

Navigating Change: The Shift in Healthcare Practices in Shibpur Village, Bogura

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ABSTRACT

This study examines the evolving healthcare practices in Shibpur village, Bogura, Bangladesh, amidst significant shifts in the national health landscape. Over the past two decades, Bangladesh has seen substantial improvements in healthcare, notably through expanded immunization, reduced mortality rates, and enhanced maternal health services. These advancements have facilitated the establishment of community clinics and the implementation of telemedicine and universal healthcare initiatives, which have strengthened healthcare access for rural populations. In Shibpur, a village lacking formal health institutions, this study explores how healthcare practices have transitioned from traditional to modern systems.

Qualitative data, collected through interviews and focus group discussions with 60 respondents across different age groups, reveals distinct generational differences in healthcare-seeking behaviors. While the younger generation increasingly advocates for modern medical treatment, the older generation often resists, citing superstitions, cost concerns, and a preference for traditional healing methods. This resistance is especially prominent in maternal health and gynecological cases, where social stigma further complicates access to modern care. Additionally, challenges persist within the public healthcare system, such as limited medical supplies, inefficient service delivery, and the influence of intermediaries, leading some residents to favor private healthcare or traditional remedies.

This study underscores the need to bridge generational perspectives on healthcare, improve the quality and accessibility of public health services, and address sociocultural barriers to foster a more inclusive healthcare system for rural populations in Bangladesh.

Keyword: Healthcare practices, Healthcare transition.

INTRODUCTION

Bangladesh has achieved significant progress in various health parameters over the past two decades, outpacing many neighboring and developing countries despite limited resources (World Bank (2023, December 7)).

The country met Millennium Development Goal (MDG) 04 ahead of schedule and is on track to meet MDG 05. As Bangladesh transitions into the Sustainable Development Goals (SDG) era, the 4th Health, Population, and Nutrition (HPN) Sector Program, which runs from January 2017 to June 2022, is instrumental in this progress. Community-Based Health Care (CBHC) is expected to play a crucial role in achieving SDG targets by 2030 (Community Clinic, n.d.).

One of the most notable achievements in Bangladesh's health sector is the expansion of immunization coverage reported by World Health Organization. (n.d.). The percentage of fully vaccinated children increased from less than 10% in the 1980s to over 80% by the early 2000s. This improvement has significantly contributed to gains in child health (Macrotrends, n.d.).

The infant mortality rate (IMR) in Bangladesh saw a dramatic decline from 156.944 per 1,000 live births in 1970 to 20.755 in 2024. Similarly, the under-5 mortality rate decreased from 239 per 1,000 live births in 1970

to 33 in 2023 (Bangladesh Sustainable Development Goals Tracker, n.d.). These reductions in mortality rates have led to a decrease in the total fertility rate (TFR), which fell from 6.3 during 1971–1975 to 1.908 by 2024 (Macrotrends, n.d.). Contraceptive prevalence also rose significantly from 7% in 1975 to over 62% in 2017–2018 (Bangladesh Demographic and Health Survey [BDHS], 2017–2018).

Since May 2018, telemedicine services have reached around 24,000 patients through a dedicated helpline. This service has been especially beneficial in remote areas, complementing the efforts of community health services. Currently, there are 14,000 operational Community Clinics (CCs), with plans for further expansion. From 2009 to 2015, CCs handled approximately 460.88 million visits, including 9.071 million emergency and complicated cases referred to higher facilities (The DHS Program, 2018).

CCs are particularly popular among women and children, who account for about 80% of the service seekers. Each month, CCs see an average of 9.5–10 million visits, translating to about 38 visits per day per clinic. These clinics provide a range of services, including the supply of 30 types of medicines. More than 5,000 CCs offer natural delivery services, significantly enhancing healthcare access for the rural population (The DHS Program, 2018).

