

BIOMEDICINE AND WOMEN HEALTH: THE PRACTICE OF BIOMEDICINE IN A RURAL AREA OF BANGLADESH

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Abstract

Medical anthropology, an interdisciplinary subfield of mainstream anthropology, has become the most popular and potential knowledge that receiving its brawny figure at present world. Biomedicine, a strong concept of medical anthropology includes: the scientific medicine, allopathy medicine, modern medicine and the regular medicine that basically focuses on human biology, pathophysiology, western knowledge and modern technology. It has become globally dominant during this century and well-practiced in developed, developing and less developed countries. This study has explored, what are the local nature, practice and perception of western biomedicine in rural area of Bangladesh. This research paper systematically searches, what type of challenges have to face by the rural women to get access to biomedicine or modern medical service in local hospital and clinics. What a modern technology and scientific knowledge-based treatment system impacted on rural women's biological and mental health, this paper explores that. Applying Critical Medical Anthropology (CMA) Perspective, this paper has sorted out to identify the socio-cultural and political-economic aspects of biomedicine and what are the impacts of biomedicine on rural women health. What kinds of health problems, rural women are facing and what are the ultimate result of it as practicing biomedicine that will be analyzed here. Using Critical Medical Anthropology (CMA) this study has analyzed the power relation that is found in biomedicine and biomedical health seeking in local hospital and clinics that has become the primary area of social control. This article is a written interpretation of an anthropological fieldwork that was done in 2017, in Kaiba village at Sharsha Upazilla of Jashore district of Bangladesh.

Keywords: Biomedicine, Women Health, Medicalization, Biopower, Critical Medical Anthropology (CMA).

Introduction

In the twentieth-first-century, whenever we think about health, disease, health care system the images of physician, medical care, hospital have appeared in front of us. The scientific approach of studying health and medicine is called biomedicine. The explicit application of biomedicine is found at hospital and clinic where, doctor and surgeon directly apply their biomedical knowledge on patients' body to identify disease. They try to connect it with scientific and natural causes and apparently its effects. Biomedicine is referred as scientific medicine that is implicated with biological principles of health practices (Gains & Floyd, 2004).

Hospitals and clinics are suitable places to practice of biomedicine. A significant links can be traces out between human health and healing places like hospitals, clinics and Dispensaries (Quirke & Gaudilliere, 2008).

The hospital-based health service was originated in ancient Rome and Europe where the honorable Priest had played an important role serving sick and dying patients. One of the main duties of them, were to deliver health care services on the basis of religious touch with spiritual causes. They tried properly, to heal the patients at their guesthouse. After Renaissance, the nature of treatment system had been changed. On that time, in the cases of disease observation, only the physical and worldly causes were found, discouraging the spiritual causes and beliefs.

After the Enlightenment, hospital based medical services had promoted as prestigious where the professional doctor and biomedical surgeon played a vital role. They had achieved authoritative position in health seeking in western and non-western countries. Over the time, biomedicine began to play a dominative role and it began to change its nature because of its multiple forms. (Shah, 2020, p.5).

Biomedicine, Health and Women Health Seeking

Biomedicine, disease, sickness, health and health seeking process are strong concepts of medical anthropology, whose occupy a vital space not only in academic world of knowledge but these are confounded with our diurnal life. Biomedicine is a name of western biological and scientific medicine that emphasizes on biology and fact. Scientific medicine, allopathy, cosmopolitan medicine and technology-based medicine are named as biomedicine (Gaines & Floyd, 2003, p.1). The term biomedicine was first appeared in Britain, 1923 in Dorland's 'Medical dictionary'. It indicated the clinical medicine on the basis of the biochemistry and physiological principles. In the late 19th century, various scientific technology shaped, reshaped and influenced western medicine system which are widely known as biomedicine. (Quirke & Gaudilliere, 2008).

Biomedicine refers to western and modern medical systems. According to anthropologist Hahn, these types of modern treatment methods are called 'biomedicine, (Baer et. al, 2003, p.11). Biomedicine revolves around anatomy, pathology, diagnosis, administration of drugs, administration of therapy and surgery.

Biomedical treatment service is very close to biomedicine. Biomedical, also relating to medical, physiological and scientific knowledge. It is the process of modern medical services, provided through the use of scientific and modern equipment. Biomedicine also including biomedical doctors, pathologists, and neurologists. The physicians and doctors consider disease only in the light of pathology. They studied disease, based on the Cartesian duality of body and mind. Biomedicine originated in America, in the 19th century and it had recognized as the authoritative medical system in Western society (Baer, 1989, p.1105).

Health means being healthy and well both of physically and mentally. Health refers to the healthy living and absence of disease and illness in human body and mind.

WHO refers health does not only mean the absence of disease but refers to the physical, social and psychological well-being (Brown, 1998, p.11). Women's health refers to their physical and mental health, indicating the absence of sickness in their body. Reproductive health is a much larger part of female body. The protection and wellness of reproductive health also involved with health of women (Begum, 2015).

