

Health Care Seeking Behavior: Factors for The Utilization of Indigenous Medical Treatment in District Sheikhpura

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Abstract

The current study was conducted in the area of medical sociology. This study's primary goal was to determine the prevalence of different health attitudes and how those beliefs affected the usage of healthcare services. The role of family on its members to choose Indigenous medical treatment and the effect of Socio-economic status in the utilization of Indigenous medical treatment are the research questions formulated for the present research. The study was conducted within the framework of Talcott Parsons theory of Doctor Patient Relationship. The sample of the present study consisted of 10 married and 10 unmarried female respondents of Mohallah Dar Ul Islam in Farooqabad and 10 married and 10 unmarried female respondents from Mohallah Siddique Haidery in Farooqabad district Sheikhpura which is a rural area. The sample of these 40 respondents was drawn through convenient sampling procedure. The interview was conducted for data collection. Interviews with survey participants yielded personal data and information about their responses to health and medical services. The ensuing data was then examined to ascertain the variables influencing medical services and health-related behaviors in the research regions. Variables such, Gender, Education, Income and Family backgrounds took into consideration in the present research. Thematic analysis showed mix responses. Indigenous medical ideas and their utilization have been supported by a number of factors, including the negative impacts of allopathic medicine, the beliefs of one's forefathers, low socioeconomic level, social distance from modern medical professionals, and a strong link with indigenous caregivers. The term used for Indigenous care provider was as traditional healer and indigenous practitioner whereas, for the modern care provider, the terms as medical doctors, medical professional and surgeon were used. It was concluded that rural people strongly depend on indigenous medical treatment due to their concrete beliefs, lack of education, lack of allocation of modern medical resources in their area, poor socio economic status and the fulfillment of expectations to high regard from indigenous treatment that resultantly leads to low utilization of modern medical treatment.

Key Words: Healthcare services, Behaviour, Sheikhpura, Patients, Medical Sociology, Medical Treatment, Attitude, Therapy.

Introduction

Background

When someone gets sick in the real world, they want to receive the most possible care for their illness. His or her use of health services and care-seeking behavior take place within institutional structures like the family and community. Patients' behavior is dependent on his/her belief either to choose modern or traditional medical care system. In rural community cultural beliefs in traditional medical treatment and the practices of traditional medical treatment often lead to self-care home remedies. Indigenous health care system is based on "Wisdom of ancients" in which unique methods and therapeutic tools are used for diagnosing the ailment (Abdullahi.,2011). Traditional medicine is very popular among Africa and India (Ataudo.,1985). According to estimates, 75% of people in San Francisco, London, and South Africa, 90% of people in Germany, 50% of people in Europe and North America, and 70% of people in Canada use complementary and alternative therapy for HIV/AIDS at least once. (WHO.,2002). The belief system is very strong among them about traditional medical care and they have cultural knowledge about it which they have adopted from their forefathers (Ryan.,1998 ; Incayawar.,2007).

Factors Influence Choice of Health Care

The public decision about taking indigenous health care is made up by number of factors such as accessibility to medical care because of misdistribution by locality, unbearable cost of modern medicine (Subramanian.,2006). Self-medication and primary care or old medicine prescription are used to great extent and they are first option for people to seek care when they suffer from illness (Stephens.,2005). Poverty, illiteracy, limited knowledge for remedies and disease, culture and house hold treatment etc are also major obstacles which put pressure on a person to approach cheap care (Vaughn.,2009 ; Birhan., et.al 2011). Socio economic status, income and fee related issues make the patients to rethink for taking treatment through cheap way and increases the possibilities to take traditional help for treatment. (Heggenhougen., & Shore.,1986).The marginalized people avoid modern health care system for their reproductive issues, depression and stomach problems and approach traditional health care services care due to their socio economic status (Willis., 2004 ; Case.,et.al. 2005 ;Spiegel.,2008).

Statement of the Problem

With globalization, the pattern of treating the disease and patients in developing countries is changing. Similarly, the belief system regarding health issues and the concepts about disease are also getting changed. Like from the last few decades before the obesity was considered a healthy fact in a person, but over the period of time it was turned as an ailment. With modernization, more physical problems are taken as disease like sleeplessness and a role of the doctor has also changed, as compared to the last two or three decades. People take treatment from care providers when they become ill. Doctors are considered to be consulted as they can diagnose the root cause of the disease and then later cure it with the help of different treatment and medicines. They are the practitioners of modern practice. Most of the population lives in rural areas. People have strong belief in traditional medicine. They do not think whether that belief is harmful or helpful

for their health. Population of our country is increasing at high level. For a very large amount of people there is only one doctor. People have to wait for long hours to reach the doctor. While the indigenous practitioners always give equal time to the patients and charge very low fee and they satisfy the patients psychologically and emotionally. In this way, their belief becomes stronger on traditional healers. People of our society are traditionally directed. They are extreme followers of their traditions which they inherit from their forefathers. That's why instead of advancement in science and technology and the high level of education even not changed the people to get free from false traditions. They still consult spiritual healers and quacks for treatment of different disease. The perception about low amount of side effects also makes people to approach traditional treatment and they are very much satisfied with this treatment. They believe that better facilities and full time are provided to them only by indigenous healers who can deal with dangerous disease as well. And when their disease is cured completely they suggest others as well to have indigenous treatment and in this way this type of treatment remains stable in our society because of the strong belief system.

Study objectives.

The current study's primary goals are:

- To explore the level of personal health beliefs and its effect on the health care services use.
- To find out the role of socio economic status in lesser use of modern medicine.
- To find out the characteristics that dissatisfy modern medical treatment leading to traditional treatment.

Sociological Significance

Pakistani society like all others has always been concerned about the health of its people. But after several years of independence, there were acute shortage of modern health facilities. People were dependent on traditional healers or quacks. But the rise of education and advancement in technology has made the people consult highly specialized medical doctors. And the care seeking behavior is shifted to modern practice from traditional medical practice. As they consider it non-scientific. Now in the last few years, reversal of traditional healers is being observed. People are taking help from Hakeems, Homeopaths and other Spiritual Healers. A large number of people get various kinds of medical help which affect the national health. The national health is a desirable goal and the information about the dynamics of choosing various types of health services are important for the formation of national health policy. This study aims to investigate the cause of the shift once more. When illness appears why people sometimes hesitate to visit a doctor at once, or they first prefer traditional healers? This study is significant to society because the belief system of people has become stronger with the passage of time: and the traditional medical treatment is also being stabilized in our society day by day. This study will be useful for understanding the problems of the people; they face in order to get medical treatment they need. This in turn is creating large distance between doctor and patient relationship

Literature Review

The present study aims at finding out the variations in various health beliefs and utilization of various health services. The research that is connected to health and medical practices are presented in the paragraphs that follow.

