

TRADITIONAL HEALING BELIEFS AND PRACTICES IN BAGNIBARI AND SAMAIR VILLAGES: IMPLICATIONS FOR PUBLIC HEALTH IN RURAL BANGLADESH

Lauren Ashley Camp

*Department of Global Health School of Public Health and Health Services, George
Washington University 2175 K Street, NW, Suite 200 Washington, D.C.20037, USA
email: laurena.camp@gmail.com*

Jesmin Pervin

*James P Grant School of Public Health BRAC University
68 Shaheed Tajuddin Ahmed Sharani, Mohakhali
Dhaka-1212, Bangladesh
email: jpervin@icddr.org*

Farrukh Raza

*James P Grant School of Public Health BRAC University
68 Shaheed Tajuddin Ahmed Sharani, Mohakhali
Dhaka-1212, Bangladesh
email: farrukhaza66@yahoo.com*

ABSTRACT

Introduction: Traditional medicine plays a vital part in the health care systems of many developing countries. Healers' knowledge and background, commonly treated illnesses, methods, and the factors leading to communities' utilization of traditional services are important areas of research to understand how the informal health sector contributes to the health outcomes in these countries.

Methods: A short exploratory, qualitative study in two villages of Savar, Bangladesh focused on traditional healers and community members. We completed six in-depth interviews, one focus group discussion, four informal discussions and three PRA techniques to investigate the issue. Data were translated, transcribed, coded and analyzed to develop themes that emerged from the specific research questions.

Results: The study found that there were common illness experiences among our participants, including fever, headache, body pain, jaundice, diarrhea and illness caused by evil spirits, as well as commonalities among healers in terms of training, social status and treatment practices.

Conclusion: We found that perceived causes of disease and severity led to the use of traditional healers. There was a need for increased training among the healers to improve their ability to contribute to the broader health care system.

Key words: traditional healing, Bangladesh, rural health, perceptions

I. INTRODUCTION

A. Background

In many settings health and culture are inextricably linked. This is found to be especially true in developing countries, including Bangladesh, where culture has a profound impact on health and health practices [1]. Our study seeks to explore some of the issues present within the rural villages of Bagnibari and Samair in regards to the background,

treatment, and utilization of traditional healers. Our qualitative data attempted to answer our central research question, "what are the traditional healing practices in Bagnibari and Samair villages?" This question encompassed the traditional medicinal treatments, the perception of these treatments within the community, and the factors that led to their use.

We anticipate finding that there are multiple and

varied treatments, as well as a range of motivations for seeking traditional healing methods. Our aim in this study is to investigate the traditional healing norms, as defined by our research participants, in order to shed light on certain aspects of the health seeking behavior within these villages, and the perceptions of traditional medicine as it existed within a broader social context.

This area of research is important for continued health improvement efforts and intervention development in Bangladesh. Knowledge about perceptions of disease cause and severity, and how that information influences an individual's health seeking behavior given other economic and practical issues, will shed light on the realities of healthcare options and services sought in a rural Bangladeshi setting. This information, when gathered through an in-depth approach and using "thick descriptions", which take into account the setting and background and is particularly compatible with qualitative data collection, will be a valuable insight into the function of traditional medicine in this context. The necessity to understand the bigger picture, outside of simple data on use and methods of traditional healing, is essential to accomplish any future impact on the health-seeking behavior of these communities.

The existing literature on the subject of traditional and alternative medicine in developing country settings is a bit scattered and often focuses on specific diseases or alternative medicinal treatments rather than the reasons and motivation for individuals to seek traditional remedies. It is clear, however, that indigenous medicine play a key role in communities across the globe [2]. The empowerment and strengthening of the traditional health system has been cited as a necessity in the effort to achieve a number of the Millennium Development Goals [3]. This informal, or traditional, health sector is diverse and complex [4]. Given this diversity and extensive network of traditional healers, the operational definition of traditional healer was, for the purpose of this study, any informally trained health service provider who provides contextualized treatment to our study population. This includes *kobiraj*, *hakim* and *pir/fakir* (spiritual healers).

