Socio economic determinants of ethno medicine:

a case study of Rawalpindi

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1. INTRODUCTION

All models of medicines are based on sciences which,

In turn, are based on an underlying world view that

It was formulated

-Lonnie Jarett, Nourishing destiny

Ethno-medicine is a field of medical anthropology which deals with study of traditional medicine preparations with written sources which are Ayurveda, Traditional Chinese Medicine as well as those, whose practices have been orally transmitted over a time of centuries. It deals with the firm beliefs and the cultural practices in order to treat the disease which are not derived from modern medicine but is strongly bonded with healing. There is no society who lacks their traditional beliefs and practices for the cure of a disease. When we talk about comparison between ethno medicine and modern medicine then we can see that: Traditional medicine is more in accordance to religion and people having its knowledge are generally of old age while the modern medicine considers the disease only.

Traditional medicine (TM), variously known as ethno-medicine, folk medicine, native healing, or complementary and alternative medicine (CAM), is the oldest form of health care system that has stood the test of time. It is an ancient and culture-bound method of healing that humans have used to cope and deal with various diseases that have threatened their existence and survival. Hence, TM is broad and diverse. Consequently, different societies have evolved different forms of indigenous healing methods that are captured under the broad concept of TM, e.g. Chinese, Indian and

African traditional medicines. This explains the reason why there is no single universally accepted definition of the term. This notwithstanding, one of the most acceptable definitions of TM has been provided by the World Health Organization (WHO). According to the World Health Organization, TM is "the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses" (WHO,2000). Traditional healer, on the other hand, is "a person who is recognized by the community where he or she lives as someone competent to provide health care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices" (WHO, 2000).

Every culture, irrespective of its simplicity or complexity has an inter-related set of beliefs and practices regarding health and disease. These beliefs and practices may appear primitive from the vantage point of modern medicine but they are certainly not worthless because the different traditional practitioners who have been providing health care to their community have stood the test of time and have survived even in the midst of modern medical practices. This ethnographic research deals with the in-depth knowledge about the socioeconomic determinants of health and ethno medicine. This research is a case study of Rawalpindi district. The data was collected from patients as well as the herbalists through in-depth interviews. It conducts the description about the people‟s belief in herbalists and in our native language we call them *hakims.* There are many kinds of traditional healers but my major focus are the herbalists‟‟ which are known as hakims. The emphasis is on the socioeconomic determinants of health and the significant role of the herbalists. The plants grown for medicinal and aromatic purpose are a part of the global heritage. The study about

ethno-medicine enables us to acquire knowledge about consumable medicinal herbs that can be used domestically as well as for treatment of different diseases. Despite of the fact that the modern medicine has formed the basic foundation of the treatment strategies, ethno-medical approach still has much importance especially when it comes to rural, remote, backward and tribal areas and it work wonders in some cases. People also trust the quacks even more than physicians because they claim that their products are derived from medicinal herbs hence they are free of any side effects and it is also cost effective (Grant, 1988).

Socio economic determinants are the conditions in which people live, they born and they grow up. It also includes their way of living, the way they carry out their work and their age. These conditions are responsible for a person‟s health and vulnerability to diseases and they may vary by wealth social status and their gender. As a result of socioeconomic conditions people with different diseases experience different kinds of barriers in accessing cost effective preventions , in time detections , diagnosis treatment and care , particularly in developing and underdeveloped countries. Socio economic inequalities expose people to main risk of having different diseases including their poor diet and nutrition, physical inactivity, tobacco consumptions and other harmful addictions (WHO, 2015).

Traditional Medicine covers various practices usually with contradictory distinctiveness. It is used to describe a variety of health practices which is home-grown to the people who use it and which forms a part of a wider belief system widespread in that community and is historically developed. The diversities in traditional medicine can be understood to a degree from a historical point of view as well as from various beliefs of health and illness. Various systems of traditional medicine exist in different parts of the world. In the Americas and Western Europe, it

is referred to as complementary and alternative medicine (CAM) and therapies (Bodeker, 2005) or non-conventional medicine. As a result of the diverse nature of traditional medicine several definitions have been proposed.