Review of the Literature

Zakar (1988) describes that people do practice indigenous along with cosmopolitan medical system. Because they want complete care and attention from care provider and according to them only traditional treatment can do this. So they approach them which are based on their belief system. Zakar (1989) describes that the more social distance between a doctor and his patient, the more the patient's dependency on Quacks. He selected three localities and interview schedule was used for data collection. Dharmanada (1997) describes that the people can have a healthy life and good life style if they use ayurvedic treatment (yoga exercise, message and different ayurvedic therapies), they can reduce sinus disorder which occurs due to smoking and drug addiction. Willcox et al (2004) carried out a research on relevant articles up to 2004 and made a clinical review by recording the results and findings about why people use traditional and herbal treatment of malaria and how often medicines are used. They have described in their article. Traditional herbal medicines for Malaria that herbal medicines 1200 species are used for treating a threatening disease; malaria and a fifth of the malaria patients use herbal medicines as complete remedy in endemic countries. With the increasing level of drug resistance in poor areas and difficulty to afford the western anti-malarial medicines traditional treatment could be an important and cheap way for health. The articles were collected by using them self-medication, herbal medicine and tropical medicine for their perceived efficacy. The patients consider that these herbs are natural and have no side effects on health and don't create any symptom of other dangerous diseases on health as they are created by using natural plants and not by chemicals so it leads to better health. The medicine is also very easy to access in that area and available everywhere with low cost. It is considered sustainable as well but western medicine is considered an expensive treatment and difficult to afford. They concluded that 307 out of 315458 patients use herbal remedies, the location of patients has also been noted such as rural and urban. The people from backward areas and country side have belief in herbal medicines and remedies.

Ali et al (2005) describes those barriers which force street children to avoid formal modern medical treatment and approach self-prescribed traditional medication. A descriptive and cross sectional study has been carried out in two cities of Pakistan Rawalpindi and Islamabad and 40 children have been interviewed. While concluding they describe that street children are not very correctly aware of their health outcome. The common diseases among them respiratory diseases, skin infections and injuries but they don't perceive them serious problems and use primary care. They also may have treatment which can be given by them easily or they go to religious scholars to remove their illness. Moreover, monetary benefits, waiting for long hours and negative attitudes of doctors are also the reasons to prefer traditional medication.

Fatmi et al (2005) describes that women concerning for delivery issues approach traditional Birth attendants (Dai, midwives) and not toward specialist highly educated

gynecologists because they trust them more than a modern medical gynecologists. They interviewed 17 TBAs (traditional birth attendants) in order to know what kind of measures they take at the time of child delivery and what are the reasons for referral and no referral of TABs. They carried out focus group discussion and note that the people totally rely upon them. The root cause of their consulting these TABs is that they charge very low amount of money which is highly affordable for them along with that it is very easy for patients to give them fee in form of anything which is available at their home at that very time, as TBAs have no objection on that. They accept money in installments which is easier for poor people than to give fixed charges of formal medical hospital. It has been reported that it is mostly because of belief system as well to rely upon midwives. It often happens in extended families in which demands and resources are incompatible to each other and they can't afford a standardized medical treatment. They concluded that due to inadequate delivery system by traditional birth attendants women died in large number but the people still consult them because they have strong belief system and due to their low recourses of income.

Segwa et al (2007) describes that people consider traditional medical treatment effective and essential part of their health if they become ill. They consider it vital to use it as necessary for sustainable utilization of herbal plants. This study was on preference of herbs and plants species to remove malaria among the community of Sango Bay Forest and 16 plants species are used to treat disease. Herbal treatment is easy to access for the people. The reorganization to herbal (traditional medicine) by local people is integral part for their health care system.

Spigel et al (2008) describes that injury very much leads to death and disability which should be cured at initial level. But people firm low income and middle income have very few resources to take modern and expensive treatment. Misdistribution of health care services, lack of infrastructure, lack of education and awareness and accessibility to medical outlet are those barriers which lead middle income families to avoid western, formal modern medical care and eventually causes death and infectious diseases.

Conclusion

The main points which have been found in all literature mentioned above are summarized below: The crux of the discussion is that Affordable fee, family pressure strong opinion on quacks and cultural beliefs in tribal areas of Pakistan are the main reasons to consult indigenous medical health treatment. Moreover, the more social distance between a doctor and his patient, the more the patient's dependency is on Quacks. So, the discrimination on the basis of social class by medical doctor is another reason to force people, move towards traditional medical treatment. There is also Socio demographic, socio economic, psychological, physical and political performance in the particular area that affects the people's discernment regarding modern medical treatment. Some people practice indigenous healing along with cosmopolitan medical system. Further, some people practice Yoga exercise and other forms of ayurvedic treatment as it can reduce sinus disorder which occurs due to smoking and drug addiction. Some people have more belief in traditional birth attendants; resultantly it discourages the idea of visiting gynecologist. As traditional medicines are devoid of side effects, so this also inspires people towards tradition

healing, even in fatal diseases like Malaria, they prefer consulting local medication. In addition, ingenious healer grip people’s attention by satisfying them and emotionally consoling them this is the reason that people consult them even in their hypertensive problem. There is another point to note that people in backward areas mostly don’t take diseases seriously so they rely mostly on self-medication and alternative medicines. The non-availability to modern medical services and the distance from modern medical outlet also promote people to use alternative medicines.

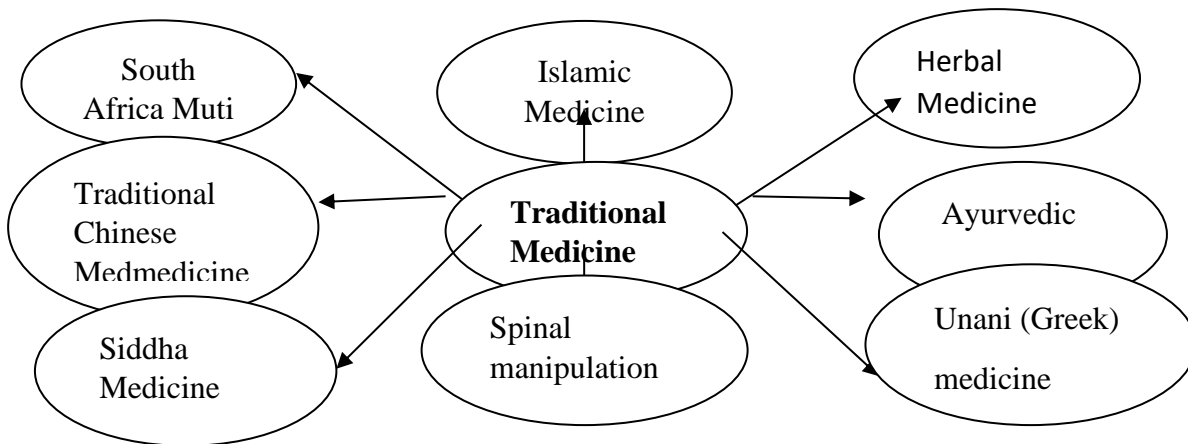
Terms that are used in text and literature review

Traditional Medical System

In spite of marvelous progress in modern medicine, sciences and technology traditional medical practice has always been utilized. Eighty percent of the developing countries’ population still uses cultural and alternative medicine (Bodeker, 2002). Traditional medicine include the practices such as, Acupuncture, Ayurvedic medicine, Greek medicine, Herbal medicine, Siddha medicine, Spinal manipulation, Traditional Chinese medicine in South Africa and all over the world (Upadhyay., et.al 2007)

These medicines have been mentioned in the following figure and later on, their detail has also been given.

