

Chapter 9

Illness Profile of a Disaster Prone Bangladeshi Village: An Ethnographic Analysis

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ABSTRACT

This chapter examines the illness profile of a disaster-prone village Char Majhira at Sariakandi Upazilla of Bogra district in Bangladesh which frequently affect various communicable and non-communicable illness. The researcher had administered participant observation, a thick description of villagers, an in-depth interview and FGD for data collection by using purposive sampling of the 250 households during November 2010 to June 2011. The salient health hazards of Char Majhira were rickets and vision problems, and the leading causes of death were asthma, neoplasm, respiratory infections, senility, stroke, various conditions during the neonatal period, accidents, cardiovascular illness other than stroke and diarrheal diseases, hepatitis and hypertension. As this is a chapter about illness profile of a disaster-prone village, it obviously will be helpful for development planners and policy makers to take essential steps for the prevention of illness in the disadvantage people in Bangladesh, as well as rest of the world.

INTRODUCTION

Char is a land located in an active river basin that is subject to erosion. Char, a tract of land surrounded by the water of an ocean, sea, lake, or stream; it usually means any accretion in a river course or estuary. The life of the char people is closely related to variations in the dynamics of river and char formation as well as the associated erosion and flood hazards (Banglapedia, 2006).

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Around 5-6 million people live in char areas and that the most affected and the most vulnerable people who are extreme poor, live in these char areas. Livelihood shocks and stress are high in the chars. Both wage employment and self-employment are very low. Migration is a major option. Life is highly vulnerable mainly because of non-existent infrastructural facilities, poor sanitation, lack of primary health care, educational facilities, severe indebtedness and lack of social protection such as Vulnerable Group Development (VGD) and old-age allowance, oppression of *jotdars* (land grabbers) and their hooligans, exploitation by money lenders, violence against women including sexual oppression and religious fundamentalism. The incidence of poverty at the national level stands at around 43.8 percent, while in the char areas the rate is 86.4 percent. The char areas 61 percent people suffer from food insecurity occasionally while 31 percent face food scarcity round the year. The Poverty Reduction Strategy Paper (PRSP) acknowledges the problems in the *chars* and focuses on several issues, but unfortunately, in most cases char issues addressed in PRSP are neither sufficient nor focused (Rahman, 2008).

Although research on illness profile of disadvantaged people is limited in Bangladesh, it is well admitted that compared to other areas char women, men have limited contacts with physicians and healthcare services in general.

It is hardly surprising to learn that for almost every condition common to both sexes, but the outcome for women tends to be poorer in the char Majhira. In terms of accessing health services, the people of this char are slower to notice signs of illness, and when they do, they are less likely to consult their doctors. It is wonder that most of the people admit that they wait too long before going to doctor for treatment at the severe stage in the area. The status of child health in general is not satisfactory, neonatal and maternal mortality remains unacceptably high in char Majhira, though Bangladesh has made remarkable progress in these sectors. Nearly half of pregnant women suffer from malnutrition and anaemia, and the proportion of deliveries assisted by skilled people is still low in the char. Malnutrition continues to be a serious problem for children, adolescents, especially for girls. Considerable progress has not yet been made in communicable disease control, and non-communicable diseases (NCD) are showing a rising trend. Among communicable diseases, concerns are diarrhea, rickets, pneumonia, vaccine preventable diseases, endemic diseases such as paralysis, asthma and emerging diseases like avian influenza - fever. Unhealthy lifestyle and tobacco use are the contributing factors to the increased burden of NCDs where children, women and elderly population are usually the victims of it in the char. Ensuring safe drinking water is a major challenge in the area. Access to sanitation has increased steadily, but adoption of appropriate hygiene practices has been slow. Climate change is a great concern which causes above mentioned health hazards among the people of the char. Food safety, occupational health and safety, widespread uses of chemicals and pesticides in the crops land are also important issues for the vulnerability of these people.

In this char the main reasons for people being reactive, rather than proactive, in the maintenance and promotion of their own health are rooted in the following areas (Richardson, 2004):

- Lack of consciousness as to when they should be present for screening;
- Linked to this is the absence of a preventive health care ethos in the current delivery of general practice;
- People believe that, unlike by others, they are not socialized into the health, culture from an early age, and are therefore less likely to develop the confidence to seek preventive help which also deter them from seeking care services.

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