Many of the health care trends across the developed world show an increased use in these traditional or alternative medicinal practices for health related issues such as slowing the aging

process or chronic disease treatment. [5]. This fact, however, does not do justice to the vital role that traditional medicine plays in the developing world, where many rely on traditional healers for basic health care [6]. Traditional healers, as embedded members within the culture that they serve, provide a contextualized treatment, which has been shown to be a highly valued aspect of their services. An individual's reasons for visiting a traditional healer vary, from simply trusting the healer's advice and service as a fellow member of a culturally significant community, to having limited or poor access to the official health care system [7]. In many cases traditional healers are easily accessible and also play a large role in the cultural identity of a community or region.

Despite working outside the official biomedical system, traditional healers have the potential to contribute positively to the official primary health care systems, a fact illustrated in the literature. The informal sector is cited as a significant potential resource with the ability to strengthen the healthcare system as a whole and even minimize health disparities if utilized effectively [8]. To this end, the argument has been made that an "atmosphere of understanding, trust and respect should be created between modern health workers, traditional healers and the communities that they serve" [9].

Unfortunately, this is often not practiced. Similar to other developing countries, Bangladesh has a strong indigenous health system, though it is also one that operates nearly exclusively outside the standardized medical system and maintains negligible communication with professionally trained doctors and health professionals. Perhaps due to this, and in spite of traditional healers' prevalence and importance within individual communities, more information is needed to understand traditional healers' techniques, practices and the variety of circumstances that lead to an individual choosing to utilize their services [10].

Additionally, little policy related research has been conducted to understand the roles of non-professional health practitioners [11]. The health system in Bangladesh, which tends to put more emphasis on hospitals rather than primary care, attempts to create a network that would provide even small villages with access to some sort of healthcare provider. However the limited financial

and human resources create a number of gaps in service and availability, thus creating even further need and demand for informal healers [12]. The traditional healers' cultural understanding also allows traditional healers to provide treatment very much rooted in context to patients' beliefs and perceptions [13].

In addition to accessibility, the perceived cause of disease and its relation to treatment practice has been shown to have a heavy influence on health seeking behavior across cultures, especially in Bangladesh [14]. Regardless of religious practice, a large percentage of the population in Bangladesh believes in unseen powers and spirits. These spirits, called *bhut* or *jinn* in local terminology, are believed to be capable of entering the body in various ways and causing a number of health problems [15]. One of these, the evil eye, shows symptoms categorized by loss of appetite, headache, fever, and general weakness or body pain, and is believed among many to be a common cause of disease [16]. Due to the deeply rooted cultural beliefs associated with perceived disease causation, there exists a disparity between biomedical practices and some traditionally appropriate methods to promote health, which can in some cases cause tension and even negative health outcomes through mixing incompatible treatment methods sought out by different sources [17].

Additional and important aspects of health seeking behavior, which influences decision-making across the world, are societal power structures and gender relations [18]. Either as widespread norms that exist as a part of the environment, or at the individual level, these have a great deal of influence in determining who the main decision makers are within a family and how healthcare decisions are made. Patriarchal systems, which often limit a woman's access to a number of resources and health services for both herself and her children, plays a large role in the decision making process and helps to determine the primary source of treatment sought out by a family [19]. Given the choice and opportunity, patients would most likely approach different providers and services for different symptoms [20]. Additionally, while some literature suggests that the severity of illness is not related to health seeking behavior or choice of provider, the majority of existing literature and our own research experiences provide evidence to the contrary [21].

Types of treatment provided by traditional healers in a variety of settings have been shown to have some similarities. However, there is also a significant variation across cultures. Herbal care has been noted as a common treatment for both men and women [22]. The use of amulets as a protective method against evil spirits is also something that appears in Bangladesh, even stratified across socio-economic levels. Despite the widespread use and seemingly cultural acceptance of traditional methods, both our findings and the literature explain that often patients of traditional healers are hesitant to admit that they seek the services of alternative medicine [23]. This reflects the ambiguous status of traditional medicine within the broader health care system in a number of countries, and is a relevant issue highlighted through this study.