Forms of Traditional Medicine



This figure explains different forms of traditional medicine which are being used throughout the world and these are included in our indigenous health care system.

Theoretical Framework

The present research has been carried out within the framework of Parsons (1951) theory of Doctor-Patient relationship and role of doctor. In every day society, human beings have to play some roles just like a doctor and a patient who plays role differently in relation to each other. Parson developed clear expectation of actors in their relations. And these expectations are also found in patient and doctor roles which help them to build a relationship. According to Parson, a sick person mostly assumes that being sick he is supposed to avoid playing his/her social roles however; he is expected to seek competent assistance from a physician. According to Parson, there is a set of expectations which develops a bond between doctor and the patient. Parson describes that if the expectation between the doctor and the patient are not fulfilled, constraints may exist

between their relationships. Parson described that there are some variables that explain the relationship between doctor and patient. These variables characterized expectations and the structure of the relationship between doctor and patient as following

- Achievement
- Universalism
- Functional Specify
- Affective Neutrality
- Collective Orientation

Propositions

The main points which have been found in theoretical framework are summarized below;

- Sickness and health are the part of the culture.
- Culture and beliefs determined health care like scientific or non-scientific. So, it stimulates the social roles and relationship between health care provide and health sector.
- The behavior of both doctor and patient determined by normative expectation of their society.
- Doctor-Patient relation is structured within some societal expectation.
- Doctor is not a wise man and his status is achieved due to his / her scientific knowledge and high level of competency.
- His/her relation with patient is functional, objective, universalistic and collectively orientation.
- Doctor must concentrate on the wellbeing of patient and not on profit motives
- Doctor should treat patients equally, objectively and scientifically.
- Patients choose the doctor service on the basis of his/her cultural beliefs and rationality.
- Severity of symptom is also influence patient to go doctor because a doctor is technical competent.
- Uncertain results of doctor diagnosis disease increase emotional disturbance and there is change in belief.
- When belief is changed people go to some non-scientific treatment.

Application of Theory on Present Research

In the theory the major assumption is based on the relationship of doctor and patient. And patient decides where he/she should take health care. For Parson Illness or sick behavior is influenced with socio-economic status and cultural belief of the patient. For example a person who has lower income will go to some indigenous healer because of cheap rates of health treatment. The culture of the patient also influences the choice of care provider. Our society is traditional based that has strong beliefs, norms and values. The people are traditionally directed. The factors like poverty, illiteracy and strong cultural beliefs lead them to go some Quacks, Hakeems, Herbalists and Molvi for their treatment of disease because a doctor is trained in some medical institution and somehow he\she is west oriented. They never fulfill psychological satisfaction which a patient expects from doctors. So, logically a gap between doctor-patient relationships is created. The doctor gives preference to monetary benefits. He is somehow subjective in treating patients and gives unequal time to all the patients. Some doctors have private clinics and charge very high fees. They don't

treat well the patients in their job timings, so the poor people don't trust them and approach such care provider who listens to them carefully and charges low fee.

The doctor creates distance with patients through appointments as compared to indigenous healer. And there is sharp contrast between expectation of both roles of doctor and patient that leads to dissatisfaction on the part of the patient when he/she visits a doctor. For example a man visits a doctor for some medical treatment and the doctor is busy in giving appointment. He may decide to go to some traditional health care provider for as he fulfills his expectations. Although he knows that a doctor is qualified but he is not satisfied with that doctor so he approaches to some local health provider who gives him some psychological satisfaction at least. So, it is clear that a person gets treatment from Hakeems, Herbalists and Molvi because he is not satisfied by the role of doctor of and the complexity in doctor patient relationship also forces them to have treatment from indigenous healer as described by Parson's in his theory of doctor-patient relationship.

Conceptualization and Operationalization

Questions of This Research

1. How do individual health views affect the decision to use health care services?
2. What is the role of family in choosing Indigenous medical treatment?
3. How Socio-economic status affects the low utilization of modern medical treatment?
4. What are the characteristics that people give preference to indigenous medical treatment?

Research Methodology

This chapter explains the research method which is used while conducting this research. Every scientific discipline needs to have a method for developing its methodology. Methodology is critical to all social science study types. Before a social study has its own methodology of inquiry, it is essentially unimportant. Research in the social sciences is dependent on certain analytical tools that provide a corpus of trustworthy facts for analysis and interpretation of the findings.

Research Design

A qualitative research design is used in the investigation. Unlike the quantitative research design, which is "based on testing a theory composed of variables, measured with numbers, and analyzed with statistical procedures," the qualitative design is an all-encompassing process of inquiry that aims "to understand a social or human problem." (Neuman.,1997, pg.163).

Universe

The married and single female respondents living in the rural Farooq Abad neighborhoods of Mohalla Dar ul Islam and Mohalla Siddique Haidery comprised the study's universe. The reason the researcher chose this location is that Farooq Abad is a rural area, which is necessary for the survey in order to gather pertinent information and data for this study.

Sampling Technique:

In this present study the sample is the married and unmarried female respondents living in areas of Mohalla Dar ul Islam and Mohalla Siddique Haidery of Farooqabad.

Sample size

The sample size of the present study was 40 females. Ten married female & ten unmarried female

respondents were selected from the Mohalla Dar ul Islam of Farooqabad and ten married female & ten unmarried female respondents were selected from Mohalla Siddique Haidery of Farooqabad district Sheikhpura

Techniques of Data Collection

The researcher adopted this technique because it was better to approach the respondents and interview them. As it was face to face interaction. In such a way, their willingness could be more easily secured and the respondents could easily answer.

