, to whom we are to send medicines. Our Commercial and Cultural Attachee of the Embassy/ Consulate should be directed towards achieving the targets of exports of herbal medicines. Literatures of herbal medicines should prepared and printed in bilingual form i.e. in English and in the language of exporting countries. Moreover, our products should be quite familiar with the culture and diseases of exporting countries.
7. For popularizing herbal gardens in the country, well devised measures should be taken by the government; these measures may include : (a) those herbal plants should be earmarked which are produced within a short period of time and involve small expenditure; (b) with a view to popularizing the use of herbal plants, combined and concentrated efforts of botanists, chemists, horticulturists medical scientists and hekims should be included and for that, a Board of Advisers consisting of these experts be formed with specific aims and objectives; (c) Inter Ministerial Expert Team consisting of the Health, Forestry, Horticulture and Commerce may be formed with a view to cultivating herbal garden, conducting research on herbal plants and assessing the quantum of home consumption and abroad.
8. Present study reveals that most of the people of Bangladesh live in the rural areas. Their educational standard and level of income are

very poor. They can hardly afford Allopathic medicines and treatments due to their pecuniary condition. Study indicates that, most of the peoples are inclined towards herbal medicines and folk-medicines. They are also inclined towards *panipora* and *Tabeez* (amulet) etc. Considering their economic condition, belief system and health seeking behaviour, the following measure are suggested: (a) Herbal Medical Units may established at every Thana Health Complexes; (b) Available herbal doctors should be trained under the care and control of 'Central Herbal Health Complex, to be established in the local level; (c) *Imams*/spiritual leaders and folk-physicians of rural Bangladesh should also be given primary health care training, jointly sponsored by *Imam* Training Academy (ITA) and Central Herbal Health Complex (CHHC), so that they can prescribe herbal medicines and give necessary health advices instead of giving *panipora* and *tabeez*.

9. In our national health policy and drug policy, Unani and Ayurvedic sectors have not been properly evaluated. But our study indicates that a vast majority of our people are depended upon this sector of treatment. Spiritual leaders and Imams are very important in rural areas. Folk healers are also very important in the rural areas. This factor has been overlooked in our health policy. Homeopathic medicine is comparatively cheap and almost free from side effects. While formulating health policy, these key factors should have been taken into consideration. It is therefore imperative that, in our future health policy these sectors should be given due priority.

10. Primary health knowledge of the peoples of study village is very poor. A significant percentage of the rural people think that Tuberculosis, Leprosy, Arsenicosis, Veneral diseases are hereditary and curse of the sinful acts of the ancestors. To eliminate their wrong knowledge, no campaign has been launched among the common peoples. It is therefore suggested that, rural health visitors and *Imams* of the village mosques should be trained by the Thana Health Complex, so that ignorance in connection with this sort of diseases can be removed by proper campaign.
11. The study further reveals that, the peoples of our study area are very poor and illiterate, who are very much inclined towards folk-treatments, which is not at all scientific. It can be assumed from this study that, other villagers of Bangladesh are equally inclined towards folk-treatments. To ensure a sound medical system for the rural peoples of Bangladesh, it is suggested in the light of the findings of the study that, a sound and pragmatic health policy should be framed and implemented immediately. Because, our present health care facilities are quite inadequate to meet the requirements of the common peoples of Bangladesh, whose needs in connection with health care and treatments have been neglected over the years by all past governments.

7.3 Concluding Remarks

Bangladesh is a rural based country. Majority of its peoples live in the villages, who are economically very poor. More than fifty percent of the rural people live beneath the poverty level, who can not afford minimum requirements of life. They are not only economically poor but also backward socially and culturally, who have tremendous faiths in magic and supernatural power in connection with disease and treatments. They interpret many diseases in terms of fate and curse of the God. Due to all these reasons, majority of the rural peoples are inclined towards folk-medicines and folk-treatments. A significant percentage of the rural people are also dependent upon Ayurvedic and Homeopathic treatments. A section of the rural peoples still believe that, diseases / problems like Tuberculosis, Leprosy, Leukoderma, Impotence etc. are hereditary and curse of the God, which was revealed upon their ancestors; therefore, these are not curable by medicines. They are, therefore, more interested in taking the shelter of the spiritual healers, who usually give *Panipora*, *Tabeez* and folk-treatments, instead of giving modern scientific medicines. They have tremendous faiths in the existence of goblin and as such, have faiths in incubation prayer and exorcism of the *Jeen Kabiraj* and spiritual healers, who have engaged in such kind of treatments from time immemorial in rural Bangladesh.

