Chapter 6
Therapeutic Decision-Making Process:
An Anthropological Study on a Disaster-Prone Bangladeshi Village

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ABSTRACT

Therapeutic decision making is crucial to address any health problems. Household livelihood assets had significant impact on therapeutic decision making in the study village. The researchers administered participant observation, in-depth interview, and FGD for data collection by using purposive sampling during November 2010 to June 2011. Among 250 households, the number of ill persons were 316, of which 297 received treatments from popular, folk, and professional sectors while the rest did not seek any options. The decision makers were varied for newborn, children, adolescent, adult, and aged people, and it depended on the cyclical issues of an illness episode.

INTRODUCTION

Decision-making is nothing but the cognitive course resulting in the assortment of a belief or a process of act among a number of possible options. Each decision-making course constructs a final choice that may or may not term as rapid action. It is the lessons of selecting and choosing different options based on the assessments and preferences of the decision maker. In the village Char Majhira illnesses were not only a therapeutic matter, but also a communal subject that was of concern to family members. As the family structure regulates decision making within

DOI: 10.4018/978-1-7998-4414-3.ch006

the household, it has important effects upon health care options. When the villagers recognized themselves as ill, they were acting a number of things. They were doing nothing. They were attempting to tackle the illness by themselves or with the family. They were talking to friends and relatives about what they should do. They have taken care from a number of different sources, including but not limited to physicians. Indeed, the study carried out in *Char* Majhira indicates that generally 90 to 92% of all illness episodes were never seen by a physician. Many of these illness episodes were treated within the family during the study period. The major alternative to the physician was self/family care, traditional or folk healers in the village. The researchers have found the following practices in the village as a decision-making process in relation to newborns, children, adolescents, adults and aged people.

The objective of the study was to discuss the therapeutic decision-making process of a disaster-prone village that is to investigate how socio-economic, geographic and other factors contribute to the health hazards of this disadvantage people. To achieve the objective of the study, the researchers talked about most common severe illness of the village, the number of ill people of the village and the healing decision making process of the village.

BACKGROUND OF THE STUDY

The research has adopted a framework for analysis and action to explore and improve access to health care in char people, in Bangladesh, namely *The Health Access Livelihood Framework.* The framework links social science and public health research with broader development approaches to improve health system development. Access becomes an issue once illness is recognized and treatment seeking is initiated. Five dimensions of access influence the course of the health-seeking process: Availability, Accessibility, Affordability, Adequacy, and Acceptability. What degree of access is reached along the five dimensions depends on the interplay between (a) the health care services and the broader policies, institutions, organizations, and processes (PIOP) that govern the services, and (b) the livelihood assets people can mobilize and combine in particular vulnerability contexts. Hence, access improves as health care services become better aligned with clients' needs and resources. Sick persons and caregivers seek help not only in health facilities or private practice, but also in drug shops and pharmacies as well as from healers representing a wide array of medical traditions. Access to these health care service providers is governed by cultural norms, policies, laws and regulations, which themselves are influenced by broader trends in society, global health policy, research, and development as a whole.

Whether people actually recognize an illness and seek treatment in drug shops or through other health care services depends to a large extent on their access to livelihood assets of the household, the community, and the wider society. These livelihood assets comprise human capital (local knowledge, education, skills), social capital (social networks and affiliations), natural capital (land, water, and livestock), physical capital (infrastructure, equipment, and means of transport) and financial capital (cash and credit). The availability of these assets is influenced by forces over which people have little control, for instance economy, politics or technology, climatic variability or shocks like floods, river erosion, draughts, armed conflicts or epidemics. Such factors may be referred to as their vulnerability context.