Pretesting

Pre-testing aids in identifying errors in the overall data collection process that may be fixed before the real research begins. For this reason, pre-testing was carried out to remove any ambiguities and inaccuracies from the interview guide after it had been prepared. The average frequency of each interview time was discovered to be fifty-five minutes. Interviewees had no trouble understanding the questions posed by the researchers. The interview guide turned out to be clear and error-free, with no questions that respondents found difficult to answer. Following pre-testing, the interview guide was completed.

Data Collection and Field Experience

The difficulties which researcher faced during data collection were that some respondents were not willing to give interview. Secondly, some female respondents were very hesitating and shy; they took much time to come on the point which researcher actually wanted from them.

Finding and Analysis of The Data

Findings

The social researcher then focuses on the analysis and interpretation of the replies after gathering them. The researcher would use many variables, including age, gender, education, income, and family background, to comment on the respondents' attitudes and behaviors regarding the use of Indigenous medical treatment. This chapter's primary goal was to go over the sample's overall characteristics. The total sample of the study was consisted of forty respondents out of which twenty were married females and twenty were un-married females. Ten married females and ten un-married females were the residents of Mohalla Siddique Haidery of Farooqabad and ten married females and ten unmarried females were the residents of Mohalla Dar Ul Islam of Farooqabad . The research was analyzed thematically.

Analysis of The Data

Analysis

This chapter is related to the analysis of the data. After collecting the data, it is necessary to analyze the data. The analysis is the testing of a substance mixture to determine or interpret the data. There were forty respondents. In which twenty were married females and twenty were un-married females. Ten married females and ten un-married females were the residents of Mohalla Siddique Haidery of Farooqabad and ten married females and ten unmarried females were the residents of Mohalla Dar Ul Islam of Farooqabad. Every theme and the responses had been thoroughly analyzed. All the findings and results had been demonstrated with the help of this chapter. Respondents described their point of views in Urdu language but while analyzing it was

translated in English language

The present study Health Care Seeking Behavior: Factors for the utilization of Indigenous Medical Treatment has been consisted of the following variables such as Age, Gender, Area of residence, Income, Family Background and Education. The age of respondents in between 25-35. However the majority respondents have the same settings of rural residential area. Moreover, the respondents' family backgrounds were middle class. Majority of the respondents' income was near to twenty thousand and some of them had above twenty. Majority of respondents' education was at intermediate level.

Thematic analysis

There are different ways and methods to analyze data. But in this research, data was analyzed in thematic form. There were 6 themes and every theme was consisted of 5 to 8 Short and long questions. Most of the important themes were defined firstly and others were defined after them. There are following themes in this regard:

First Research Question

1. How personal health beliefs influence the choice of health care service use?

Personal Health Beliefs to choice Health Care Services

The majority of respondents concurred that traditional medicine is widely used in rural regions. The rural population has faith in both traditional healers and the medications they recommend. The respondents felt that traditional remedies are totally natural and work well, while allopathic treatments have many adverse effects and are not suitable for everyone. Therefore, indigenous people avoid Professional doctors. The responses also showed that rural community is not highly developed as modern health institutions are rarely available in the context of villages and the people of this area are poor so they cannot open such institutions through self-help and resultantly, they approach traditional clinics for health. Traditional people have strong bonding and interaction and when someone recommends and suggests some traditional health provider, these people blindly follow him/her.

People are psychologically drawn to natural objects, which is the only explanation for the widespread adoption of traditional health care methods despite the diversity of the belief systems around them. People are encouraged to utilize herbal medicines as they are prescribed in conjunction with foods like milk, juices, and the like, and they should not experience any negative side effects even if they do not provide relief. As stated by one of the participants, "As indigenous medicines are cold-effective, they are safe to ingest and won't hurt you in the slightest. I receive indigenous treatment if I have a sickness. I receive treatment from a traditional healer for my diabetes as well, and I believe that this healer is equally capable of correctly diagnosing small and serious illnesses."

Villages are underdeveloped because the government does not allocate resources fairly. In remote locations, there is a shortage of adequate transportation and contemporary medical facilities. When receiving medical care requires people to leave their homes, which aren't always feasible for them, they turn to the closest local healthcare facility. One respondent said, "My closest local healthcare professional treats my headaches, which I get frequently. I occasionally

get intermittent pain relief, but I never try to go to the hospital because it takes three hours to get there from where I live. I work as a school teacher and must manage my time between work and home responsibilities. For this reason, I find it difficult to receive the correct treatment, which is why I prefer traditional medical care.”

A minority of the female participants expressed the opinion that traditional treatment relies on assumptions and abstractions without any rational basis. Indigenous people's perceptions of traditional medicine are positively shaped by traditional healers, and those lacking mental development tend to seek out such quacks. These indigenous health care providers are basically freak and do not have sufficient knowledge about the diseases. They cannot diagnose the actual disease because they don't have proper medical equipments; whereas, through scientific knowledge or methods, doctors can properly identify the ailments empirically.

In rural community, on every next door, traditional healer are available who not necessarily proper healers are. Some of them can detect the disease but mostly they exploit people by creating false-consciousness, so they deceive people and extort money from them as a respondent given statement that, "Traditional healers lack knowledge, and they use their fake knowledge to push people to the verge of death. As a result of seeing a fraudulent traditional health care provider, I developed jaundice." However, few of the respondents showed their point of views in a neutral way. Health treatment is a relative term and it is based on the psychological thinking of any person. It's one's own perception, to choice either a modern health care taker or a traditional healer. The concept of diagnosing the diseases may vary from person to person. If one gets relief from indigenous healer, it is not incumbent that other will also recover. A person who gets relief, obviously he/she will prefer traditional healer next time, whereas the other person will approach some other health care provider because of different consequences he had. As one of the respondents said,

“Human mind is a set of the particular health concepts. If one person is getting relief from some traditional healer, it's because his body formation is biologically accepting that very treatment. But some other person may have side effects of that very herbal or traditional medicine for that very disease. As in my family herbal medicine doesn't suit me but my sister often takes indigenous treatment because it suits her.”

One of the other respondents said: “People are confused from where they should get treatment. They want an instant relief of the disease. Therefore, when they approach some health care provider and get relief twice or thrice, they start believing it come what may he is a traditional healer or a doctor. In fact it is all about the psychology of a man.”

Second Research Question

What is the role of family to choice Indigenous medical treatment?