The private medical sector is the most widely used source for modern family planning methods, with 60% of women obtaining these services from private providers. The role of the private sector has increased steadily, from 42% in 2011 to 57% in 2022 (The DHS Program, n.d.). Meanwhile, the public sector remains a crucial provider for 37% of modern method users. The desire to limit childbearing has gradually declined, with 57% of women wanting no more children or opting for sterilization in 2022 (The DHS Program, 2018).

Maternal health services have also improved, with 88% of women who gave birth in the two years preceding the 2022 BDHS receiving at least one antenatal check-up from a medically trained provider, up from 82% in 2017–18. The proportion of women receiving quality antenatal care (ANC) increased from 18% to 21% between 2017–18 and 2022. Facility deliveries rose by 14 percentage points from 51% to 65% in the same period (The DHS Program, 2018).

The above information reflects the overall transformation of the health sector in Bangladesh. There is an opportunity to observe how this transformation in the health sector influenced the rural population of Bangladesh. This research examines the impact of the health sector's transformation on the rural population of Bangladesh, focusing on a rural area in Bogura where the healthcare system is inadequate. The study aims to understand the prevalent diseases, healthcare-seeking behaviors, and the evolution of these patterns, including the reasons and challenges behind such transitions and providing insights into the progress and areas needing further improvement. The objectives of this current study are:

- a) To investigate current trends in healthcare practices.
- b) To identify factors driving the transition in healthcare practices.
- c) To assess challenges faced by villagers during the transitional period.

METHODS

The qualitative research aimed to explore the transition of healthcare practices in Shibpur village, located in the Garidah Union (a lower tier of local government) of Sherpur *Upazila* (sub-district), Bogura District, Rajshahi Division, Bangladesh. Data collection for this study was conducted from January to March 2024. Shibpur was chosen because it lacked health institutions, offering a unique perspective on how healthcare practices evolved in a village without such facilities.

The village comprised 538 households, with 317 (approximately 50%) selected for the study, focusing on families that had lived in the area for at least three generations. Among these 317 households, 68% were engaged in farming. The village population included around 1,435 males and 1,395 females. Information was categorized by age groups: young adults (20–35 years), middle-aged adults (36–59 years), and older adults (60+

years). From the 317 households, 40 were chosen for in-depth interviews, with respondents primarily from the middle-aged and younger adult groups. Additionally, two Focus Group Discussions (FGDs) were conducted—one with a male group and another with a female group, each consisting of 08 to 10 members. In total, 60 respondents participated in the in-depth interviews and FGDs. These individuals were selected because they had experienced health issues and had received both formal and informal medical care within the three months leading up to data collection.

The checklist addressed multiple aspects of current health issues, including maternal and child health concerns, communicable and non-communicable diseases, emergency health issues, dog and snake bites, challenges encountered in accessing health services both presently and historically, and the awareness of rural populations about available health services.

The participants were informed about the purpose of data collection, and verbal consent was obtained from each one prior to conducting the interviews. They had the freedom to leave the interview in case of an emergency. The interviews were conducted over multiple sessions.

Current trends in healthcare practices

Based on data obtained from comparing three generations of respondents, there have been noticeable transitions in both communicative and non-communicative domains. Previously, for common illnesses like fever and cold, people primarily relied on various home remedies. However, nowadays, villagers often take medicine from the nearest drug store, usually following the advice of the medicine seller rather than consulting a doctor. Nevertheless, community clinics frequently provide medical services and medicines. For jaundice, most villagers continue to trust and rely on traditional healers, believing they can cure the disease. They generally do not seek treatment from medical doctors unless complications arise. In cases of diarrhea, initial treatment often involves giving saline. If the condition does not improve, villagers typically seek hospitalization.

The type of treatment for non-communicable diseases depends on the complexity of the disease, as well as the educational qualifications and financial status of the respondent. For instance, individuals who are somewhat educated and financially well-off typically seek treatment for asthma from medical doctors. Conversely, those with lower educational qualifications and financial means often obtain medicines from village doctors or drug stores.