They offer *Manot* and *Sadqa* as a means of treatments for infertility, child mortality, frequent dissolution of marriage and such other problems. They are largely depended upon Herbal treatments and Homeopathic treatments, since these two types of treatments are by far the cheapest of all

available treatments in Bangladesh. The poor and marginal peoples do not have access to our existing modern healthcare facilities due to their financial condition. As a matter of fact, the health and the hygienic condition of the rural people of Bangladesh are very deplorable. Present study, conducted in a village of Bangladesh, has revealed such truth. The study may be treated as representative in nature, since all the villages of Bangladesh are more or less identical in respect of socio-economic and cultural conditions. The study, has therefore reveled that, due to the lack of knowledge and wisdom regarding common diseases and health problems, significant majority of the rural peoples have become the victim of health hazards. Considering the above mentioned socio-economic and cultural condition of the rural peoples of Bangladesh, it is therefore suggested that, a pragmatic and realistic health and drug policy should be formulated by the government (since present health and drug policy is inadequate and lacking many vital matters of health and treatments in the context of Bangladesh) with a view to implementing it without killing time.

The study indicates that, the present condition of the rural people of Bangladesh in connection with health seeking behaviour is far below from reality of the present world, since the modern world has developed tremendously although it could not discover effective treatments of some diseases even in the days of globalization.

The study has further revealed that, the rural people have become the prey of superstition and wrong knowledge in connection with health seeking behaviour due to their socio-economic and cultural backwardness, which have been the resultant effects of their deprivation from many amenities of

life, including a cheap modern medical facilities from many years, which is indeed one of the crying needs of the common peoples of democratic Bangladesh.

Glossary

Aaiburo	: The girl who is not married at proper age
Adh Kopali	: Violent pain in half portion of head which increases with the rise of the sun
Allah	: God
Alna	: A kind of wooden / metal arrangement for keeping clothes
Amabashaya	: The night before the appearance of the new moon
Ashir baad	: Wishing good for someone by an elderly person
Ashraf	: Respectable
Aulad	: Son
Ayurveda	: A kind of herbal medicine following doctrine of Reek Veda
Azrail	: Designated killer of Allah
Baan mara	: One kind of harmful act by magical power which is not curable by medical treatment
Bagaduli	: A kind of indoor game usually played by young girls.
Baidaney	: Female physician performing treatment by incantation or by witch power
Bari band	: A kind of religious incantation by the influence of which no evil power takes access in to the house
Bhata	: Low Tide

Bichha	: One kind ornament used around waist by rural girls
Bish	: Poison
Bod Ashor	: Bad influence
Bod doa	:Ill prayer for an individual
Brambhon	: A Hindu religious figure who leads prayer
Chacha	: Uncle
Chachi	: Aunt
Chadder	: Wrapper used by both males and females
Chandra Grohon	: Lunar eclipse
Choki	: Sleeping Arrangement by wood structure
Churi	:Wrest let
Daba	: Chase
Dada	: Grand father
Dalim	: Punica Granatum
Dalim Ful	: Flower of Punica Granatum
Darga Sharif	: Graveyard of a Muslim Saint
Debota	: Hindu God
Dhopa	: Washer man
Dhorashanp	: A kin of snake having no poison
Doa	: Good wishes for any person
Dori Khat	: Sleeping Arrangement by rope netting
Dori laaf	: Skipping