In a large-scale response to traditional medicine, its regulation, and its place within a variety of countries and villages, the World Health Organization developed a strategy for traditional, complementary and alternative medicine. This strategy was developed in an effort to help improve the safety, efficacy and availability of these types of services. This strategy, combined with additional research on the role and practices surrounding informal practitioners, has the potential to have large-scale, positive implications for health outcomes around the world and in rural Bangladesh [24]. However, the relative lack of understanding about the motivations behind the average rural Bangladeshi's decision to seek out alternative medicine, and the perceptions of the role of traditional healers within a community make this study an important contribution to the broader set of knowledge on the topic and may prove a necessary component in the future development and approach to developing health-related interventions or program design in rural Bangladesh.

B. Objective

This study aims to answer a variety of questions of a qualitative nature, which include:

1. Who are the traditional healers that serve this population?
2. What are the background, knowledge and training of the traditional healers?
3. What illnesses are most commonly brought to traditional healers?

4. What treatments are given to patients by the traditional healers?
5. How does perceived disease cause relate to health seeking behavior?
6. What are limitations of biomedical services that lead to the use of traditional medicine?
7. What is the societal status of traditional healers within the communities that they serve?

II. METHODOLOGY

A. Setting

The setting for our study was Bagnibari and Samair villages, which have seen a slight increase in urbanization trends recently due to the establishment of several factories in the surrounding area. Our sample population consists of the traditional healers working within Bagnibari, as well as the community members who access their services. We have chosen these populations because they are the direct actors in the provision and utilization of traditional healing services.

B. Conceptual Framework

The conceptual framework for our study involved four factors that might directly impact the traditional health system and traditional healers. These factors are contextual treatment, sociopolitical context, cost effective treatment and the influence of other systems on the community.

The contextual treatment theme includes the community's interpretation and their own beliefs of disease, the culture surrounding certain ailments and conditions, and the treatment methods passed down both through individual families, as well as knowledge passed down through traditional healers. Additionally, the relatively easy accessibility of traditional healing methods, ability of traditional medicine to give hope and solutions when biomedicine fails to do so, and the similarly deeply rooted emic perspectives of both the patient and the service provider, all contribute to this contextualized focus of traditional medicine. These are all vital aspects in relation to the traditional health system in that they are some of the direct reasons and rationale for utilizing alternative medicine, and for ensuring the informal sector's sustainability both over generations and through changing conditions.

An additional aspect that impacts the traditional health system in our particular study site is the sociopolitical context. Traditional healers' methods of acquiring abilities to heal are related strongly to

social and cultural norms. Inheriting abilities from ancestors, the ability to "see" treatments in dreams, and the overall social acceptability of a healer's practice and knowledge all play into the broader social and economic contexts that allow them to interact and be involved with the community on a variety of levels. A healer's social status, which was shown in some cases to accompany the profession itself, is yet another element that contributes to the sociopolitical context that influences the traditional health system as a whole. This is important because it speaks to the context, outside of health, in which the traditional health system operates. The environmental, economic, political and cultural aspects of life in Bagnibari and Samair villages all play their roles in creating a situation in which traditional healers are able to function, as well as one where they are necessary and desired by the rest of the community.

As briefly mentioned above, there are economic factors that impact the traditional health system from the community perspective, and prominently include differences in cost and affordability when traditional medicine and western biomedical costs are compared. Typically lower or more manageable expenses are a major factor when evaluating an individual's health seeking behavior. Given the opportunity and unlimited resources, a person may make very different decisions regarding health and health care providers than what this study has observed. We must however, take these elements into consideration when assessing trends as it is likely a contributing factor to the popularity or utilization of traditional healers.

Finally, other health systems' reliability and quality are additional elements that affect the community's use of traditional medicine. Inefficient, expensive or unreliable formal healthcare, financial and human resource shortages in professional or government clinics, and poor relationships between outside doctors and patients all contribute to traditional and informal health care's utilization.

