Abnormal Health Believes with Frequent Presentations: Ethnographic Observation from Primary Care of Bangladesh

S.M. Yasir Arafat 1,2

1 Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh.

2 Department of Public Health, ASA University Bangladesh.

Introduction

Bangladesh is a densely populated poor country in South Asia having an area of 1,47,570 sq km and a population estimate of 160 million with the density of 1063 per square kilometer (Arafat, 2016; Andalib & Arafat, 2016; Arafat, 2016; Arafat, 2017; Mullick et al., 2013). With this huge population, the health sector is advancing rapidly with its existing manpower with proper empowerment of the primary health care and already achieved health related Millennium Development Goals (MDG) (Arafat, 2016; Andalib & Arafat, 2016; Arafat, 2016). The country is still lacking any structured referral system and primary care physicians should face the hectic workloads (Arafat, 2016). The people are homogenous in respect of ethnicity (Mullick et al., 2013) as well a few well believed wrong perceptions regarding health and wellbeing prevailed among the people. It was aimed to raise the issue so that further larger studies would address those and take proper steps to change the perceptions appropriately.

Gastric

In primary care of Bangladesh many patients state their chief compliant as gastric; an expression of discomfort in the abdomen and chest. Physicians struggle regularly to convince the issue that the symptoms may not be associated with gastritis. Moreover, people are accustomed to use anti-ulcerants as self-medication as well as to use the medications over prolonged period even for decades. Arafat (2016) revealed that, anti-ulcerants constitutes the 15 percent of the total sales volume of Bangladesh pharma industry with total sales of 14 billion.

Intravenous Infusion

People here perceive intravenous infusions as a medication for weakness, vertigo, dizziness as well as other major diseases and many a time they request an on duty medical officer to transfuse intravenous fluid without any indication. A recent study conducted by Chowdhury et al. revealed 38% patients took intravenous fluid for weakness only and among them 68.42% patients took it from the nonmedical practitioners (Chowdhury et al., 2016).

Low Blood Pressure

Another very common complaint of patients to the primary physicians is low blood pressure and many of them are unable to answer the level of low blood pressure as well as few of them answered that they learned it from the other physicians. Usually people acknowledge their general weakness as a symptom of low blood pressure.

Received January 14, 2017 Accepted February 9, 2017 Published March 14, 2017


Copyright: © 2017 Arafat. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
Jinn

Majority (about 90%) people of Bangladesh are Muslims and religious (Mullick & Goodman, 2005). Influence of human activity by Jinn is hugely popular in Bangladesh (Mullick et al., 2013) and people here attend the religious leaders as they believe the symptoms of diseases as symptom of possession. Recent research by Mullick et al., revealed 61% patients believed the Jinn possession; 50% believed in black magic and 44% believed in evil eye (Mullick et al., 2013).

Traditional Healers

Another trend in Bangladesh is having health seeking behavior of availing the traditional healers instead of the mainstream medical doctors (Ahsan et al., 2016). Different types of traditional healers prevail in the culture such as Kabiraj, Herbalists, Shamans, and Diviners. Very few patients would be available in medical setting without an amulet or talisman.

Dhat Syndrome

A common concept of being weak or loss of energy with the loss of semen is very common in Bangladesh. It is known as Dhat syndrome and it is a culture bound syndrome in the Indian Subcontinent. It is characterized by excessive preoccupation with loss of “Dhat,” which is generally taken to be representing semen and attribution of physical and psychological symptoms to the same (Arafat, nd).

Conclusion

Along with the other wrong health beliefs and percepts this belief results in inappropriate response, attitude as well as inappropriate utilization of resources. Further extensive studies are the time demanded to address the problem scientifically and to rectify the inappropriate illness behavior.

Acknowledgement: Author acknowledges the Kauvery Research Group for necessary support.

Funding: Self-funded

Conflict of Interest: None

References