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PERSPECTIVE OF WOMEN ABOUT THEIR OWN ILLNESS

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EXECUTIVE SUMMERY

Introduction

In Bangladesh women's health issues are traditionally neglected and inadequate importance is given by all concerns. A majority of the women experience significant morbidity associated with pregnancy and delivery (Goodburn et al., 1994). Since women's health is a fundamental human right and must clearly be promoted as such immediate attention should be given to this concern (WHO, 1995). With this interest, women's health problem should be recognized and addressed from their own perspective. Because research results show that women's health behaviour is governed by what they perceive as good or ill health, whether this is consistent with bio-medical model or not (Khatib, 1992). So to promote women's health, their health problems should be addressed from their own perspective.

Objectives

The study aimed to understand illnesses from the perspective of women in the community and their health seeking behaviour with respect to some specific illness.

Methodology

This qualitative study was exploratory by nature. The cognitive and symbolic aspects were the main focus in the study. Kleinman's concept of 'explanatory model' helped to map out and interpret the ideas in the study. Being a part of the BRAC-ICDDR,B joint research project the study was done in Matlab DSS (Demographic Surveillance System) area purposively. The study population was the married women in the study area (age ranges from 18 to 50). The study dealt with both BRAC and non BRAC women separately. Simple random sampling technique and convenient sampling were used to select the informants. Different qualitative methods were used for data collection, such as- free listing, pile sorting, matrix ranking, key informant interview and group discussions.

Findings

The study revealed that women had their own definition about ill health condition. They were also found to link up different illnesses based on their own reasoning. While determining the severity of a condition immediate threat to life was of prime concern to them.

The study women had their own perspective in explaining every illness they experienced and thus they identified the causes of ill health and amplified a pattern of the ailment. There were certain folk theories such as hot and cold, purity and pollution, *batas laga, nosto kora,* etc. by which they constructed the causal relations. In diagnosing ill health, knowledge about different illnesses (learned from other's experiences) and consultation with relatives, neighbours or traditional healers were the significant factors.

Therapeutic Choice of the women largely depended on beliefs about the causes of illness, explanation of illness, availability of health services, socioeconomic condition, and past experience of efficacy of treatment. It was found that the women did not rely on one therapeutic method throughout the whole course of illness episode. They tried one by one

accessible medical services and sometimes repeated the earliest one. However, other pattern of 'illness specific' health seeking behavioural was also observed (Hardon et al., 1995). The women usually termed *bhute dhora, alga dhora,* etc. as illnesses caused by evil spirit. In such cases, they seek *kabiraji and moulovi* treatment. They blindly believed that only the *Allahar kalam* (divine verses) could help cure the illness.

Attitude of the society and family towards illness acted as an influencing factor at every stage from illness identification to treatment seeking behaviour. Women often tried to conceal some illnesses which have social stigma attached. In such situation women tried not to disclose the illness to their in-laws and husbands, rather getting treatment themselves through peer network and as a last resort, went to natal home for treatment.

Conclusion

It was explicit in the study that the identification of the illness and therapeutic choice were primarily done by the women themselves. Therefore, knowledge about women's perspective towards the illness and its gravity, is very much crucial. In conclusion, we would like to make the following recommendations:

- On the basis of this study finding some focused ethnography on particular women's illnesses can be designed. That will help us to get a detailed picture on different illness situation specifically. That may provide new insight regarding women's health intervention issues.
- BRAC could help the destitute women in the village who have been suffering from different reproductive health problems for a long time but can not seek medical help because of shyness, social norms and restrictions. Since the *shasthya shebikas* of BRAC are quite popular among the rural women BRAC can provide them with new knowledge on the early treatment of some reproductive health problems.

INTRODUCTION

Historically, women's health has largely been defined by family and community's interpretations based on culture and tradition, and by a medical profession in which men are the main decision makers (WHO, 1995). Recent researches show that women's health behaviour is governed by what they perceive as good or illhealth, whether this is consistent with boimedical model or not (Khatib, 1992). In Bangladesh, women's health issues are traditionally neglected and draw little attention from concerned individuals. Although the general health situation of the nation is vulnerable but women, particularly pregnant and nursing mothers are deplorable by virtually any standard (Ross et. al., 1994). A majority of the women experience significant morbidity associated with pregnancy and delivery (Goodburn et. al., 1994). Since women's health is a fundamental human right and must clearly be promoted, as such immediate attention should be given to this concern (WHO, 1995). With this interest, women's health problems should be recognized and addressed from their own perspective.

Background

This qualitatiave study is done within the framework of BRAC-ICDDR,B joint research project at Matlab. The major aim of this research project is to understand the pathways through which BRAC development intervention impacts on the well-being of individuals and families in rural Bangladesh (ref: working paper 6). Data from first seasonal survey shows that illness prevalence rate of women in fourteen villages in Matlab was--gastrointestinal illness 18.9%, anemia/hypertension 1.6%, respiratory illness 6.3%, pregnancy related problem 0.5% and reproductive health problem 0.4% (Ist round Matlab baseline survey, 1995). This statistical figure does not reflect the total illness situation (social, behavioural, cultural, etc.) of rural women in Matlab. Adult health, especially women's reproductive health being one of the major theme of the project, 'emic' view on women's health problem was explored by using various qualitative instrument. This will help not only to understand the meaning of the quantitative data gathered in the household survey but also collect firsthand information on views and attitude of the people, traditional practice, local terminology, etc. These information will contribute in designing future studies on health behaviour.

Objectives

This study aimed to understand illness from the perspective of women in the community and to understand their health seeking behaviour. To be more specific the study aimed to:

- understand the concept of illness from women's own perspective.
- identify prevailing illnesses of the women in the community.
- solicit their perception and beliefs regarding the cause and the folk theories.
- explore their health seeking behaviour and the underlying socioeconomic and cultural factors.
- elicit the social and family attitudes regarding several illnesses.

Rationale
The outcome of the study would be useful for effective management of women's health problems in Bangladesh because in addressing women's health problems it is necessary to conceptualize the matter from their own perspective.

Secondly, since the study is a part of BRAC ICDDR,B joint research project at matlab and was conducted on the basis of 'insiders' perspective; it would help to understand the meaning and significance of the quantitative data from survey(1995) findings of the project, as well as villager's attitude towards health interventions of BRAC and ICDDR,B. The study would also provide a general description of prevailing illnesses among the women in the community that would help to design further health behaviour studies in the BRAC ICDDR, B joint research project at Matlab in future.

Limitation
Since the study themes were translated into English from Bangla and sometimes it was not possible to translate keeping all the cultural connotations, so there is a chance of losing the exact meaning. However, we tried to overcome this limitation by writing particular quotations and terminology in Bangla along with the English translation.

Literature review
In medical anthropology there is a useful distinction between the two concepts, disease and illness. Disease refers to the bodily dysfunction, while illness refers to individual experience of disease. Eisenberg defines disease as abnormalities in the structure and function of body organs and systems. Illness on the other hand, is experience of disvalued changes in status of being and in social function (Eisenberg, 1977). Illness refers to the experience of the problem by the patient. It reflects the patient perspective. Cassell uses the word 'illness' to stand for 'what the patient feel when he goes to the doctor' and ' it is something a man has'. Illness may present where disease is absent(Cassell, 1976).

Definition of 'illness' varies between individuals, cultural groups and social classes. It is influenced by the cultural, social and emotional context in which it occurs and by an individual's background and personality (Helman, 1995). In this context 'illness' has both cultural and social aspects. The cultural aspects are those concerned with the ascription of meaning of illness episodes and, as such are part of a wider symbolic reality that culturally constructed. The social aspects of illness are those concerned with the role and status of sick individuals, with the social networks that participates in health-seeking behaviour, and with the social ascription of causality of illness.

Klienman has suggested a model which is a useful way to look at the process by which illness is patterned, interpreted and treated. He terms the model as 'Explanatory Model (EM)'. This is defined as 'the notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process'. This model marshaled in response to a particular episode of illness, and are not identical to the general beliefs about illness that are held by that society. According to Kleinman, lay EMs tend to be idiosyncratic and changeable, and to be heavily influenced by both personality and cultural factors. They are partly conscious, and

partly outside of awareness, and are characterized by `vagueness, multiplicity of meanings, frequent changes, and lack of sharp boundaries between ideas and experiences' (Helman, 1995).

In this way it has been observed from different studies that the women have also their own vision in identifying their health problems. It is important to have a clear understanding of the context in which health problem arise, how women define their health problems, how they manage their own and family's health and how they choose their health care options (Pachauri, 1994). An Indian study shows that, in understanding the gynecological illness women have their own perspective. In this study, the women made a classification of their illness into four major groups according to their own idea. The first group contained fever and night blindness during pregnancy. The second group included miscarriage and heavy bleeding during delivery. The third consisted of heavy menstrual bleeding and irregular menstruation. The fourth group was comprised of urinary tract infection, white discharge, backache and weakness. The women linked white discharge and urinary tract infection and considered that they result in backache and weakness. Thus that group signals a causally connected gynecological syndrome in their cultural model (Patel, 1994).

Women are particularly vulnerable due to both their reproductivity and their position in the society. Life styles and specific customs, dietary restrictions and other culturally determined health practices may also contribute to ill-health (Hardon et al., 1995). Jorgensen illustrates in her study on women's health in Bangladesh that, during pregnancy most women did not consider themselves ill - in the sense that they had had to take to their bed or sought medical help or other treatment. Usually a woman sought treatment of some kind when she was so sick that she could no longer work. Nausea, headache, fever and stomach pains were common in them and the women could not segregate the stomach pain and the other pain of their private parts, because they did not see these areas as separate (Jorgensen, 1983). In another study it was found that a distinction was made by women between the ailments which did not affect their performance and so that no treatment was needed; and the ailments which disturbed their performance and treatment is needed. The former is called *pinda kharap* and the latter is known as *beram* (Islam, 1985).

Cause of illness is an important factor in analyzing illness situation, because what matters most about an illness is its cause (Glick, 1967). Beliefs about cause or etiologies, are important for two reasons: first, they provide the rationale for diagnosis and treatment; and secondly in most medical systems causation and context are so intimately linked as to be the ethnographer's principal concern (Foster, 1982). Concept of `hot' and `cold', `purity' and `pollution' are an important phenomenon about health and illness (Blanchet, 1984; Helman, 1995; Heggengougen, 1989; Boster, 1990). Blanchet expresses in her study in Bangladesh that we should consider the impact women's polluting substances are believed to have on certain disease. These usually involve a fierce power who reacts when insulted by a woman in a state of pollution. Blanchet also explains several theories of disease in Bangladesh. Not all involve the anger of a goddess, some are due to imbalance of `hot' and `cold' in the body, impoverishment of the blood, or a wrong diet. Skin disease or eye infection, however are usually understood as manifestations of anger a spirit insulted by pollution. Other types of

illness may also be caused by the anger of a spirit reacting to a breach of taboo regarding pollution (Blanchet, 1984). When any illness occurs people usually seek an explanation for the event. It is generally accepted that there are causes and reasons behind events. This is relevant to miscarriage and still-birth. A study in Matlab, Bangladesh identifies that people generally believed that, miscarriage might result from evil eye of evil spirit, who were very fond of pregnant women. They specially attacked such women who in their opinion had committed any fault. Again, a miscarriage might result from a curse cast by parents, an elderly person or animal souls on the pregnant women (Aziz and Maloney, 1985).

