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Editor
Khurshed Alam

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Editorial

Bangladesh is an underdeveloped country where sociology is also an underdeveloped discipline although the first one is not the exclusive cause of, or entailed, the second one. Therefore, development of Bangladesh is not a precondition for development of sociology itself rather development of sociology - for many reasons, is necessary for the development of the country. Sociological knowledge itself cannot play the decisive role of developing the society itself as the sociologist does not have any secret art or tactics for that, but can significantly contribute to find out certain ways and means to propel the country towards development.

In Bangladesh, sociologists are often regarded for their potentials rather than their accentuated achievements, which is partly because the society is a traditional one where ascriptive role is still pre-dominant in almost every sphere of life and where even a professional counts prestige more important than self-contribution to the society. Despite that an emerging trend of transition in the society from tradition to modernity is evident in almost all spheres of life where concomitant variation is also observed in many sectors of the society. Thus sociologists, although once enjoyed a full privilege without pursuing any significant intellectual work, have a reason in coming days to apprehend that they will not enjoy such privileges unabatedly without changing their present trend of marginal accomplishment. With the growing demand for social researches and to keep pace with the demand of the new millennium - the sociologists have to undertake researches in many fields including the fields where needs for applied research are burgeoning day by day. Therefore, the present state of sociologists would not allow the professionals to remain inactive in coming years. And to meet the challenges of the new millennium or post modern society, there should be opportunity for publications of research findings as without that the inspiration for sociologists would not remain strong here, and moreover it will be despairing for them as without that their findings will perish.

Intellectual pursuits without having scope of publication(s) cannot be sustained in a society for an indefinite period, which perhaps also entail a poor performance of the sociologists of the country in addition to causing other major or minor limitations. The present initiative is, therefore, to create an opportunity for and to remove the entrenched disadvantages of the sociologists – disadvantages they have been, as they were facing over the last five decades.

It is not a matter of complacence to have scope for publications of articles prepared on different aspects of social researches, perhaps, it is also equally important to adhere to pursuing high quality research to gradually compete with the changing world, where many other countries have superseded us in respect of number and quality of social researches. Therefore, time has come to wake up and propel social researches with all enthusiasm to cover the lost decades and for that matter to add to the vehicle of the same. I am confident that the trained sociologists of the country are fully aware of the fact and are ready to face the challenges that are ahead of them.

I, therefore, would like to urge upon the sociologists of the country to come up with a mission to undertake social researches here in Bangladesh with paramount quality and increased quantity. Everybody's will and zeal can together bring the success much faster than what one alone can pursue. And time for pursuing anything important for greater social cause never runs out.

Guidelines for Contributors

Articles for publication in the journal should be printed, double-spaced on one side of A4 size paper with enough margins at both side.

An article should not be more than 10,000 words except review articles and short notes. Review articles should not be more than 5000 words and short notes should not be more than 3000 words.

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Grassroots Views on Health Practices, Changes in Health Behaviour and Policy Means for Health Communication in Bangladesh

Mohammad Mainul Islam*

Understanding of individual and society in which we live is the central concern for social sciences. Nowadays, it has become common practices in the field of social and behavioural sciences to give more importance to culture for understanding health behaviour. But culture has to be given strong preference for health care promotion and disease prevention programs in such a manner that it legitimates public health praxis. It is positive that the practice of health care is now considered as social action. Therefore, the understanding of health professionals, clients and their practices is extremely important. In this respect, this article examines people's health practices and assesses the changes that have taken place in health behaviour of the target people of Bangladesh as the consequences of improved communication. Findings show that the positive and noticeable changes have taken place due to improved communication. This paper also provides an understanding of the social process involved in the delivery of health care and offers various methods of viewing and explaining health care and health problems. In brief, this article is designed to understand people's culture, social structure, health beliefs and practices and how this diversity can be addressed in terms of health communication in Bangladesh.

Introduction

We have entered into the new century but still many people of Bangladesh have detrimental health behaviour. Majority of the people of Bangladesh have various types of health behaviours emanated from poverty, illiteracy, malnutrition, starvation, ignorance and superstition. The traditional native or indigenous methods of healing are used especially in rural areas since time immemorial. From the middle of the 19th century modern scientific medicine has become widely available in

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the rural areas. Nevertheless, during the Pakistan period the conditions regarding health problems and services were extremely poor where the situation has improved slightly after independence but not to the desired and required level. Socio-economic and cultural barriers including insufficient information worked as a barrier to creating awareness about positive changes in health behaviour (Mahbubullah , 1981). Access of people to health services and to other programs is inadequate. But it should be taken into account that generally people continue to maintain harmful health habits not for traditional believes or backwardness but for not taking into consideration the causal influences on health, using inappropriate methods (Hubley, 1993). Here culture as an interrelated value, is very active to influence and condition the perception, judgment, communication and behaviour in a society (Airhihenbuwa, 1995).