In patrilineal rural household, health is not determined only by the women, but health seeking behavior is guided by men. Men have their authority over women for their higher social status, in a patrilineal society (Reiter, 1975, p.53). This notion is also relevant to Edwin Ardener's view that is considered as 'muted group theory'. It indicates, the women in patrilineal society, belong to muted group and their expression of worlds view's, feelings and independence are blocked ascribed by the dominant structure and the views of society (Ardener, 1975b, p.213).

In Bangladesh women's health is determined by socio-economic and political factors (Paul, et. al, 2014). Besides, gender inequality in health sectors and different services, accelerate and entitled women to poor health. Worldly, 43% women and 65% pregnant women are suffered from Anemia (Allen, 2000). The observable women fall in low blood pressure, anemia, lack of vitamins and minerals. They recall biomedical doctor, when they face any accidental facts, like broken limbs, (legs, hands, and waist), disease caused by pain (migraine, headache, back pain, joint pain, and neck pain), stroke and different complexities related to puberty and reproductive health. Among the respondents, there are 75% sick women, though they have interest to take biomedicine but they cannot receive it at the primary level of sickness, without the permission, assistance and the proper guidance of male members of family. It is observed that, the women (house wife, student, young unmarried) taking permission from husband or the elder male person to go to the biomedical doctor's chambers, clinics and hospital in the nearest bazaar. They go to the district level health sectors to take biomedical treatment, along with their male companion and their direct or indirect supervision. Besides, there are many socio-cultural and political factors that influence their decision, are taken into a consideration for the sick women, whether they will take biomedicine or not.

Medicalization, Possession of Medical Knowledge on Women's Physical and Mental Health:

According to Conrad and Bergey, they state that, "Medicalization refers to the process by which various aspects of human beings are considered as medical problems. The adoption of modern medicine, the process of medical care, where power relations are involved, called as medicalization (Ember & Ember, 2004).

In sociology, the term 'Medicalization' was first appeared, that examined human condition. In sociology and anthropological perspective, "Medicalization is a process that refers some non-biomedical problems as medical problems, which requires medical treatment (Conrad & Bergey, 2015, pp.105-109)." Medicalization refers to the role and power of control of medicine on human's body. Feminists' anthropologists refer that, "Medicalization is a patriarchal process in which women's bodies are intervened by modern technology and trained male doctors" (Ember & Ember, 2004, pp.116-118).

In biomedical services, disease is understood only in the light of biology, anatomy and pathology. Social and structural elements of the disease are not considered. As a result of receiving biomedical services, the patient's body comes under the control and monitor of certain medical knowledge, technology and modern equipment. The female body is not free from this subordination. Subordination indicates the low status and showing something as weak, inferior by superior rank and position.

Biomedical knowledge, considers its own knowledge to be superior and prestigious, the knowledge of other health care services such as traditional health care knowledge, natural knowledge of disease etc. as inferior. Biomedicine has such a controlling power and hegemony. Under the biomedical knowledge, woman's reproductive health is thought and treated as a machine (Martin, 1987, p.146). Biomedicine undermines women's natural knowledge and experience of childbirth. It has reshaped the birth, by caesarean section. The knowledge of biomedicine has taught women that if they have fever, headache, and rheumatism, then they will not just be taking rest or taking health care from home or traditional medical care. Because it will not cure them from sickness. So, they should go to the hospital to see a biomedical doctor and take medicine. Besides, various tests like: blood test, body temperature test, medicine and medical care should be taken. Thus, the females' body is subjected to biomedicine and the control of biomedicine is observed in their body. It has brought about some sort of interference in the normal movement and living of women. Besides, the technological fault brings negative impact on patient's body. Sometimes, it increases the outbreak of disease rather than minimizes it.

The authoritative knowledge of biomedicine has not only taught the rural women but also has to believe all of us that if you face disease, you will go to doctor. You must have to take biomedicine with biomedical treatment. Most of the cases, biomedicine has informed both of rural and urban women that at present, they are unable to give birth baby in natural way which is known as normal delivery. It claims that if they accept the labor pain of normal delivery and try to give birth at home without going to hospital or clinic, not to take biomedical treatment; it will put their health at stake. Biomedicine has brought authority on the natural world of women and also controls their normal thinking of daily life (Sultana & Nur, 2004, p.21). Obviously, it has a control on observable women's mental and physical health. So, they are afraid to give birth at

home. To avoid the risk of life, they go to doctor in hospital and clinic, but they are at stake there too. Moreover, the high cost of biomedicine makes women anxious, that not only affects women's body but also their mind. After all, the controlling nature of biomedicine, cuts and wounds on studied women's body, some technical errors due to technological faults in local hospitals and clinics are pushing the rural women's health at dire straits.