In most societies a person suffering from physical discomfort or emotional distress has a number of ways of helping himself, or of seeking help from other people. He may decide to take rest or a home remedy, or consult a local priest, folk healer or 'wise person' or to consult a doctor (Helman, 1995). Deciding on one option or another, or a number of option, is often a complex process. Choice seems to be the result of a rational process related to the perception of health, illness and appropriate treatment rooted in a particular culture (Heggenhougen, 1989). The treatment process must be compatible with the patient's set of meaningful symbols. In this regard, it is important to realize that to a certain extent 'symbol of healing constitute healing' (Kleinman, 1980). It is also reflected in a study in Matlab, Bangladesh. In this study the power of amulet (*tabij*) has been described. *Tabij* carries the power of incantation. It is a kind of medicine, but its efficacy depends on the 'intensify of faith' or flawless respect in it. People take *tabij* because they benefit from it; often when the doctor's treatment fails they come for a *tabij* because they find it works (Maloney et. al., 1981). In Bangladesh due to many sociocultural reasons a village woman usually prefers indigenous treatment for herself. The village women have strong faith on the efficacy of these remedies. In most of the houses elderly women know many of such medications and they transfer their knowledge to the next generation (Islam. 1980).

Anthropologists have developed several models to study health seeking behaviour (Hardon et. al., 1995). Klienman sees therapeutic choice as an outcome of a sequence of transactions. In his study in Taiwan, he described two major patterns of health seeking behaviour. One is simultaneous resort, that occurs when several treatment options were used at the same time. Another is hierarchical resort. It occurs when different health care choices were made in sequence through various sectors of health care (Kleinman, 1980). Young showed in his study in rural Mexico that people's perception of the gravity of the illness episode, their knowledge of the illness and its remedy, and the faith one has in the efficacy of the various therapies interacted with their assessment of treatment (Hardon et. al., 1995).

METHODOLOGY

Study approach

This is an exploratory qualitative study aimed to gain insight into the problem by investigating people's views on the problem, how they interpret the nature of the problem and seek solution of it.

As the prime concern of the study was to conceptualize the problem in terms of the insider's view - the actor's definition; the study tried to adopt the `ethnoscience' or `ethnosemantic' methodologies, which has been expressed as `emic' approach (Pelto and Pelto, 1978).

The cognitive and symbolic aspects were also an important interest in the study, because the cognitive-symbolic perspective vividly demonstrates the anthropologist's interest in emic approach (Hardon et al., 1994). Issues about the existing illness, beliefs and perception, choice of therapy etc. were usefully addressed from a cognitive-symbolic point of view.

Cultural conception of illness was considered as a key factor in the study and illness episodes were the proper context for examining the cultural conception of illness. Because, each stage of behaviour during an episode (symptom perception, diagnosis, choice of therapy, evaluation of efficacy) was shaped by those concepts. Societies differ in their interpretation of observable symptoms (Yoder, 1989). Kleinman's concept of `explanatory model' helped to map out and interpret these ideas (Kleinman, 1980).

Study area

Being a part of the BRAC-ICDDR,B joint research project the study was done in Matlab DSS (Demographic surveillance system) area purposively. To avail the physical facilities Char Nilokkhi was selected as study village, near to the research field station. It also helped in rapport building, because of the existing research activities in the locality.

Study population

The study population was the married women in the study area aged from 18 to 50 years. BRAC and non BRAC women were separately dealt with. Simple random sampling technique and convenient sampling were used to select the informants in the study area. In times of selecting sample through random sampling assistance was taken from the survey sample on socioeconomic development, health and well-being in Matlab area.

Fifty women for free listing and twenty women for pilesort and rating were selected through random sampling. Convenient sampling technique was used to select respondents for matrix ranking and group discussion. Twenty-four women were selected for three sessions (8 women for each session) TG[1] VO members, TG non members and NTG[2] women.

Traditional healers such as mid wives, kabiraj, fakir etc. and *Shasthya shebikas* of the area were regarded as key informant. According to the requirement of the study woman disregarding age could be the key informant; but she should be knowledgeable, spontaneous and should have many stories to tell.

Twenty women were included in the study who were suffering from several illnesses during the study period. Snow ball sampling technique was adopted here.

[1]target group of BRAC.

[2] non target group of BRAC.

Data collection Technique
Data was collected during October to December 1995 and different qualitative methods were used for data collection. These are--

Free listing: Free listing technique was used to collect the name of the illnesses prevailing in the community. Fifty women were interviewed individually and asked to name all of the women's illnesses they could think of.

Pile sorting: This exercise was done individually with twenty women. Thirty-five disorders were selected from free list data for this exercise. The selection was done not only on the basis of frequency (most commonly cited illnesses) but also those illnesses were considered here which seemed interesting and different such as *alga dhora, bhute dhora,* etc. The women were asked to group the disorders together that 'seemed similar' into piles. After sorting the women were requested to mention the reasons for such grouping.

Severity rating: Previous twenty women did this exercise with the same thirty five disorders. They were asked to rate the illnesses in order of severity. After rating the illnesses they were asked to explain their reasoning.

Matrix ranking: To elicit information about the therapeutic options of the women three matrix ranking exercises were done separately with three groups of women (BRAC TG, TG non BRAC, NTG). In this exercise twenty seeds were given to the women to distribute in each matrix cell to indicate the health service. A group discussion about the reasons of the choice was also initiated followed by each matrix ranking exercise.

Key informant interview: The key informants were interviewed in-depth and in the informal interview they were asked to describe the illness situation of women in the village.

Case study: Twenty case studies were taken additionally who were currently suffering from several illnesses to understand the explanatory model of the women about their own illness. Table 1 shows an overview about data collection methods, number of respondents and the topics.

Table 1. Qualitative methods for data collection

Methods	No. of groups/ individuals	Topics
Free listing	50 women	Local term of illnesses
Severity ranking	20 women	35 most commonly mentioned illnesses
Pile sorting	20 women	35 most commonly mentioned illnesses
Matrix ranking	BRAC group and TG and NTG women's group.	Attitude towards different treatments
Group discussion	BRAC group and TG and NTG women's group.	Beliefs and attitudes towards cause and symptom of different illness.
Key informant interview	6 women (traditional healers and knowledgeable aged women).	Beliefs and practices of the local women about prevailing illness in the village.
Case studies	20 cases	Illness episode.

THE SETTING

The study was conducted in the village Char Nilokkhi of Baradia Union, 7 km south-west of Matlab Sadar. The village consists of 120 households with a population of 639. All the villagers were Muslim, and 310 of them were male and 329 are female. There are several kin groups in Char Nilokkhi such as Prodhan, Master, Sarder, Sareng, Mollah, etc. (Annex 1). Some of them were rich and powerful, some poor, and some involved with BRAC VOs. Most of the household of Char Nilokkhi were involved with farming. Others were day labourers, businessmen or service holders; but most of them were also directly or indirectly involved in agriculture.

The homestead land and the roads are raised artificially and deep trenches and ponds have been excavated beside them. These raised homestead land look like islands during the rainy season, starting from *Baishak-Joistho* to *Ashwin- Kartik.* The local people then move by boat or by foot across the inundated land in knee-deep water. In some places, temporary bamboo or banana plant
bridges have been made. The soils are mostly sandy and loam and are replenished every year by rich alluvium. The main agricultural product in the village is rice but the villagers also produce wheat, potato, chilly, onion and garlic in different seasons.

There is a mosque in the village which is established by the villagers. The small children use to go the village Govt. primary school for their primary education but for the higher level they were found to go the High school of the neighbouring village.

FINDINGS AND ANALYSIS

Illness concept

The concept of illness was very much subjective. Interpretation of the origin and significance of the event of illness may vary from society to society and even from person to person. The presentation of illnesses is largely determined by sociocultural factors. Local people had their own terminology to identify different existing illnesses in the community. They also had their own explanation about the cause of illness, sequence of the illness development, severity and other aspects of their explanatory models of illness. It indicated the patterns and relationships among illnesses.

To clarify the illness concept of the women in Char Nilokkhi village, four points are focused and elaborated here. These are:

i. Definition of illness,
ii. Existing illness of the women in the locality,
iii. Severity of illnesses, and
iv. Pattern and relationship of illnesses.

Definition of illness

Defining oneself as being ill can be based on one's own perceptions and it not only includes the experience of the ill-health of the individual but also the meaning which is

Definition of illness

Defining oneself as being ill can be based on one's own perceptions and it not only includes the experience of the ill-health of the individual but also the meaning which is given to that experience. The women of Char Nilokkhi village had a definite perspective in defining the illness. They described themselves ill when they could no longer work and were bed ridden. However, if they had mild fever, common cold and cough they did not consider themselves as ill. According to them the primary stage of becoming ill could be determined by the inability to move, stand or even sit and not feeling well which compel them to take rest. They also expressed how they recognized their illness. These were, when they felt feverish and had bodyache (due to fever) associated with vertigo and anorexia; could not move around any more and had no alternative than to go to bed and stretch out in the bed all day long. They further told that, at that time if they did not seek any treatment the illness might be severe and complicated.

Illnesses of women prevailing in the community

The study women produced a long list of illnesses (110 item) through free listing. The illnesses are splited in order of the frequency of citation (Tables 2- 4). Along with the local terminology and frequency each Table also contains respondent. On average each women listed 29.180 items.

Among all the illnesses *jor* (fever) was the most frequently listed condition (100%) and almost all respondents mentioned in the beginning of their list. On the other hand, white discharge and dysmenorrhoea have also high frequency but in average ranking these were placed afterwards (Table 2). In case of other gynecological illnesses like irregular period, menorrhagia, etc. both frequency and average ranking are low (Table 3). However, it does not necessarily mean that these illnesses are less significant or less prevalent, because at the time of in-depth discussion and case study these disorders repeated very frequently by the women. Three hypotheses can be pointed out here:

- they considered those illnesses were woman's illnesses that's why due to uneasiness some women mentioned the common illnesses first then the gynecological ailments.
- Sometimes the women felt shy to speak about their gynecological illnesses, and for that reason some of them primarily hesitated and the others did not want to mention these at all.
- Finally, at the time of free listing the women were asked to tell about 'their illnesses'. In a general way the women began listing with fever, cough and cold which were common to them.

The women also experienced some obstetrical illnesses. Common among these were *adhlar kamor* (lower abdominal pain after child birth) and *shutika*. But at the time of free listing all the women did not include these type of illnesses in their list. It was noticed that the pregnant women and the new mothers spoke more about the obstetrical illnesses. In this respect we must mention about the women's belief that people should not discuss about others' illnesses and if they did so sometimes they might experience the same

illnesses. Because of this belief some women were very cautious during free listing and talked about their own illnesses only which made their list some what limited.
The incidents of illnesses believed to be caused by spiritual being as for example *bhute dhora*, *alga dhora*, etc. were also very common among the women. But they did not consider these types of illnesses as severe and significant. So many women omitted it at the time of listing and others mentioned it almost at the end of their list (Table 3 and Table 4).