In this respect, communication as a process of providing information can play a fundamental role in health promotion and can be counted as very effective in creating an environment favorable to behavioural change. Therefore, clients and service providers are to be encouraged to modify their attitudes and behaviours for ensuring effectiveness of the program and this will promote healthier lives (GoB, 1997). It may be mentioned here that information, education and communication (IEC) on various health issues and family planning in Bangladesh promoted better awareness and greater use of health and family planning services. Remarkable positive changes have taken place in case of immunization, national awareness campaigns on the treatment of diarrhoea, special programs to reduce pneumonia related deaths, better sanitation and better access to safe water and other programs to control emerging and re-emerging diseases in the country (IMF 2000 GoB, 1999). Despite those impressive and positive changes, important health indicators, such as, child and maternal mortality and morbidity are still unacceptably high. Therefore, the program implementers have to increase access to basic services, promoting its quality both in the public and private sectors. It is rightly being perceived that prevention of diseases and promotion of health depend on the social conditions in which people live and decisions are made by policy planners, politicians, families and last but not least the individuals. The socio-economic development of the country depends on building effective plans and policy measures and their implementation on the basis of the needs of the people. It is often taken into

consideration that if people of the country especially the rural people could be made aware of their health and health status, in turn, health scenario of the people and thereby, the country could be promoted. In this respect, the present study examines the health care practices, awareness and the role of communication in improving people's health and diseases, health education, health promotion and empowerment of families and communities to enable them to take action on health issues. So, it has become important to carry out systematic and scientific research on social aspects of health communication in a wide range of settings including the individual, family, community, schools, health services and the mass media.

Objectives of the Study

The specific objectives of the study are:

i. to analyze health practices and the impact of behaviour change communication in Shibpur upazila of Narsingdi district in Bangladesh.

ii. to identify the communication strategies and programs for changing health behaviour, which are being undertaken by GoB and other agencies and

iii. to analyze knowledge, perception and attitudes regarding health behaviour in the study area.

Methodology and Characteristics of the Study Area

A blending of qualitative techniques that permit a comprehensive analysis of the complex relationship between health promoting strategies and health behaviour has been used for this study. Focus Group Discussions (FGDs), in-depth interviews and case-study methods have been used to collect qualitative information about human behaviour. Each focus group discussion typically contained between 6 to 12 participants. Here the investigator used several unstructured guides (topic/question list) to stimulate and guide discussion that lasted between one and two hours. A congenial atmosphere was created providing the participants with some refreshments. Information was also collected from a few elderly and young people through case studies to understand their view about health and illness and about health service policy. Thus multiple research methods were employed to investigate the complex situations adequately and to validate the findings through crosscheck.

Information was collected from the people of Masimpur union of Shibpur upazila of Narsingdi district, which comprises of 10 villages (Abdul Khana, Bandardia, Baniadi, Dattargaon, Dhanua, Kharia, Masimpur, Miargaon, Paikerdia, Sunadi/Saidargaon). Among the villages 3 *mauzas* (Baniadi, Dhanua and Sundai /Saidergoan) are in urban areas as recorded in the 1991 census where those villages are located in that mauza, which is located in upazila headquarters. It may be mentioned here that the referred upazila consists of 9 unions, 125 *mauzas* and 196 villages. Among all the unions Masimpur is one of the largest, which comprises 5211 households. The area is selected on the basis of simple random sampling. The total population of that upazila is 237,246 with sex ratio of 103:100 and the number of households is 44365. The average population of each union, mauza and village are 26,361, 1898 and 1210 respectively. The average household size is 5.3 persons, which is higher than the national average. In the upazila 88.91% of the dwelling households use tube well, 0.13% use tap, 10.22% use dug well, 0.47% use pond and 0.26% use canal/river as the main source of drinking water. In that upazila, 56.18% of the households have no toilet facility (BBS, 1995).