Influence of Family towards Health Care Choices

The majority of respondents concurred that a child's thinking development is greatly influenced by their family. People are very sensitive to their families, therefore the younger generation strongly believes anything their families say because they are the ones who teach them what to do and supervise them while they carry out their activities. In actuality, their families compel them

to use these medical facilities as they have previously helped their elders. Furthermore, the majority of people in rural communities are members of extended families. The number of family members is higher than the number of earning hands. The family's modern health expenses are too expensive for one person to bear alone as the sole provider. Moreover, masculine members of the community make the final decisions in Pakistan due to patriarchy. Males in rural communities tend to be less educated, to treat illness casually, and to avoid taking family members to appropriate medical facilities. As a result, the families use homemade cures to identify illnesses. The majority of respondents also expressed the opinion that, because modern healthcare is expensive and some rural households prefer not to spend money on women, they do not permit their daughters to receive it. Furthermore, the superstitious beliefs of the rural families lead them to believe that biological diseases are caused by magic or the evil eye. Consequently, they seek therapy from "Pir," a spiritual healer, rather than from physicians. The people in the rural areas having homogeneity; their interactions with family, neighbors and relatives are very strong. In this regard, they share their experiences and recommend others to follow these suggestions of their personal health treatments.

Family is the major component of socialization and the members of the family act according to the instructions of its elders. Directly or indirectly, the members of the family get influenced by such health beliefs of elders. While living at the same place, the individuals of a family share their experiences of health and obviously on an unconscious level, the members of family get affected by these experiences and follow it, and for example a respondent told that: "Traditional healing techniques are what my mother believes in. Every time someone in my family becomes ill, she employs natural cures. My mother gives me "BANAFSHA" (Herbal Cough Syrup) when I have a bad cough, and it helps. I therefore use it rather than visiting a doctor anytime I have a cough issue." Men are dominant in our culture and the ultimate decision is in the hands of men. Only he decides where his family and his wife have to go for treatment. In some families, male takes woman and her diseases for granted. Therefore they don't bother letting her in modern health institutions in case of any minor or severe disease, as they don't want to spend a handsome amount of money on her. Resultantly, women use traditional methods of healing as she has no other choice. Like one of the respondent said: "I live in a system of extended families. My in-laws and spouse adhere strictly to traditional medical practices. I wanted to see a gynecologist while I was pregnant, but they wouldn't let me see a doctor, so a midwife delivered my baby instead." In rural community, there are very strong religious beliefs. Some families are very superstitious and for them the solution of everything is 'Taweez' (Amulet). In case of health matters, if someone gets ill, they take it as magic or the effect of evil eye. To diagnose such ailment they approach 'Pirs' for "Dam", magic and 'Taweez'. Like one of the respondent said:

"My grandmother forced us to wear 'Taweez' and we had to visit the Pir Bahar 'Darbar' (Shrine of Saints) every year. She had a belief that all our problems and even health matters could be solved through this practice and we would be protected from bad evils and diseases"

The people in the rural society having homogeneity; their interactions with family, neighbors and

relatives are very strong. In this regard, they share their experiences and recommend others to follow these suggestions of their personal health treatments.

“I had a desire of baby boy and there were many women in my family who were blessed with sons. They suggested me a traditional healer who prescribed some herbal tablet at the 1st two months of pregnancy for the birth of a baby boy. I used it and I was blessed with a baby boy. Therefore, I strongly believe in traditional healing. And when some woman is pregnant I also suggest her to intake those tablets.”

Third Research Question

How does Socio economic status influence the low utilization of modern medical treatment?

Influence of Socio Economic Status to choose Indigenous Medical Treatment

Majority of the respondents agreed that socioeconomic status has long been thought to influence an individual's health. They all believe that in order to receive current therapy, a significant amount of money must be spent on lab work, x-rays, and medication. Since people with extremely low incomes frequently lack resources and cannot pay these costs, they turn to alternative forms of affordable healthcare. Furthermore, since contemporary medical facilities are located in cities, funding is needed for transportation. On the other hand, traditional medical care is more affordable, readily available, and preferred by the average person. Furthermore, how health resources are distributed within society has an impact on overall health. It has been demonstrated that the population's health is influenced by how equally these are distributed among the population. According to them, marginalized people mostly consult indigenous treatments because they are poor and their financial backgrounds do not permit them to go through Modern health therapy. Indigenous treatment stems from a person's socioeconomic standing. Most rural residents are impoverished; because contemporary medical care is so costly, they cannot afford it. How can the average person, who struggles to pay for even the most basic necessities, afford the exorbitant costs associated with modern healthcare? As a result of their helplessness, people receive traditional medicine because it is less expensive than contemporary medicine. One caller stated, "My maid had cancer. I suggested she see a doctor for appropriate therapy. How much does that doctor charge?" Out of the blue. She declined to go there because she was unable to pay for the laboratory test as well as other hospital and physician fees.”

Population rate in Pakistan is very high. The number of people is high but they have no source of income. A big family size relies on a few earning hands and a few earning hands cannot fulfill all the needs of its family as one respondent said, "I am a member of the larger family. My family comprises fifteen individuals. The only source of income in my family is my husband. We find it difficult to receive modern medical treatment since he cannot afford to pay for the entire family's medical expenses. Instead, we choose to use home remedies to diagnose illnesses and rarely go to the doctor.” Among all, only one of the respondents had a point of view that it does not matter that only the people who have lack of income resources only seek traditional health treatment. Even those who are well off and able to pay for contemporary medical care should nonetheless see traditional healthcare practitioners. “I come from a well-established family;

therefore my parents can pay for my medical expenditures if I choose to see a doctor. I suffer from a dust allergy. Since traditional medicine has worked so well for me over the past four years, I never seek medical advice in this area..”

Not even a single respondent disagreed that socio economic status does not matter. The crux of the discussion regarding socio economic status in seeking traditional health treatment finally ends, that socio economic status is the root cause of traditional health treatment especially in rural community.

Forth Research Question

What are the characteristics that people give preference to Indigenous Treatment?

Influence of Cultural Values in Health Care seeking Behavior

Majority of the respondents said that there is a dominant impact of cultural values in health care seeking behavior. Traditional people, for many reasons are in its grip because they are stubborn by nature, their exposure to modern values is very less and in this regard these rural people are very touchy to the indigenous community in which traditional health system is highly present. The respondents had also a point of view that health treatment is based on opportunity and chances. According to them, there are many inter-personal and intra-personal relationships that create the situation for people to approach traditional health treatment. As government spends very low on health in rural localities and variety of Modern facilities are available in cosmopolitan areas. Therefore, resultantly many traditional health providers generate in traditional areas. Consequently, the patients belong to cities have opportunities to get health treatment through modern and developed way as recourses allow them whereas, Indigenous people have refusal to Modern health facilities because they have no choice otherwise except relying on local methods. In addition, indigenous people are very touchy to the local health care providers and have more trust on them instead of practitioners of modern health care takers.