Table 2. Results of free list of women's illnesses (Freq=50 to 25)

Local term of illness	Approximate bio medical equivalent	Freq.	RESP (%)	Avg. Rank	Salience
Jor	Fever	50	100	1.160	0.995
Kaler Chut	Dysmenorrhoea	49	98	14.327	0.494
Meho/Shada Srab	White discharge	46	92	14.261	0.493
Pet batha	Pain in abdomen	42	84	9.167	0.578
Thanda/shordi	Cold	41	82	3.390	0.749
Matha batha/shirok shani	Headache	40	80	9.700	0.558
Haldi palong/matta palong	Jaundice	38	76	12.684	0.469
Kashi	Cough	38	76	3.579	0.690
Gastric	Hyper acidity	35	70	12.571	0.413
Kamri/Amasha/ Hao Pore	Dysentery	35	70	11.029	0.465
Matha Ghurani	Vertigo	34	68	13.529	0.376
Peshabe aushubidha	Urinary tract infection	34	68	24.000	0.165
Kacha ga gache	Miscarriage	33	66	19.939	0.236
Eczema	Eczema	33	66	18.758	0.248
Direa/ namani	Diarrhoea	32	64	10.063	0.435
Masike kom rokto jay	Light bleeding during menstruation	29	58	16.655	0.249
Khujli/patchra	Scabies	29	58	19.138	0.218
Padma rog/hoskar beram	Prolapse	29	58	20.310	0.210
Masike beshi rokto jay	Heavy bleeding during menstruation	28	56	18.143	0.234
Baat/gitta baat	Arthritis	28	56	21.250	0.180
Hat Pa kamrai	Pain in limbs	26	52	12.038	0.307
Shorir batha/shorir bish kore	Body ache	25	50	10.640	0.341

Table 3: Results of free list of women's illnesses (Freq=24 to 13)

Local term of illness	Approximate bio medical equivalent	Freq.	RESP (%)	Avg Rank	Salience
Jokkha/Kui	Tuberculosis	23	46	14.261	0.267
Goda uthe	Abscess	22	44	19.000	0.182
Bhute dhora	Illness caused by spiritual being	21	42	23.476	0.091
Gej	Piles	21	42	19.429	0.168
Manja batha	Backache	20	40	13.600	0.225
Shorir jhim jhim kore	Tingling sensation in the body	19	38	20.211	0.136
Adhlar kamor	Pain in lower abdomen after child birth	19	38	24.053	0.091
Peshaber jaygae gha	Ulcer in urethal opening	18	36	27.167	0.073
Date batha	Toothache	18	36	20.889	0.132
Rokto amasha	Blood dysentery	17	34	14.059	0.199
Hi pesar	High blood pressure	16	32	18.063	0.151
Tumour	Tumour	16	32	15.438	0.175
Liber/khachar bhitor	Throbbing pain in lower chest	16	32	27.375	0.052
Tonkor	Tetanus	15	30	19.267	0.123
Rokto urush	Blood with stool	15	30	18.800	0.126
Hapani	Asthma	15	30	19.267	0.123
Lonti	Measles	15	30	10.933	0.210
Humka batas	Menorrhagia	14	28	19.357	0.090
Khum Jhore	Irregular period	14	28	22.214	0.104
Chokh lowa/chokh utha	Conjunctivitis	14	28	18.000	0.131
Shutika	Shutika (no biomedical equivalent. Its an association of diarrhoea, vertigo, weakness, feverish and anorexia.)	14	28	22.071	0.066
Cancer	Cancer	13	26	17.308	0.130
Alga Dhora	Alga dhora (caused by spiritual being)	13	26	22.692	0.067
Kan batha	Ear pain	13	26	22.000	0.094
Girae girae batha	Pain in joint	13	26	15.769	0.0125
Oruchi	Anorexia	13	26	17.231	0.121
Kan paka/kan poche	Ear infection	13	26	25.000	0.082

Table 4: Results of free list of women's illnesses (Freq=11 to 1)

Local term of illness	Approximate bio medical equivalent	Freq.	RESP (%)	Avg rank	Salience
Pneumonia	Pneumonia	11	22	14.000	0.115
Kukri andhar	Night blindness	10	20	25.300	0.046
Bomi	Vomiting	10	20	20.100	0.084
Pansha	Chicken pox	10	20	11.600	0.135
Batas laga	Batas laga (caused by spiritual being)	9	18	21.333	0.052
Chokh Jola	Eye infection	9	18	23.556	0.068
Girae girae fule jay	Swelling in joint	8	16	22.625	0.056
Bok batna/ bok pat	Chest pain	8	16	18.000	0.075
Low pressure	Low blood pressure	8	16	15.875	0.089
Bachcha Khalash hoy na	Prolong labour	7	14	23.286	0.033
Jine dhora	Jine dhora (caused by spiritual being)	6	12	23.167	0.036
Chormo rog	Dry skin	6	12	22.667	0.038
Hat pa jole	Burning sensation in limbs	6	12	16.333	0.062
Nokh chibi	Paronychia	6	12	29.500	0.027
Tonsel/tons bare	Tonsillitis	6	12	25.167	0.037
Shorir jole	Burning sensation in the body	6	12	15.333	0.062
Nala utha	Feeling of fatigue	5	10	19.000	0.042
Gologondo	Goiter	5	10	36.200	0.010
Bosonto	Small pox	5	10	18.000	0.056
Nak urush	Epistaxis	5	10	26.800	0.024
Ulcer	Ulcer in abdomen	5	10	20.400	0.042
Pete pani name/ jol panto	Accumulation of fluid in abdomen	4	8	15.250	0.040
Shorir fule jay	swelling in the body	4	8	19.250	0.035

Table 4 continued

Local term of illness	Approximate bio medical equivalent	Freq.	RESP (%)	Avg rank	Salience
Chokhe abcha dekhe	Blurring of vision	4	8	9.750	0.051
Mrika bai	Epilepsy	4	8	25.250	0.023
Chulkani	Itching	4	8	16.250	0.030
Shanni	Gum problem	4	8	19.750	0.032
Shoad	White spot on skin	4	8	23.250	0.030
Kolija kamray	Liver pain	4	8	13.500	0.042
Koshar beram	Constipation	3	6	22.333	0.028
Gola batha	Throat pain	3	6	10.333	0.042
Pichtol	Ulcer on back	3	6	25.667	0.018
Hat pa fule gache	Swelling in limbs	3	6	21.000	0.019
Mathar talu jole	Burning sensation in scalp	3	6	18.333	0.026
Dud namar kale batha/ batas laga	Congestion in breast	3	6	27.333	0.011
Mukher vitor gha	Ulcer in oral cavity	3	6	24.667	0.015
Raner chipay gha	Ulcer in groin	3	6	28.667	0.016
Bibata	Maceration of baby after intra uterine death	2	4	17.500	0.001
Ful chere jaoa	Retained placenta	2	4	26.500	0.011
Bery bery	Bery bery	2	4	31.000	0.005
Chala bahir hoy	Prolapse during delivery	2	4	30.500	0.003
Langra baat	Allergy	2	4	33.000	0.007
Fush fushi shukay jay	Lung collapse	2	4	18.000	0.017
Durbolota	Weakness	2	4	11.500	0.025
Pani namse	Oedema	2	4	29.500	0.010
Hizla rog	Problem with intercourse	2	4	28.000	0.006
Bachcha khalash hoar por beshi rokto jay	Postpartum hemorrhage	2	4	31.5000	0.003
Ubut jala	Breech delivery	2	4	29.000	0.005
Bich fot	clubbing	2	4	39.000	0.004
Jorayu te gha	Ulcer in uterus	2	4	25.000	0.011
Blood cencer	Blood cencer	1	2	25.000	0.005
Pet fule jaoya	Distended abdomen	1	2	22.000	0.007
Mora bachcha howya	Still birth	1	2	22.000	0.005
Kirmi	Worms	1	2	8.000	0.017
Rokto sholpota	Anaemia	1	2	7.000	0.016
Daray batha	Pain in vertebral column	1	2	12.000	0.012
Rokto galum	Coagulation of blood in uterus after child birth	1	2	29.000	0.002
Narite gha	Ulcer in cord	1	2	20.000	0.007
Gata jor	Malaria	1	2	24.000	0.004
Manosik rog	Mental disease	1	2	19.000	0.006
Nari poche	Rotten cord	1	2	45.000	0.000

Severity of illnesses
The study women considered diarrhoea and tuberculosis as the most serious illnesses (*kothin ashukh*). The women explained that as during diarrhoea there was no chance of treatment because the patient die all on a sudden, so it was the most severe illness. This is also true in the case of tuberculosis. The women believed that there was no cure of tuberculosis and it was also a life threatening illness, the affected person would ultimately die from this illness. It is a contagious illness as well. They also ranked menorrhagia, *batas laga* and miscarriage as severe illness (Table 5). In their opinion in case of menorrhagia and miscarriage a woman might die due to heavy bleeding and *batas laga* was the preliminary condition of these two illnesses, so it should also be considered as severe.

The women rated that illnesses as moderate (*moddhom ashukh*) which caused prolonged suffering but did not cause death or had treatment. As for example--*shutika* was reported as a serious problem for the women but nobody was found to die because of this. They thought those who had *shutika* would be cured through *kabiraji* treatment. The illnesses which affected their daily activities were considered as moderate.

The illnesses which are harmless and of relatively short duration were mentioned as less severe or mild (*shohoj ashukh*) by the women. For further explanation the women stated that '*illnesses like cough, cold, bodyache, headache, scabies, abscess and eczema are not that serious in the sense that we need to go to the healers for treatment. We usually take home remedies for these illnesses and those make cure. Sometimes such illnesses are cured itself without any remedies.*'

Pattern and relationship of illnesses
The patterns and relationship among the illnesses as perceived by the women were derived from pile sorting. The data were analyzed using ANTHROPAC to convert it into an aggregated proximate matrix. The proximate matrix shows the number of times that each illness condition is grouped with another. To generate two dimensional map of the relationship between the thirty five ailments as understood by the women, aggregated proximate matrix was analyzed using the multi dimensional scale. The aggregated proximate matrix was also analyzed using Johnson's hierarchical clustering feature in ANTHROPAC. This part produced the level of association between each disorder. Circle were drawn around the illnesses on the cognitive map with results obtained from the clustering programme to show which were grouped together. Figure 1 in Annexure shows the hierarchical clustering of the illnesses and Figure 2 presents the cognitive map of the disorders as understood by the women. By analyzing the pile sort data it was found that white discharge and prolapse were closely associated in the perspective of the women (Figure 1 in Annexure). Very often the women understood that white discharge was the leading cause of prolapse, so they put the piles together. It is seen in the Figure 1 that certain level (0.5000) urinary tract infection are included in the group, because some women related these three illnesses in terms of the reason behind these. Again the association between cold, headache, fever and cough is also very strong. Thus we find nine distinct groups in the cognitive map (Figure 2 in Annexure) that clearly reflected the relationship of the ailments as described by the women. The reasons of grouping are placed in the Table 6. However, the women left four pile alone which,

according to them, did not go together with the other illnesses. These were: tuberculosis, dysmenorrhoea, pain in lower abdomen after child birth and clubbing.