Our health seeking pathway map also illustrates the way in which the most commonly described illnesses are treated. Based mainly on their severity, and through additional extraneous elements such as available resources, perceived cause, and power relations in the decision making process, any one case of disease could be treated by either western biomedical therapy or through the informal sector and traditional healers.

C. Data Collection and Analysis

Data Collection

Our study was a short exploratory, qualitative study rooted in inductive grounded theory. We identified individuals through purposive and convenience sampling. Ethical considerations were taken into account, and the entire research team ensured that verbal informed consent was taken before involving any research participant.

Prior to collecting data, we developed a guideline and checklist for our data collection tools, which include focus group discussions, in-depth interviews, PRA (Participatory Rapid Assessments/Rural Appraisal), and informal discussions. Data collection took place from 9- 14 March, 2010 in Bagnibari village and its surroundings. The material consists of six in-depth interviews, one focus group discussion, four informal discussions and the collection of three PRA tools (one social mapping, one body mapping and one free listing exercise).

A systematic approach was taken in all of the interviews, wherein we introduced ourselves and acquired verbal informed consent. The facilitator and other researchers built rapport by greeting and conversing with all present. Assuming that consent was given, we began questioning about the demographic information and background of the participant(s). We moved on to information about illness and health seeking behavior, focusing on the role and perceptions of traditional healing.

Community members willing to be interviewed or participate were easily found. The healers, however, were slightly more difficult to locate. While community members were shown to use traditional healers frequently, there were not an excessive amount of healers in the vicinity. Interviews with community members and the collection of a social mapping PRA tool by the research team assisted in locating healers for inclusion in the study, and despite their busy schedules, we were able to engage with the most prominent healers in the designated study area to gather the necessary data for this study.

In-depth interviews were taken from traditional healers with one each from a *kobiraj*, *fakir*, and *pir*, who vary slightly in training and practice, as well as two completed with mothers, as the primary care-givers. We also did one focus group discussion with 6 participants who were mothers of

different age groups and who sat in a circle to further facilitate communication. Similar to the interviews, informed consent and introductions were done, as well as an explanation of our purpose. Open-ended questions were used to gather information about common illnesses and the pathways for treatment. Probing and ensuring that all present were able to participate equally was done if necessary. This discussion took two hours. Everyone participated with each other and with us, sharing about their common illness experiences, their health seeking behavior, and the biomedical presence in the village. In spite of their different life experiences we found similar types of responses.

Four informal discussions, or unstructured interviews, were also taken, with a 20 year old boy, a traditional healer's wife, a mother and father, and a *kobiraj*. Three PRA tools used included a social mapping, a body mapping, and a free listing tool, all of which have been used to help identify the location of the traditional healers, common illnesses and symptoms, perceptions of disease cause and methods of treatment. We were also diligent about observing the context in which these activities took place, including social interactions, as well as any direct observations that were contradictory to what was being expressed to the research team verbally. We also observed the homes of the healers to identify key actors in traditional medicine within Bagnibari, and to observe any themes or interesting points for our research (such as trends in treatment, common beliefs and the interactive relationship between patients and traditional healers). The use of all the above assisted the research team with triangulating our data, or centering in on conclusions based on multiple sources, which allowed the team to gain as clear a picture as possible on the traditional healing services in Bagnibari.

Data Analysis

Immediately after data collection, we made transcripts of the interactions. Data was analyzed using manual coding methods. We coded individually with themes and sub-themes and compared for commonalities and links between our varied areas of study interest. As theories emerged through data collection, they were tested, refined and retested against new information until the explanations were repetitive and the point of saturation was reached. Then we formed a hypothesis about the relationships between the

categories and themes. Finally we compiled and arranged themes, codes and illustrative quotes into the outline of a narrative.