Many things in this world are out of control. There are certain things that people adopt from culture and its concrete values. The impact of those particular values develops our beliefs and therefore, we show respect for those norms. Traditional healers have a strong sense of the values and beliefs of indigenous people. They easily set their minds with friendly gossiping because they also live in that particular traditional community and know how to deal with their psychology. People of rural community highly believe in Traditional health methods because the environment, in which they have been living for a long time, influences their health practices on an unconscious level. Even if indigenous people get opportunity to take treatment from some professional doctor, they refuse and prefer the nearest local health care taker because of their trust and strong attachment to the traditional healers as well as due to their strong belief. Like one of the other respondents A said:

“My father always visits Hakeem (Traditional healer) because he has strong association with him. He believes, the medicine of that traditional healer can relieve him of his ailment as he has been diagnosing my father for a long time, therefore, that Hakeem can understand his ailment in a better way than a doctor.”

Our 75 percent population of a country is agricultural based. Major areas of Pakistan are rural, so there is lack of hospitals in rural areas whereas door to door traditional health centers are available. Modern health institutes are out of reach and are available in cities. It requires much time to go there. A person living far from that modern health clinic needs to stay at night in the hospital. He/she cannot travel daily from his/her place to hospital. Therefore people visit nearest local healers for ease. Like one of the respondents said:

“In our area there is no hospital, I prefer going to the nearest traditional health care provider because I am a job holder. I don’t have much time to travel towards modern health institutions because it takes time and my routine does not allow me to spend long hours in travelling towards these modern health institutions.”

People of the traditional system and especially of rural areas are much superstitious. They have strong superstitious religious beliefs. They strongly believe in “dam darrod” and “Taweez” Whenever they have some kind of disease, they relate it to an evil eye, and instead of going to some doctor they approach “Pir” (A Spiritual Healer). Likewise, one of the respondents said:

“My cousin was psychologically disturbed. But her family took her to some “Pir” for exorcism as for them she was possessed. Later on, it was revealed that she had personality disorder.”

Influence of Education in Health Care service use

The majority of respondents indicated that education is essential in raising people's awareness of health issues because it can inform individuals about where and how to access appropriate medical care for their conditions. One of the main strategies for dispelling the inflexible notion of incorrect traditional medical therapy is education; the more informed individuals are, the more self-aware they are of their illnesses.. It is education due to which people can create difference between quacks and proper health care provider. The responses showed that directly or indirectly education has strong impact on the common sense and the rationality of human beings and according to them education controls human mind on an un-conscious level by creating the awareness against false-consciousness. Rural families are out dated and un-educated therefore they approach indigenous health providers as they don't know the sensitivity of diseases. Rural residents self-medicate and think herbal medicine is effective; they also believe that doctors experiment on their patients; therefore they make every effort to avoid them. They want instant relief of the ailment so they consult local health care provider because they don't have knowledge what is the real problem.

Education is a guard of the human mind that protects human thoughts from false consciousness. A person who is not educated does not know from where he can get proper treatment. He/she wants instant results of her pain as he/she is unaware of the afterwards consequences in case of some severe disease. The people of rural area are conservative and rigid. They have their own self-made interpretations regarding health matters and resultantly they get severe health problems in case of poor treatment. As one of the respondents said, "My granny has very little literacy. When I had an issue in my leg, which led to polio, she made me go to a traditional doctor for treatment. She still won't let other kids get polio drops, even after this

accident, since she thinks it will reduce kids' chances of getting pregnant.” There are many intelligent but superstitious persons in the world. They firmly believe in the spiritual healers Hakeems and Peers. They use amulets, magic, and spiritual therapy to treat their maladies. As one of the participants expressed her perspective as:

“Even educated and well establish families visit traditional healer as well as spiritual healers. She added that if someone is ill in elite family they often say that lower class relatives are jealous from them and they did some kind of magic on them. For the removal of evil eye they visit “Peers” (spiritual healers) for “Taweez” (An Amulet).”

Influence of Doctor Patient Relationship in Health Care Service Use

Majority of the respondents had their opinion that there are varieties of things that maintain the close and trust worthy relationship of a doctor and a patient. As well as there are certain reasons to de-stabilize the relationship of a doctor and patient like laboratory tests, monetary benefits, social distance and the inequality of time by medical doctors toward diseased persons. In the opinion of the respondents, the laboratory tests are expensive and people are unable to afford them. Whereas an indigenous healer does not let the patients go through these tests and prescribes medicines which are unaffordable. In this way the patients consult him and believe that the traditional healer is a wise man and can diagnose the ailment. Moreover, doctors pay attention to monetary benefits as well as create distance contrary to indigenous healers. Consequently, people use less modern medical services.

Rural people are shy, unconfident, uneducated and sensitive. They hesitate to confront doctors and feel friendly with traditional healers because they use everyday language with the patients that is easily understandable for them and patients can openly share his/her disease in front of traditional healer. Traditional healer listens indigenous patients very carefully and respectfully with full attention and satisfies the patients emotionally and psychologically. These very traditional health providers fully know the inner self of the traditional patients because they belong to the locality of the patients and know their backgrounds. Therefore, a patient feels comfortable with Indigenous health care provider and is likely to visit traditional clinics. On the other hand, doctors do not give very much time to patients as they consult number of patients. They just prefer their monetary benefits as there is personal setting among chemists, lab attendants, pharmacists and doctors and resultantly it creates much communication gap between a doctor and a patient.

One of the respondents said, “Patients today cannot be respected by professional doctors. Sometimes they can be rather unpleasant and impolite. I was discussing my illness with a doctor once when he intervened and stated, "You have a problem of delusion." This action truly disappointed me. Later, I went to see the closest traditional healer in my area, and he carefully examined me and listened to me until I was happy.

Another respondent said, “A doctor I once saw asked whether I wanted to take certain tests and if I needed an antibiotic prescription. When they said, "Would you like to?" I completely lost faith in that doctor. How are they going to ask me? I'm not a medical professional.”

One of the respondents shared her point of view, “Patients are discriminated against by private doctors based on their socioeconomic position. When my sister visited a fancy clinic, a nurse there preferred to give tokens to people who were well-referenced and from the top class. Because my sister lacked a reference, she had to wait for her turn for many hours.”

One of the respondents stated, “If you pay well to private doctors they will show you much concern and protocol. But these very doctors at Government hospitals treat you like a stranger. As, one my friend had tooth ache. Doctor suggested her root canal. We went to Government hospital and the behavior of the doctor there was very un-concerned and harsh. He asked her to meet him in the evening at his private hospital. There, doctor charged 10,000 fees for root canal and his behavior was shockingly changed.”

One of the respondents said,

“In government hospitals, fake medicines are sold out and even some laboratories are fake and not originally test the reports of the patients due to number of patients as in case of Agha Khan Laboratory near Jinnah Hospital which existed for a long time but with fake identity, though, later on, it was banned. With such un-guaranteed factors people lose their trust on modern medical institutions.”