Motif of Research

This study has observed that the local nature, practice and perception of western biomedicine in a rural area of Bangladesh. How the rural women perceive and practices of it, what kinds of challenges, risks and crises they are facing to take it, are analyzed here. After taking biomedical treatment at local hospital and clinics, what are the ultimate result of it, are analyzed. How the authority and power of biomedicine imply some controls on rural women's health, are explored here. This study has analyzed the political economy of health to understand the impact of biomedicine on rural women's health in a broader context. Beyond, the doctor-patients unequal relationship that exists in rural hospital and clinics, also analyzed. The internal political environment of local hospital and clinics are not conducive to women's health. This article describes the rural women's experience of sickness and health seeking behavior. This research, has tried to depict all of these issues, from a Critical Medical Anthropological (CMA) perspective.

Field Research

Fieldwork is the vitality of anthropological research. This study is primarily based on fieldwork that was completed from July to September in 2017. This research was conducted for academic purposes. The research field was located in Sharsha Upazila of Jashore district that is far about 270 kilometers away from the capital city of Dhaka in Bangladesh. I choose, this village as a field, because of my former acquaintances of the villagers. As a result, it was very easy for me to build a good relationship with them. After entering field, I supported informal strategy and engage myself to talk with the villagers that helps me collect huge data about women's health and the uses of biomedicine. I observed that the villagers take biomedical treatment including other medical systems like homeopath, ayurveda, natural remedy, herbal remedy and religion base treatment. I used to gossip with the women of different ages like adolescent, young, middle aged, and older about various issues. It was important for me to capture a clear thought about their health seeking behavior on the basis of their different experiences. I had talked not only with the women but also with the men with whom, those were important and possible for me to talk. It was a village area and I was conscious about local norms and values. To collect profound data, the informal strategy is suitable and the acceptability of researcher gets easier. The anthropologists called this approach as 'big net approach' (Fatterman, 2010, p.35).

About 370 household, I randomly selected 40 households. I selected 40 participant informants using purposive sampling method. Out of which 10 were male and 30 were female. Since the study is focused on women's health, I selected more female informants in the selection of informants. I selected male informants to understand how men hold their view on women's sickness in the household. I did not used fully Participant observation method, but carefully observe their activities. Participating observation is the method of participating in their life-style and then profoundly observing their activities (Bernard, 1995, p.138). Their emotions, feelings and experiences toward health seeking behavior were realized through the anthropological lens and of participants of this study. I talked to different patients who were admitted in local clinics and hospital. They share their experiences and feelings about biomedicine and biomedical treatment.

Structured strategy was taken for me with some specific questions for the persons who were busy with their respective profession like doctor, nurse, hospital attendants, etc. In semi-structure interview, I prepared a written list of questions. I interviewed informants according to a list of written questions along with a little anecdote. Village men usually left for work early in the morning. That's why I take semi-structured interviews from them. Unstructured interview was done while the women were coking and gossiping one another in their household yard, I took part with them. At one stage of gossiping, they shared with me different ideas about sickness and health care. This interview is called as unstructured or open-ended interview. Key informant interview method was followed to conduct this study. A young man of 27 years old and young women of 19 years old were main key informants of this study who introduced me with other participants. The primary data of this study come from fieldwork experiences and the secondary data come from various books, articles, journal, and literary works. Some sensitive and important data about biomedicine and women health are analyzing this study with case studies, narrative analysis and life history analysis of participants. Life history is essential for data collection and it is called as the descriptions of personal life that emerges through observation and interviews (Denzin & Linclon, 2000, p.39).

The Practice of Biomedicine in Bangladesh: Study Area

The expansion of biomedicine in the Indian Subcontinent can be traced back to the colonial period, to protect the health of colonial ruler (Sultana & Nur, 2007, p.16). As a developing country, Bangladesh is not free from the influence of biomedical treatment system or biomedicine. In the Post-Independence period, many hospitals and clinics were established in this country, for the development of health sector where the institutionalization of biomedicine had begun. The doctors and the nurses had practiced biomedicine and treated the patients at clinics and hospitals. Professional physicians and surgeons get their dignity. Today, biomedicine has formed so well-organized and

institutionalized that it is dominating the herbal medicine, ethnomedicine, homeopath and alternative medicine. The western hegemonic knowledge and biopower of biomedicine and the exclusive adaptation of it by the so-called privileged class of society, which led to a widespread belief that there is no pair of biomedicines in the field of health care. However, the ideas that the biomedicine always ensures health protection, the universal validity of it and the efficacy or competency of it to cure all types of diseases and sickness are not always valid and suitable to all. Rather, the principle of mind-body dualism of biomedicine that separates body from mind and the disease study system based on physiology also contain some inconsistency on patients' body from time-to-time.

Not only in urban area, but also in rural area of Bangladesh the use and practice of biomedicine are found. The environment of rural households of Bangladesh does not exist above disease and illness. These are not free from the use and the impact of biomedicine. Now, biomedicine has taught us all to believe that if we have a disease, we have to go to doctor, seek medical care and to take medicine. When a member of household feels sick, the first thing is to think about what kinds of health services have to provide to the person that he or she might be recover very quickly. Biomedicine is an immediate disease preventive. Although the people of rural area know that the cost of biomedicine is huge, yet they accept it to relief from the outbreak of the disease. The women of rural Bengal also take biomedicine when they face various health related complexities.