III. FINDINGS

A. Traditional Healers

Types of Healers

Despite the fact that we entered our study with an operational definition of traditional healers, those generated by the community were of particular importance to us. *The kobiraj* was defined by a healer who based his treatments mainly on diet change, the use of herbal supplements, holy water and amulets. *The pir* was defined as someone who recited religious verses and used holy water to treat patients. Finally, *the fakir* was defined as someone who used mantra, recitation of Koran verses and who used herbal juices for healing. These treatments and methods varied slightly depending on the specific disease or ailment that was presented to them; however these themes were consistent across our interviews and provide an accurate description of how the community views the healers' services and abilities.

Knowledge and Practice of Traditional Healers

One of our main areas of interest regarding this research topic centered on the background and knowledge of the traditional healers. We were fortunate that the healers we interviewed gave detailed descriptions of their abilities to cure a variety of diseases. One healer expressed that he could cure cases of cancer in his patients within 12 hours through the use of Kaustori, which is a very expensive liquid derived from a deer's gland. He explained that it is sold for 2,200 taka for 12 grams and is prepared through combining Kaustori with 5 liters of water and boiling down the combination to a half-liter of condensed medicine that is then distributed to the cancer patient.

We also discovered that healers had a variety of levels of formal education and also different methods of acquiring their knowledge about healing. Two told us that they had inherited their power to heal and their abilities through their ancestry, where their mothers, fathers or grandparents were healers and the knowledge was passed down through the family to them. Another healer informed us that he had been an apprentice to a spiritual healer (Pir) prior to "graduating" with the skills to treat patients on his own. The final healer that we interviewed informed us that her

abilities came from God and were given to her through her dreams. She explained to us that these God-given dreams told her which herbs to choose and how to mix them to make the proper medicine for her patients. In the area of formal education two of the healers had no formal education, one had completed up to secondary school and the last had completed up to the sixth grade. Their varied education levels and training allowed for slight differentiation between their abilities and the community identified and defined the three different groups of healers, as described above.

B. Health Seeking Behavior

Diseases Treated by Traditional Healers

Our data collection also revealed much information about common diseases experienced by the research participants and what treatments are used or sought after for those illnesses. Commonly expressed illnesses were fever, headache, body pain, jaundice, diarrhea and signs or symptoms of evil spirits. The most often mentioned were pain in the abdomen and jaundice (4 of the 7 participants included these in their statements) and 3 of the 7 responded that fever was prevalent in their family. Additionally, all of the participants spoke about the effects of the evil spirits and evil air. They expressed, however, that these "evil" problems (*choralirog or chorachurni*) are not as common now as they used to be. Despite this, the theme of evil spirits was highly prevalent, and every mother and caregiver with whom we spoke mentioned the presence of evil spirits and air (*Batashlaga*) as a serious consideration for their usual methods of prevention and avenues for treatment, should their children become ill. One woman told us that "there are two types of diarrhea. One is watery and the other is an attack by the evil spirits. The evil air gets into the baby's chest and the abdomen swells and it causes diarrhea". We were told repeatedly that while the evil spirits are very common, they usually only have the ability to affect children up to one year of age. Many participants told us that for treatment from evil spirits, traditional healers were the primary and usually only source of treatment. They gave, to expel the evil spirits from a person, holy water, amulets, recitation of mantra and when the case is considered to be more severe the healer organized a *boithuk*, wherein the family and healer gather to sing and coax the evil spirit to leave the patient. For evil spirits/air and jaundice, the traditional healer was almost always sought out as the first step of treatment. The symptoms used to identify a person being affected by evil spirits or

air were lack of appetite, inability to get up and get dressed, talking incoherently, inability to recognize people, children crying constantly, abdominal pain and vomiting. One healer said, “when evil spirits attack the people have no appetite, they don’t want to get dressed, they talk incoherently, there is pain and vomiting and they can’t recognize people. That’s when they come to me”.

The healers also had much to say about the consequences of evil spirits. Another explained to us that, “there are eyes in the chest, when a person has the evil spirits their legs and arms become rigid. I ask the spirit what it wants. If it wants food, then I give food to the patient and then the spirits go away from the patient’s body. The spirits go inside and take the food. There is much pain before that, and that’s why the patient comes to me.”