Discussion, Summary, Conclusion And Suggestions For Further Research

Discussion

The use of health services and the behavior of seeking medical attention are influenced by numerous factors. While many of these elements are common to all populations, the specific ways in which they interact and shape people's behavior are frequently specific to a given community within the context of their living environment. A research “Health Care Seeking Behavior: Factors for the Utilization of Indigenous Medical Treatment” was concerned to investigate the belief which influences study two areas of Farooqabad to gather information about the general influences on health care seeking behavior and the utilization of health services, as well as information specific to each area to help in directly targeting the health needs and the use of health services of the individual population living there. Health care seeking behavior and the factors that encourage traditional health treatment. Interviews with survey participants yielded personal data and information about their responses to health and medical services. These results are summed up, taken into account in relation to the study topics, and each factor is given separately. Several inferences are made based on the study's findings, and suggestions for additional research are made.

Review of results

A research “Health Care Seeking Behavior: Factors for the Utilization of Indigenous Medical Treatment” was concerned to investigate the belief which influences health care seeking behavior and the factors that encourage traditional health treatment. The main purpose of the study was to find out the variation in health beliefs and utilization of medical services and also find out why do people use indigenous medicine despite the modern medicine and what are the factors behind it. It was assumed that there was the dissatisfaction with modern medicine and doctors. As a

result the patients might approach an alternative treatment for health which is indigenous medicines. The researcher also wanted to investigate to what extent the role of family and socio economic status influence the choice of traditional health treatment. The researcher was also curious to explore to what extent Indigenous cultural norms, education and the relationship of doctor and patients and experiences play a role to get treatment through indigenous way. The Hakeems (Indigenous Healer) and Molvi (a spiritual healer) may be the one alternative who can satisfy the medical needs of patients. As, they have the same terminology procedures which psychologically satisfies the patients. The study was conducted within the framework of Talcott Parson's theory of "Doctor-Patient Relationship."

The results of this humble research and the research conducted across the borders showed many similarities. The majority of respondents concur that traditional medicine is widely used in rural regions. The rural population has faith in both traditional healers and the medications they recommend. The replies also demonstrate how underdeveloped rural communities are, given how uncommon it is to find contemporary medical facilities in rural areas. Villages are undeveloped because the state does not allocate resources fairly. In rural locations, there is a dearth of modern healthcare facilities and inadequate transportation. When receiving medical care requires people to leave their homes, which aren't always feasible for them, they go to the closest local healthcare facility. The lack of education, poor socioeconomic background, high indigenous health belief of their family and the strong association with Indigenous health providers of these people who were surveyed was also considerable in indigenous health care seeking behavior.

The research "Use of health and medical services: Factors influencing the habit of seeking medical attention and unmet needs in Kenya's rural areas demonstrated the link between the various elements influencing health and the behavior of seeking medical attention. Even while many of these elements are shared by all populations, the specific ways in which they interact and shape people's behavior are frequently specific to a group within the framework of their home environment, culture, and family. The goal of the current study, a population-based cross-sectional survey, is to gather data on the overall influences on health care seeking behavior as well as data specific to each geographic area to address the health needs of each individual population living in rural Kenya. Three distinct geographically diverse populations are identified. Survey respondents were questioned to obtain personal data and specifics about how they dealt with their health and illness. The ensuing information was then examined to ascertain the variables influencing the utilization of healthcare and medical services in the research regions, as well as whether the study participants thought receiving treatment from indigenous people would better meet their medical needs.

Moreover, the respondents of the current study also expressed their point of view that there is much influence of environment and cultural values in health care seeking behavior and traditional people for many reasons are in its shadow because they are stubborn in nature, their exposure to modern values is very less and in this regard these rural people are very touchy to the indigenous community in which traditional health system is highly present. Education in this regard also plays its vital role. The responses showed that directly or indirectly education has

strong impact on the common sense and the rationality of human beings and according to them education controls human mind on an un-conscious level by creating the awareness against false-consciousness. Due to their lack of education and modernity, rural families seek the services of indigenous health practitioners because they are unaware of the sensitivity of some ailments. Rural residents self-medicate and think herbal treatment is effective; they also think that doctors experiment on their patients; therefore they avoid doctors at all costs.

It is well known that a person's socioeconomic situation has an impact on their health, according to the interviewers for this study. The participants' collective viewpoint was that receiving modern medical care required high costs for lab work, x-rays, and medication. People with extremely low incomes, who frequently lack resources and cannot, pay these costs, turned to inexpensive, indigenous forms of healthcare instead. Furthermore, there are contemporary medical facilities in cities; however, traveling costs must be covered by outside funds. On the other hand, traditional medical care is more affordable, readily available, and easily accessible, which is why the average person prefers it. The responses show that marginalized people mostly consult indigenous treatments because they are poor and their financial backgrounds do not permit them to go through Modern health treatment.

Men are dominant in our culture and the ultimate decision is in the hands of men. Where he decides to let her family and wife go for treatment; the family has to go. In some families, male takes woman and her diseases for granted. Therefore they don't bother to let her in modern health institutions in case of any minor or severe disease as they don't want to spend a handsome amount of money on her. Resultantly, women use every day traditional methods of healing as she has no choice to cure herself. It is the inadequate communication between doctor and the patient which dissatisfies the patients. Rural people are shy, unconfident, uneducated and sensitive. They hesitate to confront doctors and feel friendly with traditional healers because they use everyday language with the patients that can be easily understood and patient can openly share his/her disease in front of the traditional healer. Traditional healer listens to indigenous patients very carefully and respectfully with full attention and satisfies the patients emotionally and psychologically. These very traditional health providers fully know the psyche of the traditional patients because they belong to the locality of the patients and know their backgrounds. Therefore, a patient feels comfortable with Indigenous health care provider and is likely to visit traditional clinics. On the other hand, doctors do not give much time to patients as they consult number of patients. They just prefer their monetary benefits as there is confidential commitment among chemists, lab attendants, pharmacists and doctors and resultantly it widens the communication gap between a doctor and a patient.

The findings of a qualitative research Health determinant that affect non-natives living in Sweden in terms of obtaining and using health care showed when expectations of the patients are not met from the health care provider they tend to create great dissatisfaction. Non-natives get dissatisfied with the Swedish health care system and the care provider when prejudice, bad experiences in the past, and infantilization (language and communication) occur in the healthcare context. When people seek medical attention in Sweden, this could give rise to certain

expectations. But sometimes these expectations aren't fulfilled, which might lead to discontent. Unmet expectations, cultural attitudes and beliefs, prejudice, bad past experiences, language and communication, and discontent with experts were all identified as important health determinants. Medical professionals must listen more intently and focus more intently. Every consultation should be given enough time, and doctors should exude confidence and expertise.

