

## **Health Care Situations and Nature of Folk Treatment in Rural Bangladesh**

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**Abstracts:** *This paper is based on two important aspects of medical sociology of rural Bangladesh. The first one is to highlight the health care facilities which are available in rural Bangladesh. The second aspect of the paper is to analyze the nature of folk treatment practiced by a significant majority of the rural people in Bangladesh. The data for the study have been collected by two methods. For collection of data on health care situations, the author has studied secondary materials i.e. government report on health policy and other relevant materials on the subject. Side by side, survey method has been applied to supplement secondary data. But, for collection of data associated with folk treatment of rural people, anthropological method has been widely applied in a remote village of Barisal district, where the author stayed for a considerable period of time. The paper ends with a policy conclusion.*

**Keywords:** Health Care; Folk Treatment; Rural Bangladesh; Rural Treatment; Beliefs and Practices of Rural Health

### **Introduction**

About 25.6% people of Bangladesh live beneath the poverty line<sup>1</sup>. Majority of them live in rural Bangladesh. Somehow they live from hand to mouth. With their limited income they can hardly satisfy their hunger. They are not capable of enjoying modern health facilities since it involves huge expenditure. Besides these, their food habit, pattern of dress, economy, belief system, norms and values etc. are very much traditional. Because of belief system and traditionalism, vast majorities of the rural people are still inclined towards folk-treatments, although rich and educated people are comparatively depended upon modern medical system. As a matter of fact, rural people usually consult quack doctors and folk physicians. This paper is designed to focus on the existing health care facilities, peoples' traditional knowledge and wisdom regarding health and diseases, folk-practitioners changing attitudes and nature of folk-treatments in Bangladesh.

### **Objectives of the Study**

This paper has three specific objectives i.e. (a) to study health care situations in rural Bangladesh, (b) to analyze nature of folk treatment in rural Bangladesh, and (c) to examine folk-practitioners changing attitude towards treatments in Bangladesh.

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<sup>1</sup> Bangladesh Bureau of Statistics, 2014.

### **Method of the Study**

This paper is an extract from the Ph.D. dissertation of the author titled "Health seeking Behavior of the Rural People of Bangladesh: An Anthropological Approach". The data for the study was collected by applying anthropological method. The author spent 9 months to collect data from a village, *Petkata* in the district of Barisal, Bangladesh. Some secondary materials on government health policy and such other relevant information were used for the study.

### **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 Directorate of health, located in six Divisional Head Quarters (DHQs). These DHQs give directive and supervise the health programs 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 the whole of Bangladesh (Directorate of Health: 1998).

### **The primary health care facilities of Bangladesh are as under**

**a. Community Level:** Community health care workers, called Health Assistants, Family Welfare Assistants and Thana Family Planning Assistants (TPAs) are trained for providing safe delivery services and primary health care facilities to the villagers. Each community health workers render services to cover a population of 4000.

**b. Union Health and Family Welfare Centers:** These centers provide health and family planning care services to approximately a population of 20,000-25,000 in the union level.

**c. Thana Health Complex:** It provides curative treatment for various ailments having emphasis on prevention and promotion to cover a population of about 200,000 in the thana level. Moreover, the secondary health care services are provided by 57 district hospitals with beds 50-200 located at the district levels. Tertiary level health care is provided by eight medical colleges throughout the country. Specialized health care is also provided by specialized hospitals numbering 9, mainly located at the national headquarters.

Careful examination of the Organization and Management of Health Directorate reveals that, civil surgeon office (CSO) and Thana Health Clinic (THC) play vital role in connection with health services in the country. But, especially the THC lies in the key position, since it has extended health care facilities in the grass-root levels of the country. In addition to these, there are sub-health centres throughout the whole country which render health services in the rural areas. Moreover, government has taken an ambitious plan to establish 13,900 Community Health Clinics (CHC) (one for every 6000 peoples) throughout the whole of Bangladesh (GOB: MOH: 2000).

