PERCEPTION OF ILLNESS AND HEALTH SEEKING BEHAVIOR AMONG FIVE ETHNIC GROUPS (BENGALI, CHAKMA, MARMA, TANCHANGYA AND TRIPURA) IN THE CHITTAGONG HILL TRACTS

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EXECUTIVE SUMMARY

Objectives and Methodology

The main objective of the study is to explore the perception of illness and dynamics of health seeking behavior of the study respondents. This research was conducted among purposively selected samples of Bengalis, Chakmas, Marmas, Tanchangyas and Tripuras in the three districts of CHT. All the sample respondents were taken from the villages located at least one hour walking distance from any government or non-government health centre in the respective study areas. In order to carry out the present study, a number of data collection methods such as in-depth interview, FGD, KII and anthropological observation were applied. A total of 300 in-depth interviews, 20 FGDs and 60 KIIs were conducted among five ethnic groups.

Socio-economic Characteristics

Among themselves, each ethnic community in the CHT is different in culture, education, language, religious orientation, economic activities and in their degree of integration with the wider society. The average household size of all the ethnic groups in the CHT is 4.5. The average age of the sample respondents is 31.3. When educational and literacy background was examined study indicated the very low level of primary education across all communities. It indicated further lower proportion of literacy rate among the females compared to their male counterparts.

The economy of the five ethnic groups under study is fundamentally a subsistence economy. The economic activities of the indigenous peoples are not ethnically determined but ecologically directed. The subsistence practices of the all ethnic peoples in CHT can be characterized from ecological standpoint: those who live in high hills are adapted to *jum* farming and those who reside in valley near streams and plains are predominantly plough cultivators. *Jum* cultivation happens to be primary means of subsistence in CHT. Only a small number is engaged in salaried jobs and business. There is gender difference in household chores. A woman in all communites seems to be very active and give longer time in domestic works, such as, poultry raising, weaving, gardening and child rearing. A number of the indigenous peoples living in and around valleys practice plough cultivation which they learnt from the Bengalis. However, with the limited availability of the irrigation water from the streams flowing between the hills, they depend mainly on *juming.*

Access to safe water and sanitation facilities remains a formidable challenge in the CHT. So far as the environmental sanitation is concerned, all ethnic groups are adapted to the use of unsafe drinking water and unsanitary latrines. The observed environmental sanitation practices stem from overall poverty, wide spread illiteracy and less awareness about ill effects of unhygienic practices among the study population. Many communicable diseases could be averted with increased health education.

Religious Belief System

The various ethnic groups displayed great diversity with regard to their religious affiliation. The Chakma, Marma and Tanchangyas respondents were predominantly Buddhist blended with nature worship. On the other hand, Tripuras are Hindus and Christians by faith. Islam is the main religion of the Bengalis of CHT. Their belief system typically represents the traditions which focuses upon maintaining harmony amongst the spirit, animal, plant and environment to which we all inescapably belong. The religious belief system of these indigenous people even to date falls within this tradition which may be called 'community religions' (and dress) now more strongly on Buddhism. They all in varying degrees perform various rites and rituals, different from the Bengali people of CHT. It is bonded with nature and this interacting network which has enormously influenced the behavior pattern, religious festivals/rituals, belief system, subsistence practices, and above all responses towards the remedies of health problems of the all ethnic people.

Media Exposure

Among the five ethnic groups, Chakmas seem to be the most exposed to dominant Bengali culture. Other groups namely Tanchangya, Marma and Tripura are maintaining ethnic identities in their traditional form. Nonetheless, those who live around Bazars and Upazila headquarters are used and accustomed to the use of TV and radios and are involved in interaction with the Bengali neighbors to some extent. Currently a favorable approach is encountered among the all members of ethnic communities towards the use of both radio and TV as popular mode of recreation. These can be effectively utilized for changing health seeking behavior and extended health education messages.

Perception and Etiology of Illness

The perception on illness varies enormously with each ethnic group as well as between groups. By and large, a general view on illness is found as any incapacitation in the performance of normal activities, such as, working in the field, doing domestic works, going outside for business etc. due to physical discomfort. The majority of the respondents of all ethnic groups identified illness in terms of biological parameters such as pain in different part of the body, lose of appetite, headache, lose of body weight, lose eye sight etc. However, few respondents conceptualized illness in terms of broader cosmological explanation involving the interaction of spirits, supernatural forces and ominous power of nature. Especially this notion is more prevalent among Chakmas, Marmas and Tanchangyas.