In the past, for dog bites, villagers would seek treatment from a *Kaviraj* (Traditional healer), using methods such as eating burnt jaggery or cooking it with rice, dal, and chili, eating it for seven days, or putting a plate on the back. However, increased awareness has led them to now seek medical attention from doctors for dog bites.

When it comes to snakebites, villagers traditionally seek treatment from an *Ojha* (A sorcerer or folk healer), despite knowing that government health centers provide snakebite treatments. This practice of visiting an *Ojha* first has seen little change.

For urgent medical treatment, villagers go to private chambers of specialist doctors at the *Upazila* and district headquarters. Expectant mothers initially visit the nearest health center for advice and treatment during pregnancy. In cases of complications or urgent healthcare needs, they often seek treatment from a gynecologist in the private chambers of Sherpur *Upazila* or the *Upazila* health complex.

It was mentioned by the elderly respondents in the study area that, unlike twenty years ago when pregnancy or childbirth complications were managed at home with the assistance of village midwives, most villagers now seek care from specialist doctors, reflecting an increased awareness of pregnancy risks.

Regarding children's healthcare, villagers are conscientious about timely vaccination and ensure that children are immunized at nearby health complexes.

The data collected in this study are summarized in a table, showing the observed changes in healthcare within the study area.

Health problem	Previous time	Recent time
Seasonal fever and cold	Home remedies	Medicine from the nearest drug store
Jaundice	Traditional healers	Medical doctors unless complications arise
Diarrhea	Saline at home	
Asthma	Comparatively unchained, seeking treatments based on financial and educational level.	
Dog bites	<i>Kaviraj</i> (Traditional healer)	Medical doctors
Snakebites	<i>Ojha</i> (A sorcerer or folk healer)	
Pregnancy complications	Tried to manage at home	Nearby Health center/ Private clinic

Driving factors for the transition:

The transition in the study village did not occur overnight; it was driven by several underlying forces, which can be categorized into private, government and public factors. These forces can also be seen as push factors, which facilitate access to healthcare, and pull factors, which attract villagers towards healthcare services. Detailed information on these factors is presented in the section below.

Personal Driving Forces:

A personal network plays a key role in encouraging people to seek medical care. Friends and family can recommend trusted healthcare providers, ensuring quality treatment. Emotional support helps individuals feel comforted and overcome fear. Peer recommendations often create positive pressure to prioritize health and follow treatment plans. Practical help, like providing transportation and caregiving, also makes seeking care easier. Financial support can reduce the stress of medical expenses. Having healthcare professionals in the network offers expert advice and quicker access to services.

In the study village, efforts to raise health awareness have been increasing. Public health campaigns on hygiene, sanitation, family planning, and disease prevention have been held in recent years in the study area. These campaigns educate people and promote healthy habits. Educated younger family members encourage the older generation to seek proper healthcare. Together, these factors improve access to medical care and support positive health behaviors.

Government Driving Forces:

The governmental push and pull factors contributing to improved healthcare access in study area encompass a variety of strategic measures and improvements. The findings highlight how these initiatives align with national goals and positively impact healthcare practices within the study community, reflecting Bangladesh's commitment to better public health outcomes.

One significant factor is the expansion of healthcare infrastructure. Respondents shared that the Bangladesh government has invested in building new hospitals, clinics, and healthcare facilities, which has notably increased access to medical services, especially in rural areas. For example, during focus group discussions, respondents mentioned that the *Upazila* Health Complex in Sherpur now provides primary healthcare services. Maternal and child health services are also offered at community clinics in neighboring villages. Furthermore, the increase of local pharmacies ensures that essential medicines are readily available, contributing to easier

access to necessary treatments. Unlike before, when childbirth often took place at home, it is now more common for births to occur at health complexes. Additionally, for general and pediatric health concerns, community members frequently visit private doctors' chambers in Sherpur, while emergencies often lead them to seek treatment at Shaheed Ziaur Rahman Medical College Hospital, in Bogura.