Study reveals that most of the THCs have shortage of manpower 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. The study further indicates that, a significant number of the THCs are running without medical officers, surgical specialists, gynecologists and dental surgeons. A significant number of the important posts have been lying vacant for a long time.

### **Family Health Education Program of the Government**

Family Health Education Program (FHEP) under the initiative of Health Education Program (HEP) has launched an awareness program in the grass-root level, through its Health Assistants and Health Educators to prevent and control 23 diseases i.e. Tuberculosis, Tetanus, Diphtheria, Whooping-cough, Measles, and Polio. These six diseases could be easily prevented or controlled by timely immunization. But, due to lack of primary knowledge regarding these diseases, our poor and marginal people have been tremendously suffering from these diseases. According to Health Education Bureau (HEB) information, 30 per 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 people to take helps from the Health Assistants and Health Educators for the following diseases: ARI (Acute Respiratory Infection, Diarrhoea, Blindness 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 percent people of Bangladesh are suffering from physical and mental diseases. Of them, about 47 percent are suffering from Goitre, and 0.5 percent are suffering from neurological problems. Furthermore, 80 percent people are suffering from various kinds hookworm. Moreover, 40,000 cases of *Kalazar* were identified in 36 districts of Bangladesh. According to a survey, 136,000 people were identified, who were suffering from Leprosy, 30 percent of which were physically handicap. According to another survey, 6.3 percent people per thousand have been suffering from Rheumatic fever, of which 60% are suffering from Rheumatic Heart diseases (MOH: GOB: 1999).

### **Peoples Knowledge about 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, the problems can be effectively reduced and checked. Keeping this objective in mind, the HEB identified 23 common diseases and trained its health workers to make the poor rural people aware of these diseases and health problems. Rahman in his study tried to investigate and evaluate the level of knowledge and awareness of the rural people regarding these diseases and other health related issues. The study however, revealed very poor knowledge of the rural people, the prevalence of some traditional knowledge and belief system regarding some diseases in the study areas of Rajshahi district (Rahman: 1997).

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 people in connection with some diseases and these are leprosy, Gonorrhoea, Syphilis, Goitre, Polio and Tuberculosis. According to the rural people, 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 and Syphilis is not venereal diseases rather these are the outcomes of some sinful acts<sup>2</sup>.

### **People's Conception and Gradual Development of Knowledge about Medicine and Treatment**

People's 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.

Magic and religion played vital role in treatment in the prehistoric and primitive period. Application of herbal medicine was always accompanied by dancing, grimaces and incantations. Therefore, the first doctor or physician may be regarded as witch doctor or sorceress. The use of charms and talismans which is still prevalent in modern time is indeed of ancient origin (Guthrie: 1947).

Until the scientific inventions and discoveries in the 19<sup>th</sup> and 20<sup>th</sup> 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. 19<sup>th</sup> 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. 20<sup>th</sup> century is marked by several developments in medical science such as Chemotherapy, Immunology, Endocrinology etc. Anti Tuberculosis drugs, antibiotics like Penicillin, Immunization against Tuberculosis, Tetanus, Antitoxin, Polio vaccine, discovery of Insulin, Radiation treatment of Cancer etc. are some of the important developments of 20<sup>th</sup> century (Klememan: 1980).

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

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<sup>2</sup> Rahman, Md. Abdur: 1997: "Health for Marginal People of Bangladesh: Relevance of Traditional Knowledge and Wisdom": Paper Presented in the International Union of Anthropological and Ethnological Sciences (IUAES) in the Inter-Congress on Metropolitan Ethnic Cultures: Maintenance and Interaction: Beijing, China

methods and surgical operations have added several years to life and increased life expectancy of the people up to average 75 years to the industrially developed countries of the world. Due to medical progress, improvement of nutrition, sanitation and living conditions, people 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 centers, clinics, hospitals have emerged for medical care in most countries (Dubos: 1969).