The belief and perceived severity of the effect of evil spirits or evil air, and the consequent dependence on traditional healers is an interesting discovery when considering potential outside intervention or education campaigns. While a pathogen or viral agent may be responsible for certain kinds of illness, dedication to the evil spirit explanation may prove to be a barrier to attempts to promote professional medical advice for specific symptoms in this community.

Disease Treatment

Treatments for all the diseases mentioned varied slightly among the participants. For fever, headache, and diarrhea the pharmacy was the first choice for treatment. Additionally, if the condition was serious, or worsened significantly, it was found that the patient would often be taken to the hospital

One mother in our focus group clarified for us that if a disease is not serious, she and her family see the traditional healer first. If the disease is serious, however, then they go to the hospital. If she sees the traditional healer first for an illness and he advises that she seek additional treatment at the hospital, then she will usually do so, despite it not being an established referral system. Among the participants, cases of reported diarrhea were very high. Those in the interviews spoke about their varied treatment methods, and within the focus group discussion of mothers, we were told that they treat their children’s diarrhea with oral rehydration saline (ORS) from the pharmacy, and if it is not available that they make it at home. They

distinguished, however, between “normal” diarrhea and the kind that is caused by the evil spirits, which enters the child’s body and causes swelling of the abdomen and abdominal pain. These cases, they said, were taken to the traditional healer instead of being treated with the ORS solution because only the *kobiraj* could treat cases that involve evil spirits. One deviant case presented in the focus group discussion of mothers, where one participant informed us that because her child was very young, under one year of age, she would not take him to the traditional healer. She felt that due to his young age, any illness that befell him would need to be taken either to a formal doctor or to the hospital. Alternatively, the overwhelming majority of participants felt that youth was a factor that made the influence of a traditional healer more important, as children and babies are more susceptible to the effects and influence of evil spirits and would therefore require the specialized attention of traditional treatments.

The focus group in many other areas of questioning was fairly consistent. The ages of the participants, who totaled 6, were from 20-50 years. They were all women of similar socio-economic status. They were all housewives and had multiple children. They jointly expressed common cold, hypertension and diarrhea as frequently occurring illnesses within their families and community. The pharmacy was the most common source of treatment and information for these and other diseases, however as stated previously, if the mother felt the disease was severe the child was taken to Dhaka Medical College or Savar Hospital. For diseases not felt to be serious, or for illnesses and symptoms caused by evil spirits or air, they expressed that they took these cases to the traditional healer for his or her advice and therapy. Holy water and herbals were the most common treatments used by the healers for their ailments.

Costs of the services provided by the healers that were reported to us were varied, from claiming that services were offered free of charge to 500 taka for one treatment. One mother also informed us that if the healer only had to use holy water, that the services were free, however if they had to use additional medicines or techniques then the cost went up. Treatment methods varied among the healers and for the evaluation of these methods we were keenly interested in the perspectives of the healers themselves. One *kobiraj* stated, “Mainly I use herbs, ginger, and holy water”. This healer also

explained to us that he was also able to cure cancer within 12 hours of seeing a patient with a potent mixture of Kaustori (a byproduct of a deer's umbilicus). He claimed success in treating all cases of cancer that were presented to him except for one, where the patient had attempted surgery and therapy from a western biomedical doctor first, which then hampered the healer's ability to effectively cure the cancer. These methods and varieties of experiences all helped to shed light on the realities of the traditional healing system and led us to draw several conclusions. Finally, as seen in the final example of the cancer-curing healer, the disparity and disagreements between western biomedical practice and the services of traditional healers can create confusion within the community and may heavily influence decision-making and/or future health seeking behavior.