Majority of the study respondents believe that most of the illnesses occur due to climatic and environmental causes such as exposure to cold or too hot, insufficient diet, rapid changes in the weather, use of fertilizer or chemical in the production of vegetables/fruits etc. Among others, the most frequently mentioned causes of illnesses are listed below:

- Working under hot sun and heavy rain
- Drinking unclean or impure water
- Excessive physical labor in the *jum* field
- Using of fertilizer/chemicals in production of vegetables or fruits
- Due to virus
- Due to frequent weather change
- Due to heavy cold

- Due to insufficient diet
- Due to heavy workload and mental stress
- Eating unhygienic or dirty food
- Living in unhygienic environment/lack of sanitation
- Mosquito bites

Major Illnesses in the Study Areas

The major illnesses observed among five ethnic groups in CHT are malaria, fever, cold, pain in the body, jaundice, headache, stomachache, ARI, tuberculosis, dysentery, physical weakness, hypertension, worm infection, stunting, toothache, gastric, paralysis, rheumatic fever, measles and skin diseases.

Dynamics of Health Seeking Behavior

There is the evidence of co-existence of medical pluralism so far as health seeking behavior is concerned. The popular choices are allopathic medicine, herbal medicine, traditional medicine (*ayurbedic, kabiraji* etc.). The health seeking behavior is determined by the nature of disease, severity of disease as well as inaction of accepted previous mode of treatment. Generally speaking, for common diseases at initial stage are treated by home therapy followed by traditional healers and practitioners of modern allopathic medicine. It was observed that respondents of all ethnic groups, with the onset of illness, usually prefer local therapeutic mode of traditional medicine as a first choice and hardly avail the heath care services provided by Upazila Health Complex (UHC), satellite clinic and NGO clinic located at the upazila head quarter.

The utilization of modern medicine is relatively high among Chakmas and Bengalis. On the other hand, the utilization of modern medicine is moderate among Marma, Tanchangya and Tripura groups. The study revealed that people usually do not go to the UHC for the following reasons: lack of doctors; lack of essential medicine in the UHC; distant location, availability of pharmacy in the para, language barrier between providers and health seekers, lack of diagnostic facilities and other logistic support. The other reasons lead to reluctance of people to go to Govt. hospitals/qualified allopath/doctors: unawareness of the modern medicine/modern treatment facilities, economic vulnerability, lack of education, transportation problem/lack of transportation facilities, predominance of reliance on religious beliefs and customs regarding healing practices and predominance of reliance on local/traditional healers (e.g. *Boidya, Kabiraj*). Nonetheless, the overall popularity of the modern medicine is evident in increased use of modern drugs from the local pharmacies. On average, the proportion of female visitors in the UHC is higher than male visitors. It was observed from the hospital setting that female patients visit health complexes with their children more often than male patients. One possible reason can be attributed to the male's preoccupation with the subsistence activities in the field.

Policy Recommendations

1. Since the pharmacy and drug sellers in the rural communities are the primary vehicle for providing health care services to the rural folk people, they can be imparted more medical training on primary health, health care and modern medicine. Special training schedule can also be extended to the traditional healers too who are equally very popular source of health care in rural areas.

2. The complications of language barrier imposes additional constraints in drawing the common people having linguistic difference, provision for appointment (as health counselor) of local people with knowledge of English, Bengali and local dialects in each UHC can be ensured.
3. As observed, the Upazila Health Complexes (UHC) are less attended by rural patients specially from far distant places because of poor road communication. More mobile health clinics need to be established at remote and inaccessible areas of CHT.
4. Motorized boat services (motorized boat ambulance) can be introduced to reach Upazila Health Clinics at most remotest areas such as ***Barkal and Belaichari*** where there is no road communication.
5. As findings indicated people have access to both radio and TV, effective campaign can be broadcasted in both radio and TV focusing nutritional needs and importance of medical interventions for major diseases in the community.
6. Supply of sanitary latrines and provision for safe drinking water need to be extended to the remote areas of CHT through GO & NGO. It can be achieved through the cooperation of the directorates of relevant government organization such as Hill District Council (HDC), LGED, DPHE.
7. Effective interventions towards enhancing female education and adult literacy for women should be given high priority in development plans.
8. The native peoples should be encouraged to abandon tobacco production in favor of fruit and vegetables production.
9. We are recommending for further intensive micro level studies in other non-studied communities of CHT incorporating the broader objectives relating to health problems such as health needs, child and maternal health and other diseases not investigated in this study.