Today biomedicine has become more dominative and prestigious health remedy rather than other health care systems like traditional medicine, homeopath, Ayurveda, ethnomedicine (medicine of a particular culture, group, community and society) etc. Biomedicine and biomedical practices are related to power hierarchies which occupy both in public and private health care sectors (Clinics, hospitals, health service and care centers) in Bangladesh.

Zaman (2005) shows three types of public health care system in Bangladesh where different hierarchy belong on the basis on specialization of knowledge and power. Medical college and hospitals belong to tertiary level whereas district or urban hospital belongs to secondary level and the third level of hierarchy exists in the upazilla health complex. Although health policy is organized and developed but these are less effective to ensure good and equal health care to all people (people of all ages, classes, sectors, areas, gender etc.). Faruk Shah (2020) has shown, qualified doctors are available in urban areas and the number of skilled doctors is proportionately less in rural areas. Rural people face some social, economic and political challenges to take health care services from a skilled doctor.

The inhabitants of Kaiba village practice both of biomedicine and alternative medicine (Homeopath, Ayurveda, Kaviraji and natural and herbal treatment system. Biomedicine gains its popularity and it has received an authoritative position over alternative medicine. Taking biomedicine has become a useful care for some common disease like cough, cold, fever, inflames, aches and various virus and bacteria related chaos. The men, women and children received biomedicine in observed family. As the women health are the main concern and area of analysis, the current study has emphasized and observed on different ages of women in middle class family and their health seeking behavior. It was approximately 40 households, selected purposively, who were practicing different kinds of medicine. Most of the cases, it is observed that, when the male feel sick or unwell he can easily move to a biomedical doctor with full of cautious but when it is a matter of a female health issue, it takes some delay. As well as, biomedicine is costly; various socio cultural and political factors are mingled with it. Taking biomedicine is a matter of economic consideration, which directly and indirectly depends on male's decision. The women, who have less economic solvency, can easily receive alternative medicine (homeopath, ayurveda, *kabiraji*, herbal and natural) as they are cheaper than biomedicine. As, biomedicine is directly related to high economic factors and men's decision, sometimes, they are depriving of it.

Rural Practice of Biomedicine

The appearance of biomedicine is scientific and technocratic. The modern feature of biomedicine is shaped and reshaped in rural area of Bangladesh. The global view of biomedicine is localized in rural area according to its situational nature (Shah, 2020). There is lack of qualified and registered doctor rather than city areas. Zaman (2005) shows professional and qualified doctors are engaging themselves in private practice in city areas. In observable areas, there is a public hospital where the registered doctors have presence but the numbers of doctors are much less than the huge numbers of patient's needs. Yet they are receiving healthcare from there and facing multifarious socio-economic, cultural and political complexities. In the public hospital, the people can take service from a professional doctor only paying 10 TK for per ticket.

Professional surgeons give services at their private clinics which are far away from the local bazaar where they receive better remuneration for giving better treatment. Economically well-of patients take service from them. Besides these, there are one village doctor who provides health service from one household to another household. The other 5 quacks, who are not registered but also familiar as village doctors on the basis on their quackery experience, have their personal chamber in Baganchara bazaar. Though they have no medical training, but they pretend they are skilled on health and medicine. They play a vital role in rural health care, as the villagers can easily receive treatment from them.

Nature of Local Biomedicine

The study area has developed by one government hospital, two private clinics, private chambers and some pharmacy where the allopathy medicines are sold. Respondents claim that in public hospital, there are lacks of healthy healthcare. 35 years old Majeda begum said that the environment of local hospital and clinics are substandard. It is observed that the outside of the buildings is classy but the inside is damp. The observed government hospital consists of 1 four-storied and 2 two-storied buildings. One of my informants Zamila said there is a large women ward in upazila health complex that covers a fusty smell. I also observed that there is dirty cotton full of red blood covering the basin of women's ward. Though there are 32 beds but only 2 bathrooms that are full of gatherings and a long line of patients. There are some internal complexities of hospital when anyone wants to take treatment from a skillful doctor, surgeon and to take a seat in the ward and cabin. Sumaiya who was a university student told me, *baksheesh* (gratuity) is essential if you want to take service from a doctor (experienced and skilled doctor). *Baksheesh* varies on 100TK to 500TK or more than these, depending on various cases and complexities. Otherwise, you will wait for hour after hour standing in a long line and it will be fruitless. Because the doctor will go when it will be 2 pm., or at least 5 p.m. They will go their private practice chamber at due time. The severe diseased patients are enforced to give *baksheesh* to the doctor's assistant. In the one hand, the well-off women enrolled themselves very carefully in the existing economic and salient political structure in the local hospital, one the other hand the sick and less well-of patients suffer more spending plenty of time in a large line. Many of times, the sufferers back home and they search for alternative treatment, like *kabiraji*, homeopath herbal etc. those are existing in the local area.