1.1. Statement of the problem

The aim of the study is to find out the perception and understanding of the natives towards the ethno medicine as well as to dig out the socio economic determinants of the ethno medicine. Furthermore it will explore the trend of using the herbal medicines as well as it will help us to unshackle that which socio economic class is more into visiting the traditional healers and hakims. The practice of using the herbal medicines has been a concern of many studies in different dimensions. This study particularly aims at finding out those social and economic factors by which people are more inclined towards using the herbal medicines.

1.2. Research Objectives

1. To explore the natives perception and attitude towards the herbal medicine.

2. To find out the socio economic determinants of herbal medicine.

1.3. Operationalization of the Terms

1.3.1. Socio economic determinants

Socio economic determinants are the factors which combine together to affect the different domains of life of the individuals and communities. In this study socio economic determinants will focus on those factors which affect the people"s

preference towards the specific mode of treatment. The factors which are involved in forcing the people towards the herbal medicine treatment.

1.3.2. Ethno medicine:

Ethno medicine refers to the study of traditional medical practice which is concerned with the cultural interpretation of health, diseases and illness and also addresses the healthcare seeking process and healing practices (Williams, 2006).

Ethno medicine includes all sorts of faith healing, acupuncture, ayurvedic medicine and many others. In this study the ethno medicine is basically focusing on the herbal medicine. The treatment sought by the hakims or herbalists.

1.4. Significance of the Study

The study notably falls in the domain of Medical Anthropology and the current research will present the novel information about the social and economic determinants of ethno medicine that are the basic causes that why people use herbal medicines instead of the allopathic medicines. This study will give a basic perception of people about traditional healing system and that why they prefer this system over complementary and alternative medicine (CAM). The majority of the past researches related to ethno medicine focus mostly on the different types of traditional healing systems which mostly include faith healing, Amulet, Accupuncture, Going to a Hakim. Etc. But this study particularly focuses on those socio economic factors which push people towards traditional healing instead of the western medicine.

1.5. Outline of the Thesis

Each of the following chapter is highlighting specific aspect of the study and concludes with brief arguments of prominent content.

Review of relevant literature is in chapter 2 which is not only related to the socio economic determinants of ethno medicine but also about the traditional healing systems and humoral pathology as to engage the reader in other dimensions of the research. Chapter 3 sketches the research settings to justify the authenticity of empirical data and to validate the use of ethnographic technique for the study. Chapter 4 gives us the detail about the socio economic determinants of ethno medicine. Chapter 5 is highlighting the perception of people about the traditional medical system and the reasons that why they prefer this system over the other medical systems. Chapter 6 consists of analysis and discussion about the findings and the determinants that impact the use of traditional medicine.

2. LITERATURE REVIEW

2.1. Traditional medicine

Traditional medicine talks about health practices, approaches, knowledge and beliefs including plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied especially or in combination to treat, diagnose and prevent illnesses or maintain well-being." Further the term complementary and alternative medicine (and sometimes also non-conventional or parallel) are used to refer to a broad set of healthcare practices that are not part of country‟s own tradition, or not integrated into the dominant healthcare system. Based on this broad definition it may be hard to find a region without some form of TCAM practice. As per the context in which it is practiced or the form of knowledge, often it is called in various ways such as traditional medicine, alternative medicine, complementary medicine, natural medicine, herbal medicine, phyto medicine, non-conventional medicine, indigenous medicine, folk medicine, ethno medicine etc. Chinese medicine, Ayurveda, Herbal medicine, Siddha, Unani, Kampo, Jamu, Thai, Homeopathy, Acupuncture, Chiropractic, Osteopathy, bone-setting, spiritual therapies, are some of the popular, established systems. Several classifications have been attempted for defining and classifying traditional medicine. It is pointed that there is no homogenous body of medical thought and practice which can be put under one name. World health organization also makes a similar remark that the term alternative refers to large heterogeneous categories defined by what they are not than what they are (Payyappilimana , 2009).