Findings and Observations

Diseases and Treatments

To understand health-care-seeking behaviour, it is important to know about how people perceive and define different types of diseases. It was found that people suffer from various types of diseases. Among those gastric/peptic ulcer, dysentery, diarrhoea, worm, jaundice, and chicken pox are the major diseases from which the people suffered over the last 1-2 years. Diarrhoea and cholera were more prevalent 20-30 years ago. At that time majority of the people went to homeopathic doctors, quacks, *Kabiraj*, *pally* doctors or paramedics but now they move to modern qualified doctors (M.B.B.S or specialized) and Upazila/Thana Health Complex (THC), while seeking treatment, though they also receive homeopathic treatment too, occasionally. Generally the grassrootslevel people were indifferent and did not take any prescribed medicine from physicians unless their illness became delicate. Before going to a physician they usually waited for 4 to 5 days. An illness iceberg exits within them. Several reasons were accountable for that, among which economic reason is the fundamental one. They considered disease as

easy-going and that would go away automatically. In case of jaundice prevention, a few cases were found in which patients' heads were covered with a garland as a way of treatment. They believed that petals would dry up as it would suck 'yellow' from a patient's body. Few female cases were found not to visit any physician (male) for fear that the person would touch their body. Homeopathic treatment was mainly preferred in cases of child diseases. In case of diarrhoea, 2/3 decades ago people took the juice of leaves, grass and trees, which is locally called *'bonadi'* medicines. They also used to take coconut water and substance from rice (locally named *'bhater mar'*) and banana named *'bagnali'* for removing diarrhoea or dysentery. Now the approach has been changed with passing of time. Currently package saline plays a vital role in combating diarrhoea, which was fully absent at the time of independence while lemon-gur solution and other remedies were provided. Now almost every diarrhoea patient takes a saline package, which is now widely available. Now the people are more aware about the issue due to mass communication campaign, especially on television and radio. FGDs participants in village 'Masimpur' informed that 10-12 years ago at least 20 people had died from diarrhoea and cholera. Some villagers became blind because of small pox at that time. These diseases have declined but jaundice, dysentery and chicken pox (locally named *'pannya gota'*), skin diseases are more common at present. From the FGD conducted at Miargaon village it was learned that the infant suffers from a special type of disease —*'Tahura'*. The informants reported that the face of the child turned into various color like red, yellow and blue from time to time. An infant aged 3-6 months used to cry while sleeping. This special type of disease attacks the children below 18 months of age. From people's view, that disease sucks the milk from mothers' breast and causes death. People are habituated with *kabiraji*, *tabiz*, and *zhar-phuk* types of treatment in that case. Even people go to *'Zin-er-Beti'* (spiritual healer) to get cure of that sickness.

Family Planning Practices

The use of contraceptive methods has also expanded rapidly in all parts of Bangladesh. Majority of the people are now currently using contraceptives but during the period of independence or even 10-12 years ago the situation was remarkably different. Now people in a broad spectrum are found to be conscious about the recompense of having a

small family. They talked generously about family planning practices without any hesitation. Majority of the interviewed people reported that their wives were taking oral pills and they were using condoms. Most of the respondents mentioned that supplies of contraceptives were from pharmacy and Thana Health Complex (THC). They also got it from family planning workers occasionally. Prevailing previous religious resistance, taboos and stigma were mostly removed, as information, education and communication methods played a significant role. Various family planning programs broadcast on television and radio, the increasing rate of education and motivational work by GO/NGOs health workers contributed immensely to raising the awareness among the people. But there are some constraints concerning family planning, for example, most family planning workers and supervisors are living at remote areas and they visit areas infrequently. The local people complained against them for not visiting most of the houses. Moreover, other social forces also act as constraints, for example, a group of female respondents of Paikerdia village reported reasons for not using contraceptive, as their mother-in-laws or husbands do not like it although they are not interested to take more children. But it is very optimistic that changes have also occurred in the decision-making process to adopt family planning, as now the decision by males is not the dominant factor to adopt family planning. Both husband and wife take decision regarding family planning. Gender relation has also improved where participation in decision-making of both sexes has increased in recent years. Female respondents also reported that they didn't hesitate to receive treatment from male doctors. Moreover, they were not in favor of providing more food to sons than daughters.