Table 5. Rating of illnesses (distributed by frequency)

Name of the illness	Severe	Moderate	Mild
Diarrhoea	19	1	-
Tuberculosis	18	2	-
Menorrhagia	16	3	1
Batas laga	16	3	1
Miscarriage	15	3	2
Jaundice	15	5	-
Piles	12	8	-
Gout	11	5	4
Clubbing	9	8	3
Backache	9	4	7
Irregular period	8	6	6
Shutika	-	19	1
Vertigo	-	19	1
Gastric	3	14	1
White discharge	5	13	2
Pain in abdomen	9	11	-
Dysentery	8	12	-
Prolapse	7	10	3
Blood with stool	8	10	2
Urinary tract infection	4	9	5
Dysmenorrhoea	4	8	7
Pain in limbs	1	-	19
Scabies	-	1	19
Cough	-	1	19
Cold	-	1	19
Abscess	-	2	18
Light bleeding during menstruation	2	-	18
Headache	2	-	17
Alga dhora	2	1	17
Bhute dhora	2	1	17
Body ache	3	1	16
Heavy bleeding during menstruation	5	2	10
Eczema	-	7	13
Pain in lower abdomen after child birth	2	6	12
Fever	6	4	10

Table 6. Reasons for women's grouping of illnesses

Illnesses grouped together	Explanation for why grouped together
White discharge Prolapse Urinary tract infection	If white discharge is present prolapse can occur and those who have white discharge often suffer from urinary tract infection. Because the cause behind white discharge and urinary tract infection is almost same, both happen due to ***kosha***[3].
Cold Fever Headache Cough Bodyache pain in limbs Backache Jaundice	Cold and cough lead to fever and fever comes with headache, bodyache, backache and pain in limbs. Jaundice also occurs associated with fever.
Alga laga Bhute dhora	These illnesses are almost same in a sense that both happen due to evil spiritual beings.
Batas laga Miscarriage Menorrhagia Irregular period	Batas laga causes by a an evil spirit and this is the leading cause of miscarriage. Menorrhagia and irregular period sometimes also happen because of batas laga.
Shutika Vertigo	Shutika always happen associated with vertigo.
Gastric Dysentery Pain in abdomen Diarrhoea	Pain in abdomen always happens in times of gastric, dysentery and diarrhoea.
Blood with stool Piles	Prolong duration of blood with stool is responsible for happening piles.
Gout Abscess Scabies Eczema	Abscess and scabies usually occur due to gout in the body and eczema happens for long persistence of scabies.
Light bleeding during menstruation Heavy bleeding during menstruation.	These are menstruation related illnesses.

[3] body becomes dehydrated and thin.

Illness entity and etiology in women's view

The study women had their own notion about every illness they experienced. They interpreted every stage of the development of illnesses from beginning to end in their own way. The process began with the feeling of unwell or ill-health. Then the women tried to find out the cause of this unwellness and developed a pattern of the illness. According to their diagnosis of the sign and symptom, they identified the illness. Here an attempt is made to sketch different occurring illness in the community from their own point of view. It was noticed that the local women had a complete model in their mind about every illness from mild to severe, but due to time constraint it was not possible to assemble descriptions of all illnesses. Nonetheless, the illnesses which were raised most frequently during the time of discussion with the women are described here. The women used different terminologies for the same illnesses and it was also found that they considered different symptoms as illness and identify them by separate terminologies.

Here for the benefit of discussion the illnesses are grouped into five category Which have been taken from biomedical point of view. They are:
Gynecological illnesses;
Obstetrical illnesses;
Gastrointestinal illnesses;
Illnesses caused by spiritual beings; and
Others.

In the sense of cause and actual illness these categories are sometimes overlapping . Sometimes the women thought that one illness might be responsible for other illnesses, as for instance, in their opinion very often white discharge lead to prolapse. Again some gynecological and obstetrical illnesses also happened due to other illnesses caused by spiritual beings.

Gynecological illness
In terms of gynecological illness it was reported that the women were mainly suffering from white discharge, dysmenorrhoea, urinary tract infection, light and excessive bleeding during menstruation, menorrhagia and irregular period.

Among all these illnesses white discharge was found to be the most prevalent among the women in the community. It is locally known as *meho* or *khich meho* but sometimes the women call it *shada srab* also. The women believe that the main cause of this illness is *kosha*. *Kosha* occurs due to lack of sufficient fluid in the body. It can also be happened due to lack of proper food. According to Rahima who had been suffering from this illness for a long time, everybody should eat rice three times a day. But as because of poverty her family could not afford it, therefore she took small amount of rice twice a day. Even after child birth she worked hard but did not get adequate food. Eventually her body became susceptible to this illness (*amar shorir koisha gache*) and since then she had been suffering from this illness. Some women also reported that if the husband had extra marital relationship then the wife can get this illness. Others identified *durbolota* (weakness) as a major cause of white discharge which resulted from lack of proper diet. The rest of the women suffering from this illness did not know the real cause of the illness.

The village women identified an illness as white discharge when they noticed some discharging of sticky fluid like *lala* (saliva) or *mar* (starch) all the time. Their clothes became wet because of this and when it dried up there was (stiff stain) on their clothes. They felt nausea and lost appetite as well. The consistency of the discharge liquid was thin at the beginning but gradually it became thick.

After white discharge *kaler chut* (dysmenorrhoea) has got importance at the time of free listing. The women defined it as -- severe pain in abdomen during menstruation. The village women thought it as a severe gynecological illness (*mayader ashukh*) because the woman who was suffering from this illness would never conceive. A village woman Rokeya interpreted the cause that *'kal' a type of devil is responsible for this illness. It always keeps on waiting in the bushes around the homestead, beside the pond or latrine, like a shadow. During the time of menstruation if any woman goes that place at the evening or night or at the mid noon the shadow will enter in to the body'*. Rokiya also added that 'the devil stays more beside the pond compare to other places. If a woman goes there alone in the evening, it knocks three times behind the back of the woman. Then if she turns back and ask who is it, no sooner than her body becomes inflated and she will feel severe pain in the abdomen. But if the woman does not answer the devil it can not enter into her body, it will only give *drishti* (evil eye) from a distant. When *kal* gets the opportunity to enter to the body it destroys the *bachcha nali* (uterus) of the women.' Another reason the women showed for *kaler chut* was the mud of crab hole. As one aged women said *'at the time of first menstruation if a woman's feet touch the mud of the crab hole she will definitely suffer from abdominal pain during menstruation. Besides this if either cat's or cow's bones come in touch of any woman's feet during the first menstruation period, she will also experience this illness. For all of these reasons going outside during the time of first menstruation is strictly prohibited and at that time the women should not walk outside bare footed on the ground.'* There were also some food taboos; during the first menstruation the women were told not to eat fish, egg and meat. Because these foods make the blood smelly and black. That aged woman again mentioned --*' if the women obey all the restrictions and wear shoes all the time when they go out, they will not suffer from kaler chut.'*

The women recognized the illness when they felt severe lower abdominal pain during menstruation and passed pervaginal clotted blood. The colour of blood was then turned black. A village woman Kushum told that-- *'Kal has such a power that it can enter through every pore of the skin and makes the blood black. So that black blood passes during menstruation and as the blood clotted together the women do not conceive.'*

Urinary tract infection was another notable illness of the study women. Generally the women mentioned the illness as *peshabe ashubidha* but sometimes they also termed it by several symptoms though they understood the same disorder. According to them recurring symptoms were: burning sensation in the urinary tract, pain in lower abdomen and burning sensation in the body during micturation. Some women also expressed that they have got ulcer like *ghamachi* (prickly heat) on the urethal opening due to this illness and sometimes a type of astringent fluid passes out from that place which makes the cloth wet.

There was a general belief among the women in Char Nilokkhi village that the main reason of *peshabe ashubidha* was *kosha*. Like white discharge it also happened to a woman if she did not take enough food and water. Again according to them, due to white discharge a woman often got weakness and then she might experience urinary tract infection. At the time of discussion a traditional birth attendant (TBA) pointed out that if a woman drank hot water frequently she might get this illness. But some women also related the illness with their child birth. Such an example is Reshma, who had been suffering from this illness for almost a year. She thought that during the period of staying in *auj ghar* (seclusion room) she could not apply hot compress in the lower abdomen (*shake*) because that was in the month of chaitra (mid summer)it was very hot. From then on she had been suffering from this illness.

The women in Char Nilokhi also mentioned other gynecological disorders like: light bleeding and heavy bleeding during menstruation, menorrhagia and irregular period. Each of these illnesses had its own explanatory model. The women thought that the main reason of light bleeding during menstruation *(masike kom rokto jay)* was due to lack of sufficient food intake and weakness. The women who experienced this illness complained about lower abdominal pain and passes light blood during menstruation. According to the them '*if there is low bleeding, the menstruation would not be cleared at all and colour of blood will be black like poison. As long a woman suffers from this illness she will not conceive*'. The women also explained the reason of heavy bleeding during menstruation *(masike beshi rokto jay)*. An aged women was telling at the time of matrix ranking that--' *nowadays the young women take maya bori (contraceptive pills) and injection for birth control which cause of heavy bleeding during menstruation.*' Some other women also stated *batas laga* (a spiritual being) as a cause of this illness which is sometimes an illness itself. Besides heavy bleeding during menstruation, *batas laga* also causes menorrhagia and irregular period. Menorrhagia , locally known as *humka batas* was identified when a women had prolonged period with heavy bleeding and when a woman got menstruation twice or more in a month, the condition was locally identified as *khum jhore.* A general opinion about these types of illnesses was that these were fearful in this sense that women would die due to excessive bleeding, so the women should be careful about *batas laga*.

Obstetrical illnesses

The local women and the midwives of Char Nilokhi village classified the obstetrical illnesses in two categories: illnesses before child birth and illnesses after child birth (see annex no. 3). Their illnesses after child birth were much more important to the village women than the illnesses before child birth.

The women were found to afraid about miscarriage before their child birth. A common belief in the locality that '*miscarriage or kacha ga gache occurs due to alga (an evil spirit). Alga comes through the wind. If a pregnant woman goes to the bamboo-grove behind the homestead or to the ridge of earth set up around a agricultural land, then alga hit her body through a gusty wind and keeps on dristi deywa (giving evil eye) from a distant. Soon after that, bleeding start trough vagina and the child pass away with the blood.*' According to Roopban *dai* (midwife) '*there is no other way of miscarriage except this.*' Another *dai* Komola explained the process a bit further that '*when alga gives dristi to a woman she feels a mild pain (chin china batha) in her back and*

lower abdomen and when the pain expand to the lower joint of the body the child comes out spontaneously through the blood.'