Case Study

Zamila begum who was 48 years old and she was a housewife suffering from severe back pain for 8 years. She went to a govt. hospital but there was a long line. After spending two hours she observed a rich woman paying some extra money to the assistant of doctor then she easily entered into the chamber. Zamila begum had shown an interest for paying a tip or *baksheesh* to him but her husband ignores it as the money was limited for themselves. After spending 4 hours she felt severe pain attacked in her spine and she cannot stand any more. She backs towards her home with a heavy flow of sweat and pain. After 3 days, she took medicine from a village doctor who suggests some pain killer that removes her pain but faces severe gastric problem (Fieldwork, 2017). Thus, the unequal management structure of hospital and the inter political perspective of biomedicine directly or indirectly effects women's health.

Apprehension about Doctor's Presence in Hospital and Clinic

The rural people face some tension and hesitation if the doctor presence or not in the local hospital and clinic. I also observed that the doctors are not always present in local clinic and hospital. If one goes to the hospital after a certain time the doctor will be absent. It has become like a statutory rule in the local biomedical treatment system. Though the patients' physical complexities increase and these go to a critical level, they have to wait for the doctor's arrival. There are hospital, clinics and huge number of patients but the proportion of doctors, nurses and qualified surgeons are less, compared to the patients. It is very difficult to reach them after a certain period of time that holds some serious risk factors on rural women's health. Sometimes, they embrace with the death but they never see the face of a doctor.

During the fieldwork the health seekers of Kaiba, mostly felt uncertain whether the clinics were open or closed. Most of the cases, the clinics were open but the doctors were absent and busy their private dispensaries to provide service. Ayesha, Begum suffering from a serious itching in her whole body and went to the nearest clinic at 10 am, but the doctors arrive there at 11.30 am. There was a big gathering and long line of patients. About 1 pm she gets the opportunity to visit the expected doctor. She told me to visit an expected doctor is time consuming here. Standing about 2 and 40 minutes I would able to face him. She had to endure big sufferings, heat and crowd which aggravated her itching and allergies. She starts a heavy sweating and it's increased her inflammation. After a lot of trouble when she returned home at around 3.00 pm, she had to listen to various harsh words from the senior members of her family, husbands and her mother in laws for coming home late from the clinic and did not getting the household works properly.

Case Study

Her name was Selina khatun, who was 23 years old, belonging to a middle-class family. She was a housewife and lives in my study area. During my fieldwork, I suddenly heard she had been felt severe pain in her abdomen in the middle of the night. She was taken to the nearest clinic about 2 am. As it was late night, the doctor was absent. Her condition was critical. In the meantime, the relatives of Selina made emergency phone call to the doctors but he could not receive his phone. This time, the assistant of doctor, though he is not trained or educated in health and medicine, he pretended that he is the main figure and all in all in the absence of doctor in the clinic. I was curious about his educational background and after someday of that incident I got to know, after completing honors degree on management he had joined at this great profession. It brings a quite surprise to me. However, after sometimes he pushed two injections to Selina simultaneously, without any testing. The next day I was curious about Selina's condition and visited her home. Unfortunately, this case turned into a great misery. Selina begums relative explain, after pushing the injection Selina slowly

felt asleep. In the morning the whole body of her become cold, gradually her relatives realize she was no more. They belief she had died due to absence of doctor and the lack of appropriate medical care (Fielwork, 2017).

The Health Services and Patients Expectation

There are three health care centers near the study area. One is the govt. hospital located beside the union parishad office and another two are the private clinics. The rich, middle class and the poor people take service from it. The service is cheaper than the private clinics. Though the outside and inside environments are less clean, the treatment is properly given. The respondent said they felt obsessed if the hospital remained closed for any occasion. Then they were compelling to go and search for private clinics, private chamber of doctors or the alternative medical care (homeopath, ayurveda, herbal etc.). Another female informant was suffering from menstrual problem and felt pain for 6 months. She went to a private clinic. The doctor suggested her to take different tests from a particular diagnosis center which were more costly. She went there and spending about 4000TK. She took all of her physical tests and went to the doctor to show the report. The doctor prescribed to her some medicine and after taking it about 3 month her condition was irritated. Then she went to the govt. hospital following the advice of her family members. She told me that doctor *Apa* (the female doctor of hospital) was very good. I spend only 450TK for buying medicine. Now I feel better. But the cost of treatment in a private clinic is much expensive.