Immunization

Expanded Program of Immunization (EPI) is a successful program in that locality where most children got services under that program. Publicity on television, radio, local health workers of satellite clinic and others made there a strong effect. GO and NGO workers worked hard to create awareness among the mothers for immunizing their children. Bangladesh Rural Advancement Committee (BRAC) and Grameen Bank are the pioneers in that respect where female members of those NGOs are informed about the benefits of immunization. But a couple of years ago mothers were hardly aware of the needs of immunization. Gradually people have come to realize it positively where negative conception regarding the side effects of immunization (such as temperature, sore arm) has largely been removed. Therefore, immunization is

fundamentally successful while most of the children aged 0-1 are vaccinated, though a course of vaccine may not be provided in all cases.

Sanitary Latrine/Toilet Facility

Changes have taken place in the pattern of using toilet facility although majority of the people used open bushes and *katcha* type of latrine. Now slab and *pacca* type of sanitary latrines are significantly prevalent. Department of Public Health Engineering (DPHE) provides ring-slab type of latrine to the people living in that area. Local NGOs like BRAC also promote the use of sanitary latrines in the area. Due to extensive motivational activities of GO and NGOs with active participation of civil society, health and hygiene situation in Masimpur union of Shibpur upazila has improved much in the last few years.

Sources of Drinking Water

For successful communication actions carried out through the past years, no family currently drinks canal, pond or well water, as tubewell water is easily available. They know that tubewell water is clean and pure and should be used not only for drinking but also for household work. The grassrootslevel people reported that they used tubewell water for all purposes. But that was not the scenario found even in 20-30 years ago. The respondents reported that a well (locally named '*Indira*'), as a source of drinking water, and for domestic purposes, was prevalent at that time.

Nutrition

Along with GO, BRAC is the one of the leading NGOs, that plays a significant role regarding changing health behaviour in that area. The grassrootspeople hold high opinion about the NGOs. As a nation-based NGO, BRAC played a significant role for health promotion in Shibpur upazila. They have said the organization has already introduced a nutrition project and health education in BRAC schools. It provides iron tablets and other facilities for newly married couples. That nutrition project is a successful one to the respondents as it runs properly. Under the program '*Pusti Package*' (packet) for pregnant mothers and infants is provided according to the nutritional criteria. On the basis of height and weight nutritional position of a mother or child is determined. Along with national health campaigns BRAC also motivates its respective members on that issue. Another local NGO named Samaj Shohayak

Sangstha offers micro-credit for the poor people for vegetation. The villagers consider these NGOs as blessings for them.

Pregnancy and Delivery

From that field investigation it is revealed that deliveries are attended either by traditional birth attendants called dais (locally named '*Jan kamala*') or the relatives of the patient. Only in a complicated case a qualified doctor's help is required. A 70-year old male person of Saidergaon village reported on engaging his mother–in-law at the time of his wife's delivery. He also mentioned that engaging others (like physician) is an act of sin (locally '*Badayat*') in Islamic sense. If certain complexities arise, he opined that Allah (God) would provide the '*Rahmat*' (means God may save her). It indicates that in respect of delivery care, changes in outlook have not significantly taken place, as local cultural practices are associated with that despite increased number of people seeking help from physicians/trained birth attendants.

HIV/AIDS, Arsenic, Iodine Deficiency, and Breast-feeding

Majority of the respondents reported that they had no clear/in-depth knowledge about the diseases of HIV/AIDS and Arsenic though they heard about those. But they reported that now they are more aware of these issues than before. Media campaigns and propaganda worked behind that. According to respondents, there is no arsenic contaminated tubewell in that area as nobody noticed any disease caused by arsenic. Iodine deficiency is not a common phenomenon and the incidence of disease caused by that is not significant. People are using iodized salt on a larger scale than before, which reduced cases of goiter. Significantly, in case of breast-feeding the grassroots people feel that there is no alternative to that. Mothers try their best to breast feed their baby as long as possible.

Sources of Information and Communication

The respondents reported that they have various sources of information with regard to health. Radio, television, pharmacy, Thana Health Complex (THC), GO and NGO health workers, doctors, friends or relatives, folk events and posters are the major sources of information to them. They reported that the media plays a vital role in disseminating information. Television, radio, newspapers, and magazines are the most preferred sources of information for them. There the majority of the