The *dais* (midwives) of Char Nilokhi assured that the miscarriage could be prevented if the pregnant women practice the taboos such as not to go out in the mid noon, just before the evening and before the Azan in the morning and to avoid prohibited places. They also added *'if alga gives its evil eye during the first two months of the pregnancy period and no sooner than the women go to the kabiraj (traditional healer) and drink pani pora (sanctified water) then they will get cure. But if the women can not understand the condition at that time, after a short while bleeding will start, due to heavy bleeding the child can not stay in the uterus.'*

The village women thought that *loinka* was one of the reason of *mora bachcha hoyaa* (still birth). According to them if a pregnant woman got *loinka,* the fetus would not survive. If the women did not able to deliver that dead child then she would also die along with the child. They also interpreted that when a pregnant women came in touch of a type of evil '*taura*' and it entered into the body through the pore of the skin then the women got *loinka*. The symptom of loinka were reported to be: convulsion, the limbs seemed to break down, the colour of the body would change and the body became inflated without accumulation of fluid. The women should immediately be brought to a *kabiraj* (traditional healer)and treated by *jhara tabiz* (amulet and excursion). If not, her child would die instantly. The women mentioned another cause of still birth that during pregnancy if a woman by any chance got heavy pressure on abdomen then she might deliver a dead child.

It was a general notion of the study women that sometimes gout destroys the fetus and at the seventh or eighth months of the pregnancy the fetus becomes rotten and comes out part by part. Although the whole body sometimes comes out but it seems very soft. The women identified the illness as *bibata.* They were found very cautious about *bibata* during pregnancy that with the begging of the pregnancy period they took *bonaji* (herbal) medicine from *kabiraj* to prevent gout.

The women were also found to be conscious about prolapse during delivery. They identified the condition as *chala bahir hoy*. Mazeda, a aged *dai* described the illness that--*'during the time of delivery if the nari bhuri (intestine) of a woman comes out with the child, we call the situation chala bahir hoy.'* She mentioned the cause of such illness that if a woman ever sat on a sack, she might suffer from this illness at the time of her delivery. '*So that....*', she added, *'the women in our village are very much cautious about it and they do not sit on the sack under any condition. Only the aged women, who have already passed their reproductive age can sit on the sack'.*

'Ubut jala (breech delivery) is another serious condition during delivery.' said a key informant. The women explained that '*the child comes out in a reverse position'*. They felt that if any woman had this type of condition at her first delivery it might repeat in subsequent deliveries. They cited the case of Nasima as an example:

Nasima is thirty-five years old and she has three children. She had ***ubut jala*** in every delivery. She thinks that it is mainly due to hard labour. During her every pregnancy she had to do hard

work as such her children could not stay in a stable position in the uterus. As a result, she delivered her every child in a reverse position. Her neighbouring women expressed that its amazing that Nasima could understand the condition at the eighth months of her every pregnancy. Nasima answered that she could assess the condition through the movement of the child.

Some of the women complained about *bachcha khalas hoy na* (prolong labour) as a painful condition during delivery. Sazeda, a *dai* of Char Nilokhi village sketched a detail of the illness that *'there are four steps of child delivery and some symptoms indicate every steps of delivery. When a woman passes through the first step, her lower abdominal pain will start. This pain will increase along with a terrible backache when she crosses the second step. Then no sooner when she passes the third step she will start sweating and finally at the four steps she will deliver the child. If for any reason the second and the third step take long time to pass away the woman suffers a lot and that is the situation we call bachcha khalash hoy na.'*

It was observed that illnesses after child birth had an significant identity to the women. After child birth they observed the taboos and restrictions as far as possible. Lower abdominal pain or *adhlar kamor* was commonly stated as an illness after child birth during discussions. The women described that *'if the dai (midwife) who attended the first child has this adhlar kamor then the attending woman will definitely experience this illness, not only for the time being but also for the rest of her life whenever she gives birth to a child.'* They also added, when a woman gave birth to her first child she would suffer for one day and at the time of giving birth of her second child the sufferings would exist for two days. It would continue like this. The women usually felt unbearable pain in the lower abdomen with high fever and excessive bleeding and also felt something like tortoise shell moves around the whole abdomen.

After child birth the women were supposed to abide by some rules and regulations. Violation of these rules and regulations might cause *nari paka/nari pocha* (infected uterus). It was reported that this illness happened to a woman due to eat cold food'[4] after child birth. The women informed that foul discharge along with blood (the colour of the blood is like white pus) passed from vagina during this illness and it lasted long even for three to four months. The patient also experienced fever with bodyache.

Very often *nari paka/nari pocha* leads to *shutika,* another type of illness after child birth. One midwife clarified the illness that 'the mother of a new born baby is expected to observe some food taboos as for example she is not allowed to eat vegetables, keshari pulses, certain type of fish and sweet pumpkin. If she violates the food taboos her child will get loose motion and at the same time she will suffer from *shutika.* Again if a woman breast feed her child after intercourse the child will experience diarrhoea and the mother will get *shutika.*' The local women mentioned two types of shutika-- *gorvo shutika* (before child birth) and *hukna shutika* (after child birth), but the signs and symptoms of both types of shutika were almost same. In both cases the women generally experienced vertigo, pain in limbs, anorexia, a strange feeling in the abdomen along with pain and fever. Gradually the women became weak and thinner than before.

[4] see 'hot and cold food' concept in folk theories.

Most of the women reported that very often prolapse occurred after child birth. The identified reasons of prolapse or widely known *padma rog* were, during the puerperium[5] if a woman sneeze or cough with a pressure then the *padma* (uterus) can slip out because then the uterus remains row (*kacha shorir*). Padma rog also happens due to heavy lifting and hard work like carrying water pitcher or paddy from the field, paddy hasking by *dheki*[6], etc. during this period.

Some women mentioned it as hereditary. If a mother have this illness, sometimes the daughter gets it also. A common belief in the village that if a woman steel egg from other household and eat that egg she may suffer from prolapse. A woman described that *'the prolapse part looks like round shape eggs and spread over the urethal opening. A smelly fluid as water always flows out from the place and makes the clothes wet and sometimes it itches and cause ulcer in the uterus.'*

Gastrointestinal illnesses

Like other illnesses the study women have their own clarification about these type of illness. Among this category those illnesses are described which was seemed prominent in views of the women. Blood with stool and piles are that type of illnesses. According to them due to *kosh* it was difficult to defecate and sometimes it caused bleeding. The condition is called *rokto urush* (blood with stool). The continuation of *rokto urush* generates *gejer beram* (piles). The women explained the situation that bleeding during defecation due to *kosha* slowly makes a condition that is felt like a seed spread its root over the place. Then it becomes difficult to sit and a feeling of pain starts.

Liber is another type of illness in this classification. The women described the illness as throbbing pain in the upper abdomen. It generally occurs due to irregular and improper diet. The women also mentioned *gastric* as another type of illness though occurs due to similar reason but it is different. In this case the pain is felt in the middle and lower abdomen associated with burning sensation.

Illnesses caused by spiritual beings

The women considered the illnesses such as ***bhute dhora, batas laga, jine dhora, alga dhora***, etc. almost analogous in terms of signs and symptoms. They differentiate the etiology or the different spirits mostly on the basis of after effects. According to Roopban dai *'when a pregnant woman feels lower abdominal tenderness and severe pain she must has got batas laga.'* However, it is very interesting to note that she termed the illness as *batas laga* and at the same time blamed *batas laga* as the cause of the illness. *Batas laga* is also the cause of certain gynecological illnesses (menorrhagia, irregular period) which has already been mentioned. The women told tow identical illnesses- *bhute dhora* and *jine dhora.* They identified *bhut* as hindu spirit and *jin* as Muslim spirit.

When such illnesses occur the women are seen to roaming around with open hair and improper dress, behave like stranger and look at others indifferently, do not eat or drink or sometimes continuously keep on crying. Then a *kabiraj* (traditional healer) is called for the treatment and that *kabiraj* identified the cause and do the treatment.

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[5] upto 42 days after delivery.

[6] a local type of husking pedel operated in a seesaw manner.

Others
Some other locally seen illnesses that are different from former categories are discussed here. One such illness in *bich fot* (clubbing). The women told that '*when a kind of insect touches the hand bich fot occurs. The entire hand becomes inflated but there is no opening like abscess. It harts severely and no sooner than the women applied a herbal pest over the place and sometimes cover the fingers by bringel or dipped the hand in the sanctified water for a while. With all these effort the place becomes suppurate then they cut it through a sharp broken glass or blade and allow the pus to flow out.*'

Pichtol is the other type of illness related to skin. The women described the illness as like ulcer on the back that made the portion holed. The women also admitted that they did not know the cause of the illness although it is more or less common in the locality.

Nokh chibi (paronychia) was identified as a notable illness among the women. The women explained the illness that when the corner of the nail turned black and became suppurate and secretes pus. The disorder is called *Nokh chibi.* It is happened due to mud. Because of the agricultural work mud can enter easily in to the corner of the nail and may cause the illness. Some women went beyond this explanation that '*there is a type of white tiny insect lives in the mud that happens this illness.*'

The women blamed personal uncleanness as the cause of scabies and eczema. The term `eczema' is commonly used by the women. Some of them defined it as ***ghini ghini gha*** (ulcer like prickly heat) from which exudation always passes. The women remained unclean all the time should have got scabies, and prolonged scabies turned to eczema.

Folk theories about the cause
There are several folk theories of illnesses in Char Nilokhi village which helped us to understand the cognitive pattern of the village women about the causal relations exist behind different illnesses. These are the following.

Batas laga: Here *batas* (wind) is an evil entity. In Char Nilokhi village two types of devils were identified who move around through the wind and who responsible for different women's illnesses. These are *humka batas* for menorrhagia and irregular period, *toura* for congestion in breast and miscarriage. The women get these two types of *batas* when they move around latrine, pond, joints of the three roads, etc. in the evening, mid noon and very early in the morning. The evil wind are felt slightly hot and it makes the body shuddering. The women told at the time of discussion that the whirlwind always carry the evil entity. If this whirlwind touches the left side of the body, the women will get sick. So, two issues should be taken into account here--a)shuddering and b)*banaduli* (whirlwind).

Dristi laga: *Dristi* is eye and when an evil spirit keeps on evil eye from a distant is called *dristi dewa* and *dristi laga* is if the evil eye touches the human body. This concepts of *batas laga* and *dristi laga* are identical in a sense that both happen through the evil entities and they exercise their

power by the wind. A village woman explained the matter further that *'nazarer pay bataser upor'* meant that as the evil eye (nazar)is borne by the evil wind (batas), that wind is harmful. According to the local version, there are three types of evil spirit who give *dristi* to women. One is *varma dusto* who has no head and his mouth is on his chest and the eyes are on the corner of the chest. Very often he lies down on the middle of three ways and waits for the victim. If a woman passes through the place and by any chance touches his mouth no sooner than he enters the body. The woman then suddenly becomes quiet and do not do any work, just keeps on looking indifferently with expanded eye. She then brought to kabiraj (traditional healer) for treatment. Another type of spirit is *alga* who are sometimes thought to be the cause of stillbirth. The local women believe that *alga* can not move alone it has to adopt a human body. If the person who is carrying the spirit gives the evil eye to a pregnant woman, her child will die before birth. Finally *kal* is another type of spirit who causes dysmenorrhoea.

Kakrar mati: Very often the local women make a relation between *kakrar mati* (the mud of crab hole) with dysmenorrhoea. In their opinion dysmenorrhoea is caused by the touch of the mud of crab hole. They believe that the crab is *mokroom*[7] ,and there is another devil who is called makroom too. That devil lives around the homestead, beside the pond and cannel along with the crab. As the crab moves with the devil the mud of its hole is polluted. If it touches women's foot, dysmenorrhoea happens to the women. At the same time the village women also blame the women who walk bare footed, because they allow the mud to touch their foot.