The improvement of communication and transportation systems has also played a vital role in making healthcare more accessible. Respondents noted that enhanced transport infrastructure has made reaching healthcare facilities quicker and more straightforward.

Vehicles are now available for pregnant women and others in need of urgent medical attention, enabling prompt visits to the nearest medical centers. The construction of paved roads has significantly reduced travel time and the associated difficulties, making the 4.5 km journey to the nearest health complex far more manageable. Free medication availability at these centers further supports community health needs.

With the rapid advancement of technology, these services allow people, particularly those in remote areas, to connect with healthcare professionals through phone calls. This has reduced barriers to healthcare access related to distance and time, making medical advice more attainable.

Another important factor is the implementation of door-step health services through community health worker programs. These programs ensure that basic healthcare services reach rural and underserved populations. Community health workers are essential in providing primary medical care, health education, and promoting preventive health practices within their communities.

The government, along with non-governmental organizations (NGOs), has also focused on maternal and child health initiatives. These include maternal healthcare programs, widespread vaccination campaigns, and nutrition interventions designed to lower maternal and child mortality rates. Respondents highlighted the increased availability of maternal and child health services at community clinics, which have greatly benefited the community.

Efforts towards universal health coverage (UHC) reflect the government's ambition to ensure that all citizens have access to necessary healthcare services without facing financial challenges. This commitment was evident in the participation in the COVID-19 vaccination program, which reached people across all areas, demonstrating how universal health initiatives can be mobilized effectively.

Public-private partnerships have further strengthened healthcare delivery in Bangladesh. Collaborative efforts between the government, private sector, and NGOs have played a significant role in strengthening healthcare infrastructure, enhancing service delivery, and building healthcare capacity. These partnerships have contributed to improving health outcomes and ensuring that healthcare services are more widely available.

Overall, these developments in healthcare have been reflected in the practices within the study community. The coordinated effort between government initiatives and community engagement continues to support better health outcomes and equitable access to healthcare across the study community.

The improvements in public health facilities have made healthcare more accessible for villagers than before. However, some limitations still exist in certain areas. As a result, people are increasingly looking to the private sector for healthcare. They are now interested in using both public and private health services.

Private Driving Forces:

The transition in healthcare systems, particularly from traditional to modern-private ones, is driven by various push and pull factors that reflect the evolving needs and expectations of patients. The underlying driving force for such changes lies in the collective motivation to seek better and more effective medical solutions. This shift often results from dissatisfaction with current services and the attraction of improved alternatives.

Push Factors represent the negative aspects of the existing public healthcare system that compel individuals to seek other options. A significant push factor is the inadequate services provided by government hospitals, characterized by issues such as:

- Inadequate medical facilities
- Long waiting times
- Limited access to specialized care
- Perceived lower quality of service

These limitations often leave patients dissatisfied and motivate them to explore more reliable healthcare alternatives.

Pull Factors are the positive attributes of alternative healthcare options that attract patients. In the context of private healthcare, some notable pull factors include:

- **Increase of Pharmacies at the Study Area:** The expansion of pharmacies in study area improves access to medications and healthcare services, reducing the need for patients to rely particularly on distant or poorly resourced government facilities. This increased accessibility encourages patients to consider private healthcare, which offers more immediate treatment options.
- **Increase in the Number of Private Chambers of Specialized Doctors:** The availability of private chambers staffed by specialized doctors provides patients with confidence in receiving expert treatment and personalized care. This specialization and improved patient experience draw individuals away from traditional or under-resourced public hospitals and into private medical practices.

Impact on Healthcare Transition:

The combination of push and pull factors catalyzes the shift from traditional or public healthcare systems to private healthcare solutions. As patients become increasingly dissatisfied with public services due to their limitations and become more aware of the advantages offered by private healthcare—such as quicker access, specialized care, and better overall service—the transition accelerates. This shift is evident even in study areas where traditional healthcare methods have been predominant for years.