The Cost of Biomedicine in Rural Area and the Complication of Its Management System

The cost of biomedicine varies region to region and area to area. If it is one-way to developed country, it is different in developing and less development country. In Bangladesh, this difference exists in very parts of country and even in rural to urban areas. In the observed area, there are two private clinics and a governmental hospital where the lack of healthy health care facilities exists, according to informant's opinion. There are some complications of management systems that have emerged through deep observation. It creates some risk factors on women's health. There are some differentiations of outward and inward environment of govt. hospital and private clinics. I realized a sultry environment in the women ward of public hospital. At the time of interviewing informant, I was informed about the fusty smell. There was some bloody cotton in the bathroom. Two basins were filled with dirty water. The women ward had 32 bed and only two bathrooms. The patients of C-section wait long line for bathrooms which increases their physical and mental pains. One of the patients of C-section told me that I am waiting here about 20 minutes. Today is the 5th day since I have done my surgery. I have a lot of pain in my groin and lower abdomen. I feel difficult to stand like

this. Sometimes, my new born baby also cries a lot, without me in the bed. Private clinics provide relief from such discomfort situation but those are very expensive.

Doctors are highly educated. Most of the patients like them to save money. It is cheap and they want to get good treatment. The respondents of this study claim, although there is a rule to give half of the medicine free in the government hospital, the patients have to pay some money to the ward staff to get the necessary medicine. Expensive medicine has to be collected from the pharmacy bearing by the own cost of patients.

The Cost of Medical Services in Government Hospital and Private Clinics

Service	Expenditure (government)	Expenditure (Private)
Doctor fee	10TK ticket	200-500 Tk
Ambulance fee	Minimum 250 Tk	Minimum 400 Tk
X-ray	80-250 Tk	100-400 Tk
ECG	100-150 Tk	160-250 Tk
Cabin/Ward	Free	500-1200 Tk
Ultrasound	300-500 Tk	400-1200 Tk
Cesarean(C-Section)	2000-3500 Tk	4000-7000 Tk
Surgery	500-8000 Tk.	1000-20,000 Tk

(Data Source: Fieldwork, 2017)

Due to the increase of the cost of biomedicine and biomedical service the rural women cannot accept it though they have good will to receive it. Biomedicine is treated as the immediate curative care. According to Hans Baer, "It spends much more money in the clinic, hospital, drugs and miracle cure. Critical medical anthropology (CMA) claims, biomedicine must be seen in the context of the capitalist world system and the profit-making orientation (Baer *et al*, 2003, p.40).

Doctor-Patients Relationship

Using CMA this study emphasizes on doctor-patient relationship, analysis it from social, political and economic power relation. Hospital has become a primary area of different social relations (Baer *et al*, 2003, p.42) Biomedical physicians enjoy and occupy their professional dominance of power. According to Friedson, the professional dominance of biomedicine is strengthened and maintained by the political and economic dominance of elite, where the others are to be subordinated to this profession (Friedson, 1970, p.5). Doctors have the monopoly of power for their lucrative medical skills. The physicians perform the key function of controlling the sick role of patients. In this sense, they are superior and the patients are subordinate to them. This is the main point of analysis of this study. I observed doctors are superior for their strong

position in rural hospital, whereas, the rural patients, especially the women have less dignity to the doctors. Obviously, they maintain good relation to patients on the basis on class, status, and their personal relationship. Sometimes, the unequal relationship of doctor and patients impacted on health of observed women. Respondent claim, they cannot talk about their health problem openly, with doctors because they exert their deprecation to their patients.

According to Nimmon & Stenfors-Hayas (2016), the power of biomedicine indicating an unequal relationship of doctor and patients. In biomedical system women, children, old people are less prestigious and the doctors get their dignity. According to Kleinman *et al* (1978), it is an important for a doctor to take a full concentration on patients' experiences. But most of the cases they do not take attention on patients need, realization and knowledge. Ember & Ember (2004) shows the unequal relationship of doctor and patients. In the observed hospital and clinics, the doctors and the surgeons are more prestigious for their exclusive knowledge and somehow, they used to less concentration on hearing the sickness explanation from the patients. Sometimes, they admonish to their patients. The observed women patients claimed that, they cannot explain their health problem to the doctor that affected their mental and physical health equally. Amena Begum experiences given a proper understanding about the helplessness of the sick women of observed area. 50 years old Amena begum has done her surgical operation in her left leg. I observed when the doctor take a round and after seeing her, Amena Begum said that doctor *Shaheb* though I have taken medicine and injection properly the pain and anguish in my leg have not dispelled. The doctor answered with a rebuked and neglected that, "You have broken your legs at this old age how the pain will be vanished so easily?" She told me, "We cannot ask anything to the doctor anytime, if we do, he scolds us as he was a very busy man." It is observed, the doctor also scolds the other women like Amena Begum as she asked doctor how long she would have to be admitted there. Due to the high status of biomedicine and the biomedical professional makes a behavior to portray himself in a highly respectable manner. This picture is not only found in the urban are but also in rural area of Bangladesh that has become a very common matter in public and private health care sector.

The Mechanical Defects in Unlicensed Clinic

Women in the study area seek medical care from clinic and hospital for various ailments. When they do not get any benefit, they find out their condition are worsened due to the defective medical care. From my informant's I am informed and also observed, in the study area, there is a clinic that is built without legal authorization.