Traditional Medicine, as a major Asian socio-cultural legacy, visibly in survival for more than a hundreds of years, was once believed to be primitive and mistakenly

confronted with hostility, especially by extraneous beliefs, courting back to the expatriate days in Africa and later by the conservative or conventional medical consultants. However today, Traditional Medicine has been brought into focus for reaching the goals of a extensive treatment of primary health care delivery, not only in Asia but also, to various extents, in all countries of the world. Traditional Medicine is the foremost healthcare treatment for at least 80% of Asians who suffer from high fever and other common sicknesses (Elujoba , 2005).

Traditional medicine (TM) is due a revival. For millennia, people around the world have healed the sick with herbal or animal-derived remedies, handed down through generations. In Africa and Asia, 80 per cent of the population still uses traditional remedies rather than modern medicine for primary care. And in developed nations, TM is rapidly gaining appeal. Estimates suggest up to 80 per cent of the population has tried a therapy such as acupuncture or homeopathy. And a survey conducted earlier this year found that 74 per cent of US medical students believe that Western medicine would benefit by integrating traditional or alternative therapies and practices (Abbott,2010).

The folk knowledge traditions which are mostly orally transmitted, are more diverse, ecosystem and ethnic community specific with household level health practices (home remedies for primary health care, food recipes, rituals, customs), specialized healing traditions like bone setting, poison healers, birth attendants, veterinary healers, general healers etc. These are generated over centuries by communities and use components of ecosystems plants, animal and mineral/metal derivatives that are primarily locally available, easily accessible and often cost effective. It varies hugely owing to social, ecological and historical circumstances. Hence, countries with similar

ecosystems are often found to nurture similar health practices indicating the strong linkages between environment and health. These are also known as indigenous medicine, ethno medicine, bush medicine, little traditions etc. In most countries where traditional medicine is not formalized, it largely remains in the non-codified folk knowledge form. Diversity, collective ownership guided by customary laws, adaptability to changing contexts and oral transmission are some of the prominent characteristics of this knowledge. Unlike common understanding, it is highly dynamic thus contemporary and not pertaining to a period in time. While knowledge generation and transmission might vary with cultures, there are several similarities in the value systems and modes of transmission of knowledge among communities. Often it is not recognized as valid knowledge by scientists as it is combined with beliefs and values (Bodeker , 2007).

2.2. Health and Traditional Medicine

Health is not only related to medical care but an integrated development of entire human society. Health is one of the prime concerns of mankind. Health is a pre-requisite for human development and is essentially concerned with the wellbeing of the common man. Quality of health care, health orientation and social protection of health in a population affects the development of any nation. As far as an organic linkage with the rural health is concerned, there is no basic service for an inclusive health interference effort to understand health culture and health behavior of rural people from the larger perspective of social determinants in developing a model of culturally suited health care delivery system. Normally, the context in which an individual lives (socio-economic) is very vital and significant for his/ her health status and quality of life. There are some external determinants which can decide the health

status of any person including social environment, health culture, hospitals, doctors etc. Also it significantly depends on some internal factors including his / her health culture, education, health practices, etc. This paper based on field work experience reveals how social determinants are responsible for various health related problems of the rural people and focuses the need of developing Social Determinants of Public Health Care mechanism. (Nanjuda, 2013).

Ethno medicine is a branch of medicine dealing with the cultural and social analysis of disease and its nature and also aims towards the health care seeking procedure and treatment practices. Research in the field of ethno medicine has increased exceedingly in the last ten years. It basically requires the understanding of population‟s approach of how they can identify the disease, which attracts them towards the quacks and how effective their treatment regimen is (Krippner, 2003).In 2016 about 80% of the world‟s population entrust on the herbal extracts for healthcare and control of diseases. Among the top list 150 drugs used in the south Asia, 57% of the drugs contain at least one active ingredient obtained from plants (Setzer, 2006).