Ultimately, this transition in study area signifies an evolution in healthcare preferences, driven by the shortcomings of public health systems and the proactive expansion of private health options. The dual influence of push factors (dissatisfaction with public services) and pull factors (the appeal of private alternatives) is shaping the future landscape of healthcare, fostering a preference for modern, private solutions.

In the context of the above discussion, the factors driving the transition in healthcare practice can be categorized into three main dimensions: Personal, Government, and Private. Each of these dimensions includes factors that function as either Push or Pull forces. These three dimensions are subsequently summarized in a table.

Table: Factors Influencing Healthcare Access and Utilization

Driving force	Push factors	Pull factors
Personal	<ul style="list-style-type: none"> ▪ Educated Second Generation, 	<ul style="list-style-type: none"> ▪ Health Education and Awareness ▪ Financial Solvency ▪ Personal Mobility and Networking

<p>Governmental</p>	<ul style="list-style-type: none"> ▪ Door-step health services by community Health Workers ▪ Maternal and Child Health Initiatives ▪ Universal Health Coverage ▪ Public-Private Initiatives 	<ul style="list-style-type: none"> ▪ Expansion of Healthcare Infrastructure ▪ Communication ▪ Low cost Treatment Facilities by Trained Health Workers ▪ 24 Hour Health Services
<p>Private</p>	<ul style="list-style-type: none"> ▪ Inadequate medical facilities ▪ Long waiting times ▪ Limited access to specialized care ▪ Perceived lower quality of service 	<ul style="list-style-type: none"> ▪ Increase of Pharmacy in Rural Level ▪ Increase the Number of Private Chambers of Specialized Doctors ▪ Quicker access, specialized care, and better overall service

Challenges during the transitional period:

Among the challenges faced by respondents, along with their satisfaction, are several significant issues. Although emergency medicine is provided free of charge at government health centers, the supply is inadequate, often requiring personal purchases. Additionally, due to the absence of clear and specific guidelines regarding the availability and types of services at these centers, individuals frequently experience harassment and financial loss at the hands of brokers. These brokers sometimes provide incorrect information, leading to delays and complications in receiving proper treatment. Consequently, the lack of timely and appropriate medical care can worsen health conditions. Furthermore, respondents found the duration doctors spend with each patient to be unsatisfactory.

When faced with the issues mentioned above, respondents often choose traditional healthcare over modern treatment to avoid the associated hassle.

Educated members of the second generation in respondents' families mentioned that convincing the older generation to utilize modern healthcare is often challenging. The older generation frequently views medical expenses as unnecessary, preferring instead to allocate funds toward other uses or savings, and often relying on natural healing. Younger family members observe that many elders hold superstitions about health, leading them to distrust modern treatments and favor unscientific, traditional practices instead. This tendency is particularly common in cases of maternal health complications. Additionally, shyness around gynecological issues further hinders access to appropriate treatment.

CONCLUSION

This study sheds light on the evolving healthcare practices in Shibpur village, Bogura, highlighting a dynamic transition shaped by generational, educational, economic, and infrastructural factors. Significant public health progress in Bangladesh has improved healthcare access in rural areas, yet barriers remain. Younger generations, driven by education and awareness, increasingly seek modern healthcare, supported by expanded government and private sector services.

However, older generations' resistance to modern treatments—stemming from cost concerns, traditional beliefs, and reliance on natural healing—still poses a challenge. Limited resources, medication shortages, and unclear guidelines in public facilities further hinder adoption of modern healthcare. Addressing these issues, along with stigma around gynecological health, is crucial for equitable healthcare access.

The insights gained from Shibpur village can serve as a blueprint for similar rural settings in Bangladesh, helping guide strategies to overcome the barriers that continue to limit equitable access to healthcare.

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