Bangladesh is one of the developing countries in the world. Most of the people in this country are poor and marginal. Not only that a significant number of people are illiterate and live in the rural areas. Moreover, almost all the people 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 people since Bureau of Statistics does not maintain such record. But it can be guessed from the data, furnished in table 1.1 by Professor P.C. Sarker in his study conducted in a village of Bangladesh (Sarker: 1996).

**Table 1.1: 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: Sarker, Profulla, C., 1996: Infertility and Practice of Traditional Methods of Treatments in Cross-cultural Perspectives in Bangladesh: South Asian Anthropologists: 17(1) 21-25. Ranchi, India.

Sarker, in his study in a village of Rajshahi found that 170 infertile spouses took various types of treatment methods for getting child. Of these 170 spouses, 50 applied Ayurvedic method which is nearly 30 per cent of the total. On the other hand 23 adopted folk-treatments constituting nearly 14 percent. The dependence on Allopathic and Homeopathic are nearly 9 percent. The dependence on cosmopolitan method (that is more than method) is 29 percent This indicates that, the rural people of Bangladesh are very much inclined towards Ayurvedic and folk-treatment methods.

### **Folk Practitioners Changing Attitudes towards Treatment**

Folk-treatment has been widely practiced in all parts of Bangladesh from time immemorial but its large acceptance and popularity can be noticed in the 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 in rural Bangladesh. Although there are cultural homogeneity among the people 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 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 (Black: 1883).

Folk-physicians are mainly of four types in rural Bangladesh, (a) Religious or spiritual healers, (b) *Jeen Kabiraj* i.e. healers associated demon or ghost, (c) *Ojha* i.e. exorcist and d) *Totka* I.e 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 on the ache place. Patients of my study village (*Peltata* in Barishal district) and other areas of Bangladesh opined that this was very effective and fruitful.

However, the observation is that 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. Present study reveals that, four types of folk-physicians simultaneously suggest some herbal medicines along with their traditional exorcism, incantation, quack remedy, amulet and *panipora*. The patients are inclined towards applying cosmopolitan method of treatment and as a result folk-physicians of rural Bangladesh are gradually proceeding towards modernism from antiquity.

### **Folk Treatment in Rural 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 people are depended upon folk-treatment. Folk-treatments are however, associated with:

- a) Religious belief and practices About disease and Treatment**
- b) Customs and tradition of Rural People Regarding Diseases**
- c) Purity and impurity Associated with Disease**
- d) Belief in the Existence of demon and ghost**
- e) Belief System about Trees / plants and**
- f) Certain thing/items or Portion thereof**

#### **a) Religious Belief and Practices About Disease and Treatment**

There is wide belief in the rural areas that certain diseases/problems may be generated in human body 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 obtain *panipora* and *tabeez* from the folk physicians in the rural areas of Rajshahi (Sarker Op. cit). Belief system goes like this, Cholera and Pox generally break out in the from of epidemic when the evil deity becomes angry with the people of certain village. In that case, *manot*( *prior* sacrifices) is given in the sacred place like mosque or *mandir* to satisfy the evil spirit.

#### **b) Customs and Traditions of Rural People Regarding Diseases**

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 *sadga/manot* (Worldly goods and gifts wishing something good) are to be offered just before or after the birth of the child to satisfy the evil spirit or supernatural power. It is sometimes believed that, due to the *bodashor* (bad influence) of demon such deaths occur. In that case, *tabeez* (amulet) should be used with the leg of the off spring and inferior type of name should be given to the new born child. Customs prevail like this in rural Bangladesh that, fair looking girls may be attracted by the evil demon, if she walks around the open court yard spreading hair before the dusk.

### c) Purity and Impurity Associated with Disease

Water is always regarded as pure. 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 except offering of *Kaffara* (compulsory punishment). Belief system is prevalent like this that, if anybody burns frog in the fire, he/she may be affected by throat pain, since frogs are considered pure by the Muslims because it (frog) tried to save the life of a prophet from the fire. In case of such throat problem, uttering *tauba* (swear not to repeat the same act) or giving *manot* (animal sacrifice or so) is the usual treatment.