Concluding discussion through findings the literature showed that in three districts of Kenya, a survey was conducted with a population that included just over half of those who had become ill and sought treatment from indigenous health care providers. Additionally, between 70 and 80 percent of respondents used traditional healthcare over modern healthcare, with more of them preferring traditional healthcare if given the option. There were variations in the respondents' gender, education, and literacy levels and other factors like the cost of modern treatment are linked to seeking treatment; additionally, travel time and distance have an impact on the use of modern health care services. Financial and physical access challenges were among the obstacles that respondents faced while seeking care, yet more than half of the population thought their medical requirements were being satisfied by indigenous medicine in spite of this. These findings of the current present research are very much related to the conclusion of literature review. The research articles consulted for the present research present the same description that mostly the people create belief system due to side effects and socio economic conditions and consequently, they go for traditional treatment.

Summary

Based on the findings of the study, it is summarized that:

- Majority of the respondents expressed that they utilized traditional medicine in every type or ordinary disease and for the severe disease they used to consult medical doctor.
- Majority of the respondents expressed that in severe diseases first of all they preferred modern medicine. But in the case of dissatisfaction with modern medicine and doctors (i.e. cost, side effects, and attitude of the doctors) they went to traditional healers.
- Majority of the people were satisfied with traditional treatment. Mostly the dissatisfaction with modern medicine leads patients toward traditional healers.
- Majority of the people had this perception that the traditional medicine had not any side effect on health as it is made by natural herbs.
- Majority of the respondents were of the view that their forefathers had strong belief in indigenous medicines and they often take traditional treatment because their relatives and friends suggest them to do so.
- Majority of the respondents used traditional medicine because their forefathers used it.
- Majority of the respondents utilize traditional medicine whereas some of the respondents use modern medicine.
- Majority of the respondents were satisfied with the time given by traditional healers.
- Majority of the respondents believed that the traditional healer diagnoses the disease correctly and some of the respondents were satisfied with this diagnosis and considered that traditional healer could treat the severe disease.

- Majority of the respondents considered that traditional healer listened carefully.
- Majority of the respondents utilized traditional medicine for ordinary disease.
- Majority of the respondents also used to suggest others to use indigenous medication.
- Majority of the respondents believed that doctors suggest laboratory tests to great extent.
- An overwhelming majority of the respondents believed that doctor pay the most attention toward monetary benefits.
- Majority of the respondents were of the view that doctors do not give equal time to patient.
- Majority of the respondents believed that doctors create distance with patients in appointments.
- Majority of the respondents had weak belief in fulfillment of expectation with modern medical treatment and they were very much interested in utilization of traditional medicine

Conclusion

This study aims to elucidate the reasons underlying the use of indigenous medicine and the behavior of seeking health care. The majority of respondents concur that traditional medicine is widely used in rural regions. The public has a high belief in traditional healers. Traditional health practices have a variety of belief systems, each with its own set of underlying reasons. Collective discussion reveals that there is a culture in which many things shape a proper bent of mind. There are intra-personal and inter personal relationships which generate health care seeking behaviors and the factors of the utilization of indigenous medical treatment from smaller level to general level among people. Society of Pakistan is traditional based and the 75 % area is agricultural in which many villages exist and seek health care services. The state does not equally distribute health resources in every locality. The probability to select modern health services is not equal and it is available in numbers but in cities which are very far from rural localities. Consequently, rural people obviously choose traditional health treatment as to go to modern institutions, needs accessibility of transportation, cost and resources and resultantly it moves the attention of indigenous people towards traditional health treatment. Furthermore, the family members that reside in this system are influenced by the culture and its standards because our culture is patriarchal in nature. The majority of traditional families are part of larger families that are firmly ruled by their elders and ancestors. Thus, it affects the viewpoint and health-related beliefs of the other participants. The big family size and a few earning hands also contribute in going for traditional health treatment. The positive experiences of forefathers and the elders of family and the relatives through indigenous way force generations and the other member of the family to get Traditional health treatment, because the younger members and the other members of the family are dependent on them in socio economic matters. These families live in traditional environment since ages and they are very strict and rigid in following cultural patterns and its norms. The forefathers and other elders have strong association with traditional healers and they have many positive experiences with them regarding health recovery, therefore, they blindly practice traditional health treatment. Further, the families living in rural localities belong to proletariat backgrounds and some of them are very poor. Due to their financial situation, they are forced to use inexpensive methods of healthcare. Modern medicine requires expensive lab work, x-rays, and medication, which people with low salaries frequently cannot afford. As traditional health treatment is very cheap therefore traditional families prefer it. Further, due to poor socio

economic status, these very families do not educate their members therefore; the majority population of villages is uneducated. They don't have intellect to seek the real cause of their disease. They don't have knowledge regarding the severity of the ailment as they just want the rapid relief from the disease. Due to the lack of knowledge, these uneducated people ignore the side effects of some wrong traditional treatment from quacks. Due to their lack of education and confidence, individuals feel unprepared to deal with medical professionals. They hesitate to describe their health problems. They are sensitive in interacting modern health providers; whereas, they feel friendly and comfortable with traditional healers. For indigenous people, traditional health care provider listens to them carefully and satisfies them psychologically; but modern health provider does not give equal time to all patients, creates distance as well as discriminates patients on the basis of socio economic status. A modern health care provider only prefers his/her monetary benefits and because of such gaps, indigenous people create strong connotation with traditional health care providers. In summary, there is a clear and significant correlation between the behavior of seeking medical attention and the factors that lead to the use of indigenous medical treatment. These factors include cultural norms, traditional families, socioeconomic status, educational attainment, and the relationship that the patient has with the healthcare provider that influences the patient's decision to receive indigenous medical treatment.

Suggestions

After concluding the present research the researcher wants to suggest:

- The researchers in the light of findings, suggests that the cost of modern medicine should be less. Doctors should equally treat all type of patients. They should not create distance among them and use such terminologies and language which is understandable for common man.
- Medicines should be used which have no side effects on patients. It is very useful to improve the standard of modern medicine.
- The present research reveals that it is a doctor's behavior which forces a patient to go to traditional practitioners. If the doctor satisfies the psychological needs, the patient will automatically utilize the modern medicine.
- The medical outlet should also be established in small town and villages (rural areas) of country and doctors should be available there. So, the patient may go there for the modern medical treatment.
- This study is conducted in rural area. The comparative study can also be conducted on similar topic with the same research questions in urban locality. This can differentiate the belief system of people in urban and rural areas at the same time.
- An interview guide was employed as a data collection strategy in the current study. It is suggested that participation observation might be an appropriate method to know the real state of people's condition in illness by observing them.
- The researcher strongly feels that if this type of study is conducted on national level with the support of government, it can be very useful in improving the health conditions of the country.

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