Eid	: Early congregation prayer after one month fasting or after sacrifice of animal in honour of Allah
Ekka dokka	: One kind of rural game played by little rural girls
Fajar	: Time before rising the sun
Fakir	: Religious pious man who leads a simple life
Ghu ghu pakhi	: Dove
Gobre ponka	: Beetle
Gonga Snan	: Birth in the river Ganges
Haiga	: Evacuation
Haqumaula	: God is omnipotent
Holud Ruti	: Bread prepared with turmeric
Imam	: One who leads Muslim prayer
Jafran	: Saffron
Jeen	: Demon
Jeen Kabiraj	: Physician conducting treatment by magical power of demon
Jhar-fook	: Blowing over body muttering verses in the name of super natural power
Joar	: High Tide
Jom doot	: He, who is supposed to be confirmed killer
Jonaki	: Fire fly
Jonk	: Leech

Kabadi	: Ha-do-do
Kabiraj	: Herbal physician
Kaffara	: Penalty for misdeeds
Kalb	: Heart
Kali Mandir	: Temple of God Kali
Kamla	: Day Labour
Kana machhi	: Blind mans buffoon.
Kanchi	: Branch of bamboo
Kansha	: Bell metal
Khorom	: One kind foot wear made of wood and used by traditional old man
Krishna	: God of Hindus
Kukarma	: Bad / evil Deeds
Kuli	: Porter
Kupi	: Small lamp
Kusti	: Wrestling
Monosha	: Hindu Goddess of snake
Majar	: Burial place of a saint
Makri	: Ear ring used as ornament by rural women
Manot	: Prior sacrifice of worldly goods and gifts wishing something good
Mashiker tena	: Sanitary napkin
Mathar khuli	: Skull
Maulana	: Religious personality having sound knowledge in the Quran and Hadith
Maya	: Daughter

Milad	: Islamic ritual in honour of Prophet (Sm.) of the Muslims
Mohammad (Sm.)	: Prophet of Islam
Moila	: Excretion
Mondir	: Sacred place for worship of the Hindus
Morog lorai	: Cock fight
Mutey	: Making water
Naak ful	: Nose ring
Napit	: Hair Cutter
Neek Ichha	: Good wish
Nokh	: Nail.
Nouka Baich	: Boat race
Ojha	: Rural physician for treatment of snake bite
Orna	: One kind of wrapper usually worn by females
Oros	: Ceremony for the observance of birth day of saint
Pajama	: One kind of loose trouser used by males
Palok	: Feather
Panipora	: Blowing on water reciting verses
Panpata	: Betel leaf
Pantabhat	: Fermented cooked rice
Peer shaheb	: Muslim Religious personality with heavenly quality
Pitol	:Brass
Punjabi	: One kind of traditional shirt used by usually elderly people
Putul	: Doll

Rejek	: Food
Ruah	: Soul
Sadhu	: Religious Saint of the Hindus
Sadqa	: Post sacrifice of wealth, gift etc. in the name of Allah for fulfilment of desire
Sendur	: Vermilion.
Shah Jalal	: A famous Saint, who's graveyard is at Sylhet
Shari	: Traditional wear of 10 yards length used by woman
Shosan ghat	: Funeral place
Sudkhor	: Traditional interest taker
Surja Grohon	: Solar eclipse
Thana	: Administrative headquarter below district level
Totka	: A kind of quack treatment having no scientific basis
Tuktak	: Incantation
Unani	: A kind of herbal treatment following Unani doctrine
Upri	: Influence of supernatural power on certain individual
Vog	: Food and drink in honour of Hindu God or Goddess

Abbreviations

AIDS : Acquired Immune Deficiency Syndrome
ARI : Acute Respiratory Infection
BUP : Bangladesh Unnayan Pasishad
CHC : Community Health Clinic
CHHC : Central Herbal Health Complex
CSO : Civil Surgeon Office
DHQ : Divisional Headquarter
EPI : Expanded Programme on Immunization
FHEP : Family Health Education Programme
HEB : Health Education Bureau
IMF : International Monetary Fund
ITA : Imam Training Academy
IUAES : International Union of Anthropological and Ethnological Sciences
NGO : Non Government Organization
O&M : Organization and Management
ORT : Oral Rehydration Therapy
SAARC : South Asian Association for Regional Cooperation
THC : Thana Health Complex
WB : World Bank
WHO : World Health Organization

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