The doctors of the clinic have no certificates as they are not as registered doctor and none have proper medical education, experience and qualification. Rather, these

doctors are quacks have political, financial relation with local police, administration and political leaders of these areas. With their help, they have established this clinic. In the initial time, the villagers did not know about this and they used to take medical care from them. Some of them were facing various health problems.

Case Study

Salma Begum was 32 years old who had her abdominal tumor operation about 3 weeks ago in that clinic. She told me about some strange experience of that clinic. She told me after the surgery severe burning pain started in her wound area. In the next day, around the 10 am, Salma begum and others who were admitted to the clinic were told, to leave the place at that time and requested to go to the roof of the clinic. When the patients and their relatives asked to the authorities about the reason they said, there was a little problem so they might leave that place. The surgery patients went up to the stairs of the roof with the help of their relatives with great difficulty, very slowly and much carefully. Later, they learned that the doctors at this clinic were allowed to see patients but not the authorized legislation to admit them, allowed to do medical surgery and operation (OT). At that time, the senior police officer came to visit the clinic and soon they are asked to leave the place. Salma begum's eyes filled with tears and she sobbing and said to me, "I have claimed the stairs on the roof with my wounded abdomen very difficult. My surgery was not done with experienced hand. I have a problem on my forehead. If I had known it before, I would not go there, done my operation by this unskilled hand." Though it was 25 days have passed since the surgery was taking and she had taken medicine properly but no changed was observed. She was broken hurt mentally. (Baer *et al*, 2003, p.30)

Biomedical Error and Technical Mistakes

Biomedicine is greatly relied on science and modern technology at the time of diagnosis (Woolf *et al*, 1999). Error may occur, all kinds of care process from diagnosis to administration of medicine. Medication error also found in clinical environments that may lead unnecessary diagnosis, various test, prolonged hospitalization and even death (Kozer *et al*, 2006, Paul *et al*, 2014). It is often observed that biomedicine gives some false report that affects women health in the studied area.

Rural women sometimes, face health risks due to the mechanical failure of biomedicine. I have a female informant who is 48 years old. She was a direct victim of the mechanical failure of biomedicine. She is a patient of high blood pressure and diabetes. That is why; she often goes to the doctor's chamber to check her diabetes and blood pressure because her diabetes and blood pressure are not under control. One day after measuring her diabetes, the doctor gave her anti-diabetic medication because it has risen again. She felt physically weak for 3 days after taking that medicine. Later

when she went to the doctor again, the doctor said that since the machine was technically error yesterday, so the diabetes point was not measured correctly. Then, the doctor asked to take new medicine after measuring diabetes with a new machine. After taking that medicine she felt better. Another informant of mine, who is 40 years old, told me that during an operation (OT) in a clinic in Baganchra Bazar, the patient regained consciousness. At one point the patient started screaming. It happened because the doctor could not give the anesthetic medicine to the patient properly. I spoke to a nurse at the clinic to find out more about this. "The patient was not properly anesthetized that day because the anesthetist was not present on the operation table," she told me, withholding her name and identity. As a result, the woman regained consciousness during the tumor operation.

Mistakes in Ultrasound Report: Hastened the Killing of Fetus

Very intrinsically, women in our country are eager to know whether the baby in the womb is a baby boy or a baby girl. Ultrasound is a blessing of modern science and widely accepted accurate medical technique to access pregnancy. It also identifies various specific conditions, such as: age of fetus, possible miscarriage, number of fetuses, baby movement, fetal growth, sex identification etc. The observed village women who are pregnant know about their unborn children taking the blessings of biomedicine that introduced themselves to the new technology called as ultrasound which informs about their desired subject.

Case Study

The women, 41 years old, Rahima Sultana have 4 daughters and she had also pregnant for the fifth time then. She was much anxious about her unborn baby and went to a private clinic in the nearest bazaar, to identify the sex quality of fetus receiving the ultrasound technology of biomedicine. Observing the report, the physician assumed that, she would not have a baby boy but a girl. Rahima's husband said her, "If she had a daughter this time, he would divorce her." Finally, she consulted with the physician and decided to have an abortion very secretly. Then she convinced doctor very difficult and finally received an injection of abortion from the local health care. The next day, she gave birth to a stillborn son. It was a great tragedy, for herself when she realized that it was a baby boy. She told me, "I cannot tolerate my pain and sorrow as I am a mother whether it was a boy or a girl. I got itself in my womb, but my family urged me to do this abortion." (Fieldwork, 2017)

Only because of her socio-economic facts and her family condition aroused herself to do it. Also due to technical error in ultrasound report, her life was at stake. She felt very weak due to heavy flow of blood for abortion. Besides she could not

accept the grief the losing of her child. Besides, due to the terrible mistakes of biomedical treatment her family members told many bad comments to her.