Hot and cold food: These two concepts are very important in explaining the cause of the illnesses child birth. According the local explanation the *cold food*s are, sour taste food, leftover food, *panta bhat* [8]. These cold foods are strictly prohibited for the new mother. These make the uterus rotten which is the leading cause of *shutika*. The new born child will get pneumonia if a mother eats cold food. She has to observe the taboos for at least forty five days after delivery. The village midwives think feeling feverish after delivery, rotten uterus, dysentery, *shutika*, etc, are the results of taking cold foods.

The *hot food concept* is the contrary of the cold food concept. The local knowledge is that a new mother should take hot food until forty five days (considered as seclusion period) after delivery. The hot foods are, hot fresh rice and curry, tea and *jhaler naru*[9] . The hot food prevent *shutika*. Among all the hot food *jhaler naru* is particularly significant to new mothers, because it protect the uterus from rottening (*nari paka*) and stop the abnormal passage of blood. So the midwife of the village always suggested the new mothers to eat *jhaler naru* during seclusion period.

After forty five days of delivery the mothers are allowed to take normal diet. Because if they continue taking hot food, it would make their body *kosha* and *it* is the major cause of white discharge. An aged woman Rabiya explained it further that *'continuous taking of hot food*

[7]mokroom is a concept about food in Islam.It is in between haram (not allowed) and halal(allowed)food. There is a debate wheather it is edible or not.
[8]Rice cooked overnight and kept steeped in water.
[9]A type of drop made by puffed rice, molasses, chili powder and other spices.

sometimes increase body heat. Because of this, discharge like hot water flows out before and after micturation. Thus white discharge happens to the women.'
Pak napak: *Pak napak* (purity and pollution) is another concept in determining the illness. The women mentioned that *napak shorir* (polluted body)was more vulnerable to the illness. They considered the body as napak during menstruation period, after intercourse and when they were unclean. This napak shorir (polluted body) was attracted the evil spirit who are the cause of another illnesses.

Durbolota: Most of the village women identified *durbolota* (weakness) as a leading cause of white discharge. The women interpreted the concept as *'lack of strength is weakness or durbolota. If there is not sufficient blood in the body, the body becomes anemic and a woman do not feel any strength with a anemic body.'* To avoid *durbolota* one of the village woman suggested *'we should take green vegetable daily and there should be consistency in between our work and diet. A pregnant mother should take plenty of food or even after delivery.* Some women also mentioned that *'frequent child birth results loss of blood from the body which makes a body durbol (lack of strength).'* The main features of durbolota are, feeling of fatigue and numbness, anorexia, feverish, sweating while doing work, unable to perform any work or move around, and every time it has been wished to lie down in the bed.

Nosto kora: This concept refers a destructive attitude through magic, charms or amulet. The concept were found mainly applicable in case of white discharge and *shutika*. when a woman suffered from white discharge, she and her surrounding people very often thought that *'It is obvious that somebody is attempting to better down her body that is why she feels durbol all the time and as a result white discharge happens to her.'* The women understand that it can be done in two ways, one *tabiz kora.* In this process the person who wants to make harm, takes certain things which always keep in touch of the body of the target woman, as for example a piece of wearing cloth, dirt from the body , hair, etc. She put these things inside an amulet (*tabiz*) and wear it with a wicked mind. The other way is *ban mara.* In this process the former woman goes to the person who usually does black magic. That person makes a idol of the target woman and by uttering charms s/he makes hart on the different parts of the body. It is considered that the target woman also get illness through this.

Kosha: *Kosha* is responsible for white discharge, piles and urinary tract infection. The village women particularly meant by the term that the condition of the body that happened due to lack of sufficient food and fluid (water, juice, etc) It had a connection with *durbolota,* cleanliness and coolness. Because the women thought, irregular bathe was also a reason of *kosha.*

Diagnosis behaviour
The study women identified the disorders in the following way:

The women usually compared the similarity of their ill-health themselves with the recognizable pattern and came in to conclusion that they had that particular illness.

Sometimes they contrasted the pre and post situation of ill-health and thought-- *'I did not suffer from this problems before, but how can I get such difficulties? I may have such type of illness.'* In most cases the women consulted other women like mother, grand mother, sister-in-laws, other close relatives, friends and neighbours to diagnosis the illness. But they were found to consult both directly or indirectly as for instance sometimes the village women asked their neighbours or close relatives that *'I have heard that a woman is suffering from these type of ill-health, what it would be?'* Generally the women feel free to discuss the signs and symptoms of a particular illness with mother or with somebody from her natal home. It was hardly found that the women consulting with any in-laws in diagnosing the illness and consulting with mother-in-law was not reported at all.

Some village women were found to visit traditional healers for diagnosis the illness. But in most cases it was seen that the women primarily suspected the illness and later on went to a specialized traditional healer for confirmation and the treatment of the illness as well.

Therapeutic choice and reasons

The women in Char Nilokhi village seek medical treatment according to their own way of explaining and diagnosing the physical discomfort. During matrix ranking and group discussion, the village women named a number of therapeutic mode they adopt for treatment. It was noted that in case of every illness they had a particular therapeutic choice depending on its expected efficacy.

To illustrate the therapeutic choice of the women two issues are needed to be focused:
- Therapeutic options available for the women in the village.
- Utilization of available services and the reasons there of.

The local women learnt about the remedies through the social network of the village or the knowledge transferred from generation to generation. An impression about available medical services is given below followed by the therapeutic choice of the women and the reasons there of.

The health care providers in Char Nilokkhi village

The women generally used those health services which were easily available to them. The care providers were: medical doctors, quacks, midwives, *kabiraj*[10], *bonaji*[11], to certain extent homeopathy and home remedies.

The women were found to prefer *kabiraji* treatment for certain ailments such as *shutika*, congestion in breast, *bhute dhora, jine dhora*, etc. There were two to three *kabiraj* in Char Nilokhi village who were aged women. They did not treat all type of illness, they were specialized for those illnesses mentioned earlier. But the local women went to another kabiraj of the neighbouring villages also. Both the women and the traditional healers were observed to

[10]traditional healers who gives mainly amulet and sometimes herbs for treatment and also exorcise the patient through uttering charms.
[11]Herbal medicine.

share similar assumptions about the cause and symptom of the illness. The women relied on the traditional healers because they had faith on the method and efficacy of the treatment.
Most kabiraj claimed that they had obtained the treatment procedure (the herb or the charms) through dream. The others had learned it from their ancestors or from a powerful spiritual being like *jin*.

The traditional healers were very much confident about their treatment. It was note worthy that some of them were found to destroy intentionally the effectiveness of the treatment. Such an example is Joruna, a *kabiraj* Char Nilokhi village :

Joruna is sixty years old and she has been doing *kabiraji* for forty years. She gives the treatment of *shutika* and *batas laga.* She got these treatment methods through dream. She used to treat of *towra laga* also but she had given up the treatment. Because when she did the treatment *towra*, the evil frightened her and always threatened to kill if she continued the treatment. So one day she told the treatment into goat's ear and since then she believed that the treatment was no more effective.

There are some midwives in Char Nilokhi village and the village women were found to preferred to visit the aged one. In addition to attending deliveries, the midwives give advice about the movement and diet of the women during pregnancy and postpartum period. These midwives learned birth attending process and the treatment of some obstetrical illnesses either from any aged midwife or from their mothers.

The village women were found to rely on *bonaji* treatment for some illnesses. Although bonaji treatment were either given by *kabiraj* or advised by the neighbours or relatives. But the women wanted to classify it separately at the time of matrix ranking. Herb, leaves and roots of certain plants were regarded as *bonaji chikissha* (herbal treatment).

Along with these traditional treatments the women were also found to take modern medicine. Homeopathic treatment was very common among the women. Only a few women mentioned that they got homeopathic treatment for some selected illnesses. The women usually went to Matlab town for allopathic treatment They also went to a quack in Matlab who supplied homeopathic medicine, herbal medicine and amulet along with the allopathic medicine. He was seemed very popular among the women for his treatment.

BRAC's *shastya shebika* also provided allopathic medicines for ten diseases. They also provide health education to the village women. A change was observed among the women due to BRAC intervention. As the medicines for ten illnesses are easily available, they tend to use this more rather than *kabiraji* medicine which they use to take before. According to the *shasthya sebika* of the village non BRAC members bought more medicine from her than the BRAC VO members. But the overall impression of the women about it was good and the women urged if BRAC provided them medicine for the private illnesses like prolapse, white discharge, dysmenorrhoea, etc. they did not need to talk outside about it; and would go directly to *shasthya shebika* and ask for the medicine. The *shasthya sebika* stated that *'sometimes the women are looked so destitute*

that I give them medicine according to my own diagnosis and judgment. As for instance, sometimes I give iron tablet for anemia and white discharge as well.'

Utilization of the available health services and the reasons
The information about the use of available health services and the reasons were collected through matrix ranking. Three groups of women exercised it (already mentioned in the methodology). Table 7 presents the options of the women along with the contrast of the groups.

It has been reflected from the table that the women hardly stick on only one treatment for a particular illness. Though the therapeutic option of the local women is seemingly complex, but from the preliminary condition of the discomfort the women fairly know what to do and where to go for treatment. In fact there is a clear reason behind the every option. Generally, it was found that the options were determined by cultural beliefs, economic condition, availability, previous experience or knowledge from others' experience, and finally faith on specific type of resort. Al though an old woman said *'every treatment does not suit everybody, so we do our treatment accordingly and we follow that treatment from which we get benefit.'*

Some examples can be cited for more clarification. The table shows that women usually go to *kabiraj* for treatment of *alga* and *jine dhora*. The reason is from the very beginning the village women know that there is no option to go else where for this treatment. Actually it is culturally predetermined that the only treatment of *alga* is *kabiraji jhara kuchi*[12] and the amulet given by the *kabiraj*.

Very often it was seen that the women detected the cause of the illness first then decided which treatment they would adopt. Such an instance is menorrhagia or *khum jhore*. The women believe *humka batas* is the cause of *khum jhore* and most of them think *kabiraji* is the only method of treatment of this illness. So majority of them go to the *kabiraj* for the relief. Again for *shutika* most of the village women take herbal medicine or *kabiraji* treatment. *Kabiraj* gives them an amulet that contains a kind of herbal medicine and the patient is told to tie it with her hair. At the same time she will abstain from eating sweet pumpkin, some selected fish like *puti, gojar* and *taki, kheshari dal*, tamarind, etc.

The women generally think there is no treatment for *shutika* in modern medicine and according to Razia *'the poor village women can not afford multiple treatment at a time even they can not try multiple therapy in different time; in fact it is a wastage of time and money, so they go directly to the kabiraj or try herbal medicine which are cheaper for them.'* On the other hand the village women think that tuberculosis is such a severe illness that the patient can not survive unless s/he is brought to a medical doctor. A dissimilarity in notion was also noted among the groups. In case of light menstruation two groups (TG BRAC and NTG) mentioned that there was not much medical treatment for it. The women who experienced this should take proper diet and that would increase the blood in the body and cure the illness. In contrast, the other TG group said there is no other way expect allopathic treatment.