IV. DISCUSSION

Our information has significance on a number of levels. What is valuable both for the purposes of our study, and as a contribution to the field of public health, is the illustration of some of the motivations behind seeking out certain kinds of treatment for specific diseases. The delineations within both perceived severity and cause had significant implications for the kind of care sought out by families and individuals. The cases deemed "serious" by the majority of our participants were taken to biomedical clinics or to hospitals. While not necessarily the same definitions as what biomedicine would classify as a serious case, the implications of turning to that form of care when the situation seemed most dire outlines the way in which the community views traditional healers. While both the literature and our experience in this study show that traditional healers are generally respected and valued members of their community, their lack of formal education and training, and in some cases resources, lowers the level of trust held in them for illness experiences that are viewed as the most serious. The number of factors that led to the use or rejection of traditional medicine was quite extensive, and included some issues surrounding the perceived level of knowledge of the healers as well as the unavailability of doctors, cultural norms and practices, cost issues, and proximity to healers. These issues however, were not consistent when the perceived cause of disease is evil spirits. Although known to be serious, these cases, which also involve symptoms of jaundice and severe diarrhea in children, are taken almost

exclusively to traditional healers due to widespread belief that their services are the only thing that will cure these problems. Other diseases, such as jaundice, were also taken almost exclusively to traditional healers, out of either cultural tradition or personal experience with traditional methods being effective in the treatment of jaundice. Additionally, even for cases where a biomedical or formally trained clinician was seen first for a serious case of any number of illnesses, often times there were follow up visits to traditional or spiritual healers. In our experience, this was related to the outcome of the formal health sector visit. If given undesirable news or results, an alternative source and second opinion was often sought out for the simple yet powerful option of feeling that there was something that could be done and that treatment and healing was possible. This kind of hope, irrespective of having or not having a factual basis, had a powerful effect on many of the patients we spoke to. Those who visit the spiritual healers, who work more often with recitation of the Koran, had the additional comfort of religion on their side.

Another interesting trend that emerged in our research was that initially participants stated that they either did not go to the traditional healer, or did not trust them. However, upon further questioning and probing they often admitted to seeking treatment from traditional or spiritual healers for a number of ailments, sometimes even foregoing treatment and medicines prescribed by trained doctors in favor of alternative or herbal medicines. In one case study, a wealthy and prominent man in one of the villages expressed to us that he had no use for traditional medicine. He told us that he went to a biomedical doctor when he was sick and decided on the same method of treatment for his family. In an effort to get a body map from him and his wife, we discovered that he had a few health problems, one being high cholesterol. The facilitators probed this fact to discover his treatment methods and we discovered that he had gone to a doctor, but had also visited a traditional healer for this condition. He had a prescription from the doctor, but had since discontinued its use in favor of alternative medicine in the form of a powder. The healer told him that after 41 days of incorporating the powder into his diet that he would be cured of the high cholesterol. At the time of the interview he had stopped the treatment prescribed by the doctor and had been taking the powder for 11 days and expressed to us that he "already felt lighter". This

case study illustrates that for some, especially of higher socio-economic status, there is a slight disconnect from maintaining a certain image in the community and towards outsiders that was not necessarily reflected in their actions. His reluctance may have been due to the fact that there were a team of outsiders involved in the interviews, or a result of any number or combination of other factors. Many recent health interventions have emphasized the need for more modern methods of health care, for everything from contraceptives to treatment of chronic disease. Our research team has taken these facts and decided that more training of traditional healers would serve to increase their legitimacy in the community as well as improve their ability to refer patients appropriately to biomedical doctors when necessary.

Finally, against a backdrop of increasing modernization and urbanization, the profession of traditional healing as a whole is experiencing changes. While the biomedical healthcare system in Bangladesh is far from comprehensive or easily accessible, the increasing influence of medicalization and medical knowledge among the population will change the necessity and practices of traditional medicine in Bangladesh. Incorporating traditional healers in development projects could have the ability to strengthen the healthcare system, even where official medical clinics or hospitals are unable to provide necessary services.

V. LIMITATIONS

Our study had several limitations, including a minimal scope and inability to spend extensive time within our study population, which might have led to more extensive understanding of the situation and background. Another limitation was that for our focus group discussion there was a traditional healer sitting just outside the circle of participants. This was unknown to the research team at the time, until he came forward and assisted with a drawing of the evil eye within the chest of a person, which, while insightful, was a strong influence over the group and the opinions given to the researchers. His presence may have influenced the participants to answer without complete freedom and confidentiality, and thus created a bias within the data collected from that group.