Biomedicine is Preventive, Less Curative

According to Alison Gray, "biomedicine has failed to effectively control some disease like tuberculosis (TB), cancer and also unable to deals with social problem that causes the disease (Gray, 1996). Doctors prescribe different medicine but ultimately, the ailments of patients are not cured. A young girl, Ashura Khatun, the key informant of this research had been suffering from chronic cough and sour throat for long time. She went to the government hospital and receiving treatment from biomedical doctor and her condition was not changed. Then she goes to a private clinic of local market and got a checkup after costing about 1200Tk. But she did not get cure. After that, on the advice of her father, she took medicine from a homeopathy doctor and about 20 days later, she recovered completely. She told me that Homeopathy treatment and its medicine kill germ forever but the in the cases of allopathy, (biomedicine) when the medicine is taken to be stopped the cough returns because it cannot exhaust the germ of cough forever. This comment is simply similar to critical medical anthropological thought that claims that it is not always right that only the biomedicine is useful but alternative medicine and ethnomedicine are also beneficial, as the efficacy are multidimensional. (Ember and Ember, 2004)

Generational Differences of Taking biomedicine

A generational gap and some differences are observed in women of the researched area for the practice and acceptance of biomedicine to them. While biomedicine has become more acceptable to the younger generation of women, it has not become much popularity to the older women. Perhaps, the elder people (58-78 years old, especially women) do not like to seek treatment from biomedical doctors, unless the disease is serious. They realize, if one goes to the allopathy doctor, he/she must have to go. But the disease is cured before repeated visit to the homeopathy specialist. There are effective treatments available at low cost. But the costs of biomedicine are so high. The older women consider the caesarean delivery of a young woman is an unnecessary waste of money. The Local hospital and clinics are full of male doctors and they dominate the knowledge of biomedicine. There are only one, two and some fewer female doctors. So, the elder women express their reluctance to hospital treatment system. They are afraid of lost their veil and worry about sacred and sin as they motivated their life style according to Islam. *Purda* has not only an aspect of Muslim life, but it has become an essential acceptable part of social and cultural life. The Non-Muslim older women also show aversion to take treatment from male doctors. The social and religious practices of *purda* are more observable among the elders rather than Youngers. They do not like the intervention of technologies and male doctors on their body, again and again. In this regard, the critical medical anthropologist M. Lock

properly said, "Medicalization is a patriarchal process in which, the intervention of technologies and trained male doctors are observed over the female body. (Ember & Ember, 2004, p.118).

The Exercise of Political Power in Hospital and Clinics

The internal environment of the hospital and clinics are not free from the influence of external political power, the political leader and the economically powerful individuals enjoy especial privilege in local hospital and clinics for their power. On the other hand, the politically and economically disadvantages patients struggle to get a seat, even in emergency, in local hospital and clinics. Other time, giving some money or *baksheesh* to hospital staff, one can get a seat. As a result, the sick women face health risk at the time of emergency. Three beds were occupied by politically and economically powerful male. Though he had one patient but he occupied more because he will stay there with his family members. On the other hand, the sick, young girl who belonged to middle class family, broken her leg in a sudden accident did not get any seat though she was writhing in pain. Later she was laid on a mat in the floor. This case is similar to critical medical anthropological perspective (CMA) that depicts how spacious political relationship affecting individual health (Baer *et al*, 2003, p.27)

Case Study

22 years old woman had a tumor surgery about 5 days ago and she needed 8 stitches in her abdomen. The assistant doctor was dressing her wounded area and she was mourning loudly. Two nurses were standing herself, hold her two hands and she could not move. The professor doctor kept scolding to her because she was crying. She had a lot of pain due to infection in wound. In the bed, she had completed her natural work. Most of the time, she was in tensed that when she will be able to recover, to walk normally, and there were many questions in her head (Fieldwork, 2017). When the women body undergoes biomedical treatment for a disease, they are subjugated to biomedical knowledge, technology not once but repeatedly. Drugging in women's body, injecting them and undergoing surgery are the expression of biopower of biomedicine.

Conclusion

Biomedicine is an effective treatment system as it immediately protects human health from acute manifestation of disease. Most of the cases, it is considered as lifesaving medical care. The observed women, in researched area face various problems and challenges to take this lifesaving active medicine and medical care. Beside the local nature of biomedicine and biomedical care have some rigid and inflexible aspects; those are impacted on women health. If it were possible to reduce the additional cost of biomedicine, unequal relationship between doctors and patients, the absence of doctors

in hospital, clinics and other complication like the *baksheesh*, socio-political aspect etc, then the women did not have to face the health risk. They could properly enter the practice of biomedicine. Even it is also important for biomedical practitioners to full concentrate on patient's experiences of sickness that will improve doctor-patient's relationship. At the time of diagnosis, doctors should emphasis not only on biology, pathology, science, medical knowledge and technology, but also on patient's mind. It will bear more fruitful result in biomedicine and biomedical treatment system.

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