[12] Traditional treatment by exorcise with uttering charms.

Table 7: Therapeutic choice of the women in Char Nilokkhi: BRAC, TG and NTG ranked out of 20.

Illness	Modern medicine			Kabiraj			Bonaji			Homeopathy			Self/home		
	BR	TG	NTG	BR	TG	NTG	BR	TG	NTG	BR	TG	NTG	BR	TG	NTG
Shutika	2	2	5	4	5	10	4	8	-	-	-	-	10	5	5
Dysentery	10	5	15	-	-	-	2	10	5	-	-	-	8	5	-
Pain in lower abdomen after children	16	10	3	-	5	-	-	-	-	-	-	2	4	5	15
White discharge	5	10	4	-	10	-	5	-	10	-	-	2	10	-	4
Dysemenorrhoea	3	5	-	13	10	15	-	-	-	-	-	-	4	5	5
Jaundice	2	5	10	-	5	4	10	5	-	-	-	-	8	5	6
Prolapse	8	10	5	10	-	3	-	10	5	-	-	-	2	-	12
Pain in abdomen	2	10	12	6	5	-	-	-	5	-	-	-	12	5	3
Alga dhora	5	-	-	15	20	20	-	-	-	-	-	-	-	-	-
Jin Dhora	-	-	-	20	20	20	-	-	-	-	-	-	-	-	-
Menorrhagia	5	3	5	15	10	15	-	7	-	-	-	-	-	-	-
Fever	10	10	15	-	5	-	-	-	-	-	-	-	10	5	5
Pain in limbs	8	10	5	-	5	-	-	-	-	-	-	-	12	5	15
Arthritis	6	10	10	3	5	5	2	-	-	-	-	-	9	5	5
Urinary tract infection	4	12	8	-	-	-	10	-	-	-	-	-	6	8	12
light bleeding during menstruation	5	20	5	-	-	-	-	-	-	-	-	-	15	-	15
Miscarriage	5	5	12	15	10	5	-	-	-	-	-	-	-	5	3
Blood with stool	5	10	15	15	10	-	-	-	-	-	-	-	-	-	5
Piles	10	5	10	-	6	5	10	6	-	-	-	-	-	3	5
Headache	8	10	15	-	5	-	-	-	-	-	-	-	12	5	5
Hyper acidity	12	10	14	-	5	-	-	-	-	-	-	-	8	5	6
Tuberculosis	12	20	20	2	-	-	-	-	-	-	-	-	6	-	-
Heave bleeding during menstruation	5	4	10	15	10	10	-	6	-	-	-	-	-	-	-

It is also relevant in case of prolapse. Here also, the former two groups believed that the major part of the treatment took place in home. They also added, if prolapse once occurred there was no point to go to the medical doctor or *kabiraj* for treatment, because from their experience they had seen that these treatments can not help the patient. So it is better to stay at home and try the home remedies like hot compress on the lower abdomen, diet restrictions, avoid weightlifting, etc. But the other group disagreed on this point that no home remedy was effective for prolapse. Although there was similarity and dissimilarity about the therapeutic choice among the women, but they had their own pattern of resort which provided light on the notion of cause and sign of illness and the selection of treatment as well.

Social and Family attitude

Illness is not an isolated phenomenon. It is interrelated with other element of the society. It has been found through the case studies (the explanatory model of the women who actually experienced illnesses at that time) that social and family attitude had an inevitable effect on the illness situation. These two components are vital here in a sense that these determine the women's perspective towards a particular illness. A clear distinction was found among the women about their illness. The women have learned through the socialization process that which illnesses are expressible to others and which are not. So when a woman experience a particular disorder she usually evaluate it through social perspective and always fears how people will look at it. The society might think that it is her fault to suffer from this type of illness. So, it was found that the women tried to hide certain illnesses as far as possible which are considered as shameful

in the society. Sometimes it delays the treatment of some severe illnesses. Here two separate situations are described in the following.

Family situation

It was found through the case studies and discussion that certain illnesses sometimes make strain on conjugal life. The village women reported that most husbands felt disturbed and sometimes got angry on them if their daily household work hampered due to the illness. But they also said that if the husbands were not involved with the treatment expenses they did not mind. In this case Rekha, a BRAC VO member was lamenting that, *'If I would suffer and even die from any illness, my husband would not care for my treatment.* Some village women admitted that their husbands were so busy and working hard all day long that at night when they came back they could not pay much attention to their wives. Very often the husbands could not realize the sickness of the wife. A different view was also found in the village that some women appreciated their husband's behaviour in terms of caring and treatment. As Somiron said *'one day I have been suffering from padma rog (prolapse) since my second child born but my husband is such a nice person that he has not said any thing to me. More over he is spending money for my treatment and always says that Allah has given me this illness, its not my fault and Allah will cure it.'*

It was fairly common in the village that women go to their natal home for treatment. It happened in two ways: firstly, the women were forcefully sent by the husband or the mother-in-law to their parent's home for treatment. Secondly, some women preferred to consult their mothers and got the treatment at their natal place because if their in-laws and husband know about the illness may deal with her rudely, but the number is very few. It was informed that the women were not very willing to go to their parent's house for treatment. So that they tried to hide their illness from their husbands and mother-in-laws as far as possible. According to a poor house wife Shanti, *'we can talk about our illness even with the other stranger but not in front of our mother-in-laws.'*

Social situation

It appeared through informal discussion with the women that all illnesses were not expressible to other people in the society. Some illnesses are considered as a result of sin or some are thought as shameful illnesses. So the village women usually maintained a network in terms of diagnosing or consulting about a illness. They did not discuss with everybody about their illness, because in their version other women would not say any thing in front of the patient but would whisper together about the matter. It is really a disreputable thing for them. Sometimes the illness was used as a tool at the time of quarrel. For example, the woman who had prolapse might be taunted by others that *'you steel eggs from somebody's house that's why you have this problem.'* Prolapse and white discharge were found the most shameful illness among the women in Char Nilokhi village. The women did not feel easy to get exposure during quarrel about prolapse. The village women also hid white discharge from other women because the common belief in the village was that it was a contagious illness and the women who did not use water after micturation usually experience this illness. So they are called as *kachchor* (dirty) during quarrel. Some women told that sometimes the neighbour and other relatives were very sympathetic to the patient. Sajeda who was suffering from prolapse said *'my neighbours and others do not say any*

thing unpleasant to me rather they have advised me not take more children because the illness is due to frequent child birth.'

DISCUSSION AND CONCLUSION

The study was initiated to understand the views and attitudes of the rural women about their own illness. The objectives of the study were to comprehend the illness situation of women in the community from their own perspective and to understand their health seeking bahaviuor.

In Bangladesh women's health is relatively new domain for research and much attention has not been given on the `emic' issues of their health seeking behaviour. Two recent studies about cultural perspective of illness in the rural Bangladesh presented illness categories, perceptions of severity of illnesses and explanatory model of a particular illness (vaginal discharge) among rural women in Bangladesh (Nahar et al., 1996 and Muna et al., 1996). Both the studies provide new insights on women's health. In India some related studies also focused on women's from their own perspective (Gittlesohn et al. ed., 1994). However, these studies were very useful to gain an impression about women's knowledge of illness and health seeking behaviour of certain communities. In our we tried to explore beyond this. We sought for not only the women's perspectives about their illness individually but also looked at the overall situation as much as possible. It also reflects the copping pattern of women in adverse situation.

The study revealed that women had a clear conception about their illnesses and they defined their condition of illhealth accordingly. They developed the relation between different illnesses by their own reasoning. Life threatening issues was the priority to them in considering the severity of the illness.

The women had their own perspective in explaining every illness they experienced from mild to severe. They identified the causes of occurring illhealth and developed a pattern of the ailment. There were certain illness related folk theories in the village by which they often construct the causal relations. Knowledge about different illnesses (learned by hearing other's example) and consultation with relatives, neighbours or traditional healers were the significant preliminary factors in diagnosing illhealth.

Therapeutic choice of the women in the village were largely depend on some particular criteria. The women usually seek medical help according to the way they explain or diagnosis the physical discomfort. Again availability of the medical services, economic condition and efficacy of the treatment were also important in this regard.

As the cases of the illness episodes were more or less chronic, Kleiman's `hierarchy of resort was clearly explicit in every case of different illnesses. The women were not found to rely on only one resort for the whole illness episode. They tried one by one accessible medical services and sometimes repeated the previous one. However, 'illness specific' health seeking behavioural was also observed. The women usually took *bhute dhora, alga dhora*, etc. as illnesses caused by evil

spirit. In such cases they sought *kabiraji* or *moulovi* treatment. They blindly believed that only the *Allahar kalam* (divine verses) could heal up the illness.

Social and family attitudes towards the illnesses had a notable contribution to the total illness situation in the village. It usually acted as an influencing factor in every step from the illhealth identification to the treatment seeking behaviour. For this reason the women were found to conceal some illnesses to the extent they could because the social stigma attached to these illnesses.

The women were found to cope with the illness situation through, never disclosing the illness to the in-laws and husband, doing the treatment themselves as far as possible and finally visiting to the natal home for treatment.

The study informed that as the identification of the illness and therapeutic choice were primarily done by the women themselves, knowledge about women's perspective towards the illness and it's gravity was very much crucial.

In conclusion, we would like to make the following recommendations:

On the basis of this study findings some focused ethnography on particular women's illnesses can be designed. That will help us to get a detail picture on different illness situation specifically. That may provide new insight regarding women's health intervention issues.

BARC could help the destitute women in the village who have been suffering from different reproductive health problems for a long time but can not seek medical help because of shyness, social norms and restrictions. Since the *shasthya shebikas* of BRAC are quite popular among the rural women; BRAC can provide them new knowledge on the early treatment of some reproductive health problems. Regarding this a VO member urged *'if the shasthya shebika could provide us medicine for our illnesses as such white discharge, urinary tract infection, prolapse, etc. we need not to consult other women about the treatment. We would go directly to her and nobody would know about the matter. It would help maintain piece in our family.'*

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Annex 1. Map of the study village.