### d) Belief in the Existence of Demon or Ghost

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

### e) Belief System About Trees and Plants

Certain trees and plants are considered to be 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* tree 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 immediately before death.

### f) Certain Things, Items or Portion thereof

The skull of individuals and bones of monkey are considered very important for incantation purpose. The nail, hair, portion of costume (*shame*) *moila* (dirty article) etc. are also important and necessary for empiric care and incantation point of view. Sanitary napkin, pregnant women's petticoat, blouse of unmarried girls of etc. are also used for incantation. The doll is made with the cloth of the person, who is supposed to be attacked by *baan* (attack by exorcism) and the needle is pushed through the doll to attack him by the *Jeen kabiraj*. This sort of *baan mara* (attack) can be effectively checked by counter *baan* if a pitcher filled with panipora is placed behind the head of the person, who is suspected to be attacked.

### Conclusion

This study indicates that the existing health care facilities and health situations in rural Bangladesh is not at all satisfactory. Theoretically existing health care situation seems to be good but in reality it presents a gloomy picture of health care situations in rural Bangladesh. The study further indicates that the rural people are very much inclined

towards Ayurvedic and folk-treatment methods. Out of 550 discovered medicinal plants around 100 are used for the preparation of herbal medicines in Bangladesh. It is suggested that the Government should give emphasis on manufacturing herbal medicines, so that rest of the plants can be used for the preparation of herbal medicines and poor people can get herbal drugs at a moderate price. Folk-treatments in rural Bangladesh are very popular; but the basis of such treatments is not at all scientific and reliable. Common people should be educated from the grass-root level regarding its vagueness so as to eradicate its application among the common people. But its application cannot be removed until and unless the rural people are economically capable of affording Allopathic mode of treatment, which is almost beyond the reach of the rural poor people in these days of economic hardship, who cannot fully feed up their hungry bellies by their hard earned meager income.

### Reference

1. Bangladesh Bureau of Statistics, 2000, GOB, Ministry of Planning.
2. Black, William, George, 1970 Folk Medicine; A Chapter in the History of Culture, 1883; reprint, Franklin,
3. Directorate of health: 2002: Health Situation in Rajshahi Division: Vol. 3, No. 2: Rajshahi, Bangladesh.
4. Dubos, R. J. 1969: Man, Medicine and Environment: New American Library: New York, USA.
5. Guthrie, Douglas: 1947: A History of Medicine: Little Brown and Co.: Boston, USA.
6. Kirkpatrick, Joanna, The Sociology of an Indian Hospital, Firma KLM Private Ltd, Calcutta, 1979.
7. Klememan, A. M.: 1980: Patients and Healers in the Context of Culture, Oxford University Press, London, United Kingdom.
8. Ministry of Health and Family Planning: 1995: Health Education Programme: p-1: Government of Bangladesh, Dhaka.
9. Ministry of Health and Family Planning: 1999: National Drug Policy: Government of Bangladesh: Dhaka, Bangladesh.
10. Ministry of Health and Family Planning: 2000: Bangladesh Health Scenario and Hospital Service: Dhaka, Bangladesh.
11. Rahman, Md. Abdur: 1997: "Health for Marginal People of Bangladesh: Relevance of Traditional Knowledge and Wisdom": Paper Presented in the International Union of Anthropological and Ethnological Sciences (IUAES) in the Inter-Congress on Metropolitan Ethnic Cultures: Maintenance and Interaction: Beijing, China.
12. Sarker, Profulla, C., 1996: "Infertility and Practice of Traditional Methods of Treatments in Cross-cultural Perspectives in Bangladesh: South Asian Anthropologists: 17(1) 21-25. Ranchi, India.
13. Siegerist, Henry: 1951: A History of Medicine: Vol. 1: Oxford University Press, London, United Kingdom.