We were also influenced by our own backgrounds, including the presence of medical doctors on the research team and our separation from the community in which we were working. This outsider bias, along with our time shortages and the lack of any formal record keeping of traditional healers in the area were all limitations to our study.

VI. RECOMMENDATIONS

Moving forward, the research team would recommend that further follow up and more extensive research is done among the residents of Bagnibari and other rural villages in Bangladesh to better understand the motivations and background of the findings of this study. We would suggest that the information gathered in regards to the connection between disease cause and severity and the treatment choices be utilized in any future health intervention. We would also like to see more training for the traditional healers, which would help bridge the gap between biomedicine and alternative practices. This would also increase comprehensive health care, as well as positive health outcomes if the healers, as a first point of contact for treatment, were more knowledgeable about appropriate referrals to doctors.

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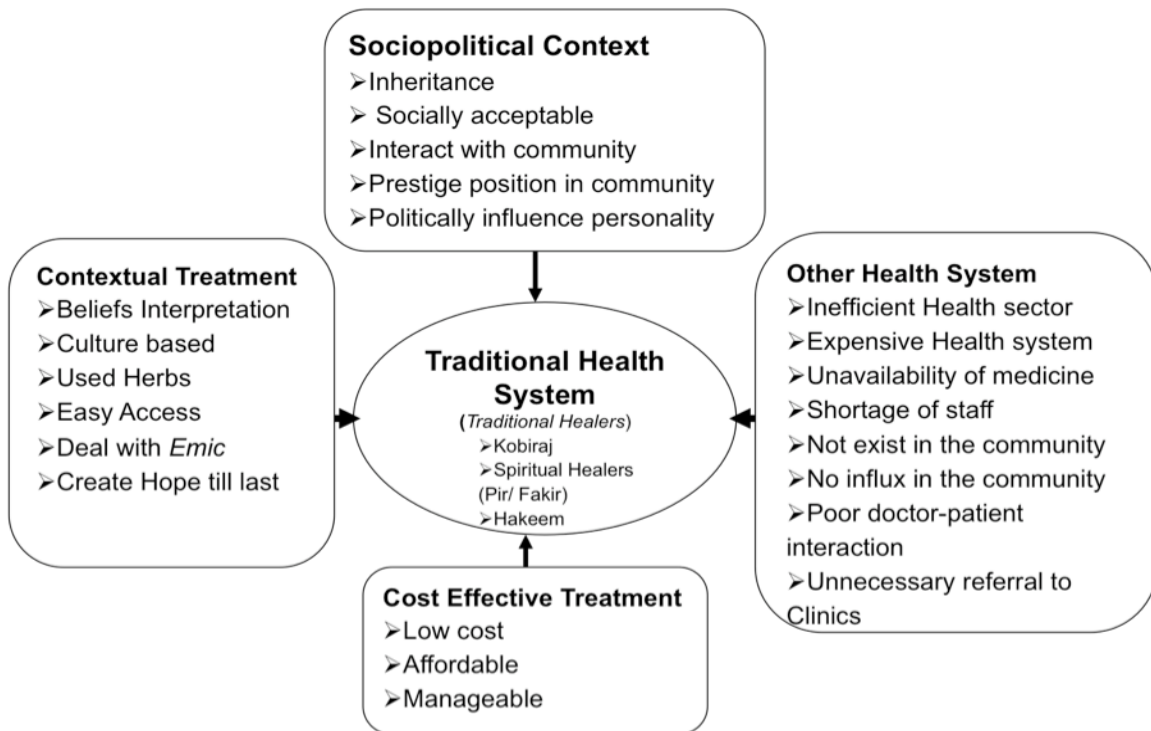
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APPENDIX

A. Figure 1

Conceptual Framework of Traditional Health System



B. Figure 2

Health Seeking Pathway