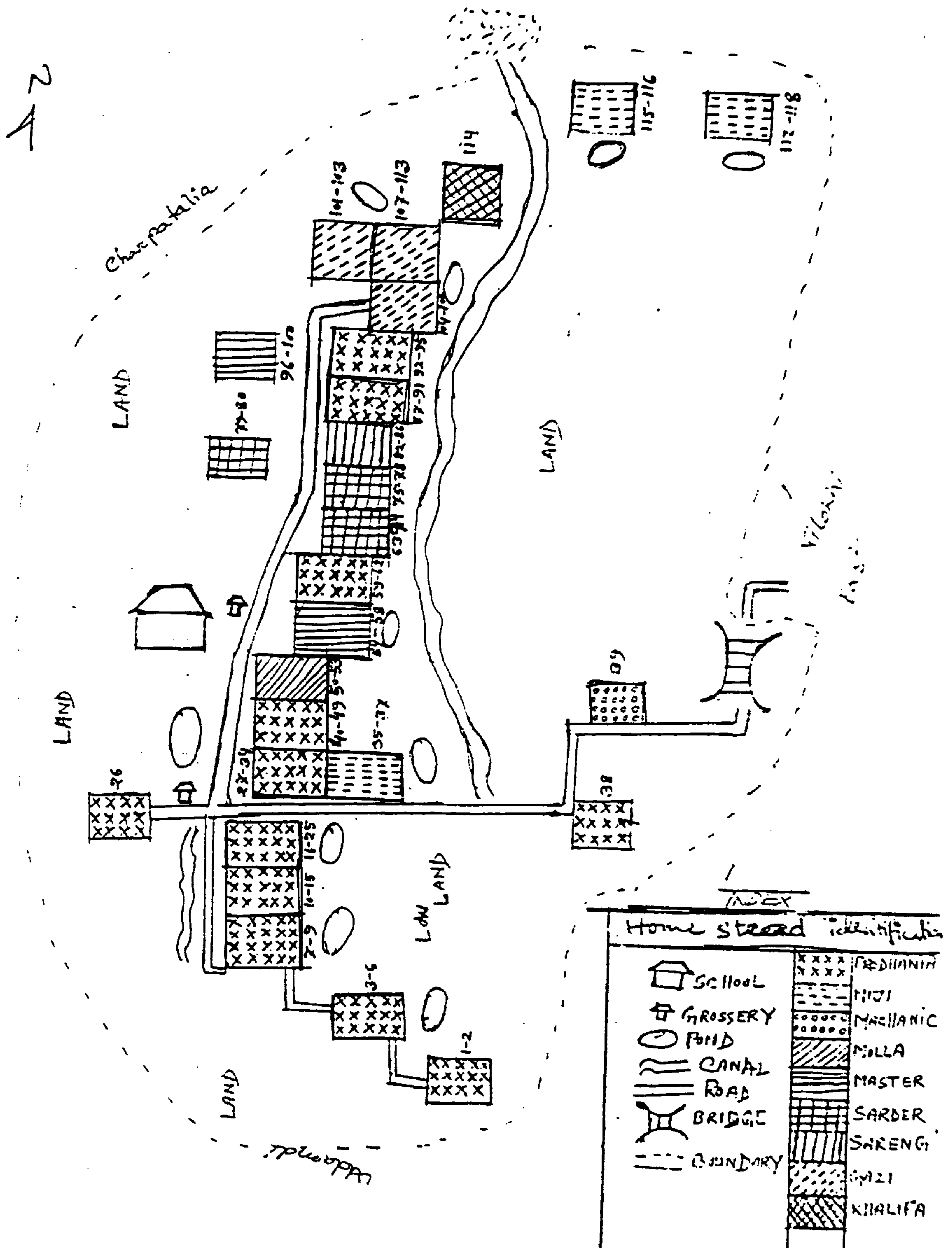


Figure 1

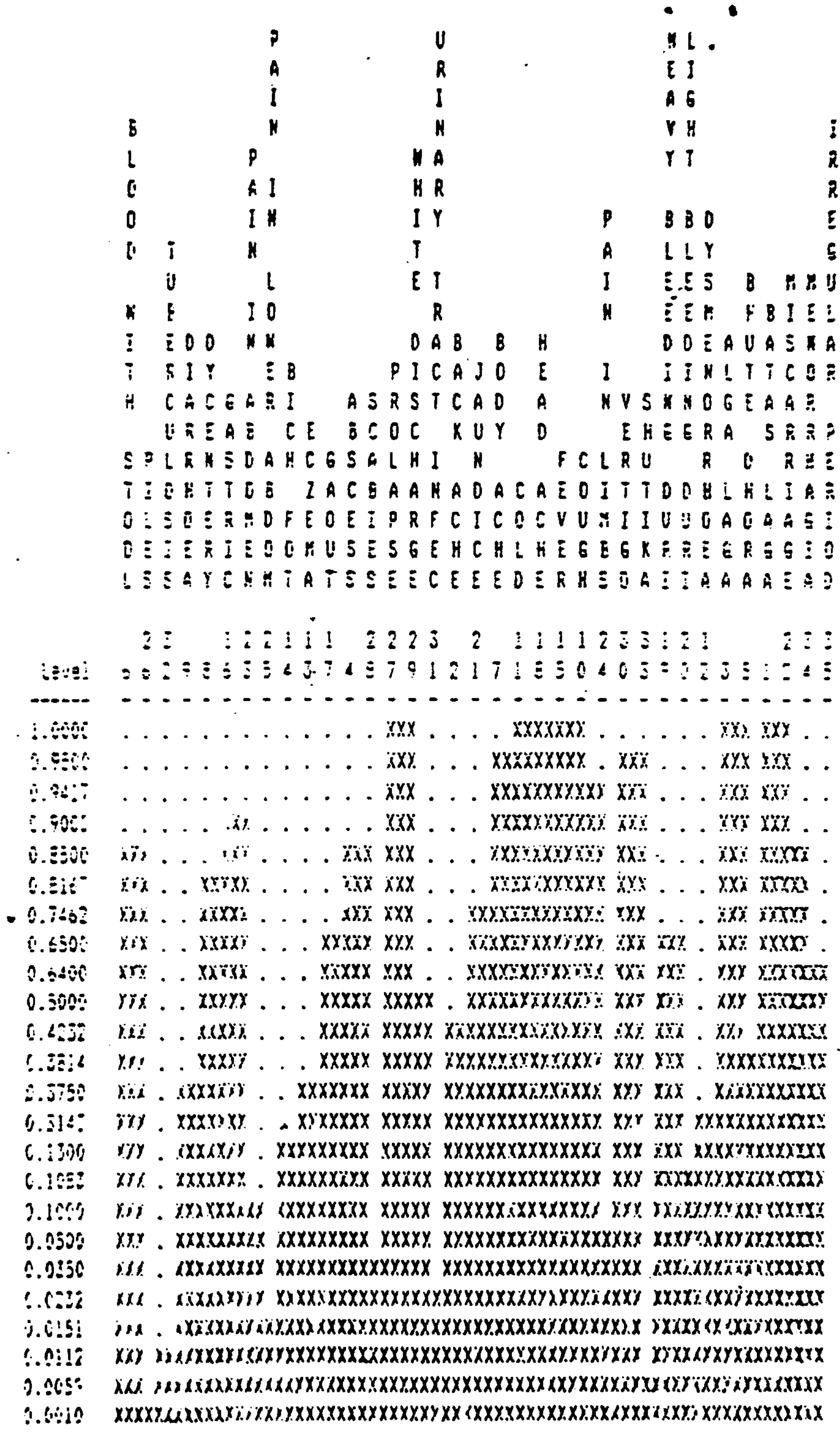
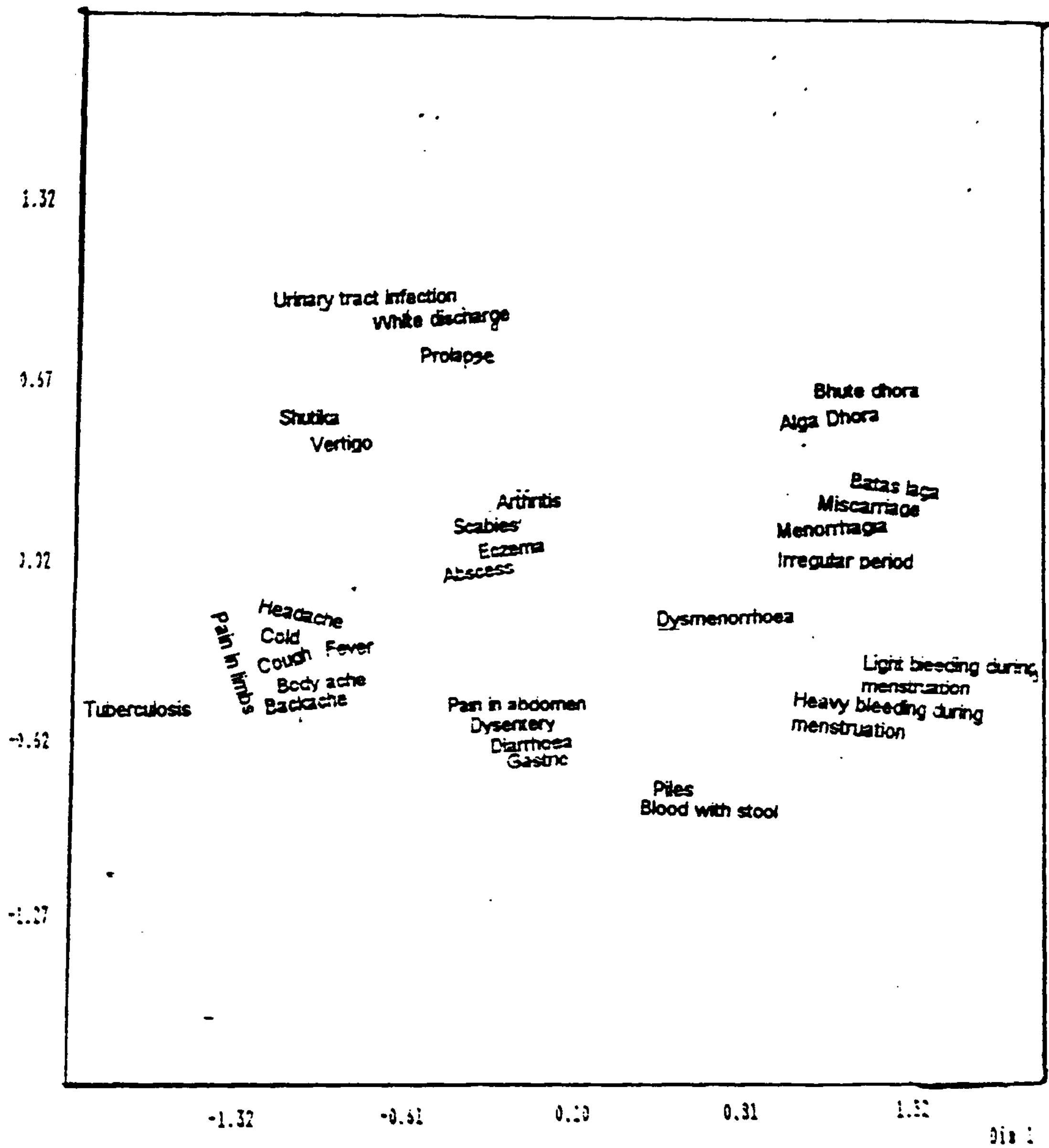


Figure 2



Annex 3. Illnesses commonly known before and after child birth.

Before child birth

1. Lower abdominal tenderness associated with difficulty to pass urine.
2. Lower abdominal tenderness associated with severe pain and the women are then unable to do any work (due to evil eye of alga, a spiritual being).
3. Oedema.
4. Dysentery and anorexia.
5. Gorvo shutika (diarrhoea associated with anorexia).
6. Feeling of fatigue and feverish.
7. Miscarriage.
8. Still birth

After child birth

1. Nari paka (rotten uterus).
2. Shukna/hukna Shutika (diarrhoea associated with vertigo, anorexia, feverish and weakness).
3. Dysentery and tenderness in back.
4. Postpartum hemorrhage.
5. Prolapse.

Source: Midwives of Char Nilokhi village (key informants).