respondents get information on health, staying at home, or from the houses of neighbors or friends. Orsaline/ORT, immunization, family planning, HIV/AIDS, Arsenic, safe motherhood are the major subjects which are heard or learned by them. Among these most of them have access to Orsaline/ORT, immunization, and family planning services. Investigation shows that grassroots people usually discuss with others the received messages on these issues. They reported that health workers and family welfare assistants had visited their households and they got information from them. They visited majority of the households once in a month or more. Many of them also visited the physician within last 6 months for consultation on various health issues. They also consulted with the personnel in local pharmacy whom they considered somehow knowledgeable about health issues. Moreover, they discussed the issues with the family members too. Awareness about the sources of public health services is very significant. Investigation reveals that the grassroots level people are aware of Thana Health Complex (THC), of which majority of them are aware of satellite or outreach clinic. The satellite or outreach clinic is becoming more important in providing health services to the target people. Investigation also revealed various GO and NGO health promotion activities or programs in the locality. Among the GO health services immunization and family planning are widely prevalent. Other GO services like health and nutrition, general and communicable diseases treatment, and Orsaline/ORT etc. are prevalent. But in case of NGO services, health and nutrition, maternal and child health care, immunization, family planning, and health education in the school are widely prevalent. A reputed NGO named BRAC is contributing immensely by arranging drama, *jatra* and other cultural programs at regular intervals, by which health messages are transmitted to the people to make them effectively aware of the messages. It is found that health education is given to the students in local schools. That education is certainly conducted by out-door medical officers and health assistants at the high and primary schools respectively. But it is not provided at a regular basis. It is also found that married couples and teenaged girls are trained on various health issues at regular intervals.

Policy Means for Effective Health Communication

The analysis of the effectiveness of health communication intervention is crucial for strengthening health promotion. The interventions or programs should be taken up seriously to reach all people and guide future policy formulation. From the noted views of target people it is

possible to record few points for action to promote health care facilities in Bangladesh. These are: promoting use and improving satisfaction of government health services, increasing use of contraception, improving immunization and vitamin A coverage. The informants also provided few suggestions to improve community health. These are: improving sanitation, raising awareness of people, motivation for immunization, providing health education, appropriate training, free treatment and adequate medicine, increasing number of specialized doctors and consulting hours etc. Besides these, policy measures for behaviour change are also identified. There should be face-to-face motivation, discussion and group meetings at regular intervals at local level; interaction between doctor and patient must be promoted for effective communication. Political leaders, chairmen, and members of union parisad, maulanas (religious leaders), elite groups, youth and educated people must support these activities with all zeal. Folk songs and drama on various health issues may be organized on a regular basis. NGOs' involvement needs to be encouraged more in health sector.

Constraints for Health Communication

In this study informants were asked through in-depth interview and focus group discussion to identify specially the problems in obtaining medical care from governmental health facilities. The problems reported by viewers include demands of money by service providers, non-availability of drugs, costly medicine prescribed and bad attitude of service providers. In fact, it is true that there are a lot of health problems but their resources are also limited. Effective, comprehensive and integrated planning does not exist. Moreover, lack of accountability prevails in current health services. FGDs show that community health clinics for every 6,000 people are not working in villages although physical infrastructures have been set up there. Union Health and Family Welfare Centre (UNFWC) physically exists, but has not started functioning yet since years of its establishment. In the study area, some important features regarding health problems or constraints for health communication are noticed. The major health related problems or constraints of GO services are: asking for money by physicians, not getting adequate medicine from Thana Health Complex (THC), private practice by doctors through neglecting their duties, corruption, no communication campaign exists for adults, awakening about safe delivery by trained personnel and problems of adolescents, lack of skilled administrators, lack of training facilities, and not taking timely effective programs. The grassrootspeople viewed that health facilities

and services are more accessible to upper-class people, which explores an inequality in health services provision. People are less likely to use government health services. Bad experiences of the usual services are an important reason for not using those facilities. Improving the quality of services could lead more people to using those facilities.

Conclusion

Facing continued health crisis Government and NGOs are trying to improve the poor health condition of the masses through effective communication intervention. In this respect, it is important to make the grassrootspeople aware of health problems and their responsibilities in reducing the problems. The key factors associated with poor health condition should be identified and analyzed for promoting health behaviour. In regard to that, the present study shows that modernization and increasing communication has lead to significant behavioural change regarding health among the grassroots people over time. GO and NGO agencies began to use various communication strategies during the post independence period for changing health behaviour. As a result, behavioural change has occurred significantly. This study shows the social forces, which are at work behind the change in health behaviour aggregately and with different social groups as well as values, norms and perception of people about health and illness. Finally, this study also provides policy suggestions for improved communication strategy for inducing faster modification of health behaviour so that the goal of '*health for all*' can be achieved within foreseeable time to change the grassroots people's behaviour that eventually leads to health promotion in Bangladesh.

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