Today, ethno medical practices are a part of every man‟s life in such a way that the natives use the term “Traditional” to elaborate the ethno medical practices that are truly universal. In North America, Caribbean and Europe the return to the traditional prospect of healthcare is easily accessible to all social classes (Lowe, 2000).

Access to health services in low- to middle-income countries is often limited (especially in rural and remote regions). Traditional medicine (TM) and traditional healers (TH) – those health care practices, treatments and providers that are indigenous to the culture and which have historically operated predominantly outside the state-funded healthcare system as well as beyond the practices and curriculum of

the dominant medical profession– are an important, popular component of health seeking and treatment for many people in low to middle-income countries in Asia-Pacific, as elsewhere. TM/TH is often utilized by the general population on a regular basis for maintaining health and/or for both chronic and acute diseases. The vast majority of TM/TH use is prior to or in the absence of conventional medical services. One study has shown TM/TH users are likely to be women, university graduates or low-income respondents. In contrast, other studies have found men more likely to use TM/TH than women or have identified no relationship between age, education, and income and TM use (Suswardany, 2015).

The apparitional areas of disease and health has been an integral part in the field of ethno medicine for ages, an aspect which is completely ignored by medical practitioners, because of the hurdles and difficulties involved in confirmation of its success using scientific methodologies. The ethno medicine has two broad categories of disease origin – natural and un-natural (supernatural) causes. Natural illness deals with the illness related to non-personal aspects, which means the disease occurring due to the disturbance of normal homeostatic balance of the human body. Un-natural illnesses majorly deals with two types. The first type includes spectral powers which are due to evil spirits using divination. While the second one includes apparitional causes which are the penalization for transgress, violation of nature, from God Almighty (Foster, 1976).

According to WHO, ethno-medicine is getting popular at an exponential rate and its consumption is also growing in the industrial states of the world.80% of the African and Asian people use this folk medicine for the cure of their diseases as reported in 1983.While when we talk about the highest rate of traditional medicine consumption then we found that India is on the top of the list.11.7% of the Indian population

reported that in the previous three years they have been consuming herbal medicines for curing their diseases while 19.0% of the population has been consuming this traditional medicine since 12 months (Oyebode, 2016). Although the traditional medicine is less frequently being used than commonly reported as for many of the serious illnesses people seek an appropriate medical attention first in order to get treated according to the modern medical techniques and modern medicine.

There is some debate about whether Indigenous Knowledge is a term that can be used interchangeably with Traditional Knowledge (Geest, 1990). this debate, particularly in the context of documenting Indigenous Knowledge: Indigenous knowledge defies simple definition despite contentious terminology, Indigenous knowledge is understood to be the traditional knowledge of Indigenous people. This debate aside, it is important at this point to differentiate programs that use traditional knowledge from those that use forms of cultural mediation. „Culturally appropriate" programs are not the same. This term usually refers to adaptation of non-Indigenous values and behaviors to improve the difficulties in communication and understanding that occurs at the interface between cultures. The integration of Indigenous knowledge into learning is done from within a non-Indigenous worldview, not from an Indigenous worldview. What may be required then is integration from an Indigenous perspective (Nambiar,2007). What is clear though is that both ways learning approaches, while drawing on and respecting traditional knowledge, are not grounded in traditional knowledge. In the field of Natural Resource Management (NRM) there are numerous examples of the use and incorporation of Indigenous knowledge into scientific research and practice (Terasawa, 2004).

2.3. Ethno medicine and culture

Ethno medicine is believed to emphasize on the understanding of illness in relation to the cultural definition and how those illnesses are treated based on cultural practices. This approach allows for the comparison of defining what ach culture constitutes as a disease and illness and how multiple approaches to the topic affects each individual‟s physical being. We seek medical treatment from different people we do share a common goal of getting help from some one that is known within the community as a respected member that possesses the ability to enable better health . The way that we experience disease and illness is different because of our differences in cultural representation.Disease and illness fall under the umbrella of sickness but each one has different constructs of sickness. The disease aspect is the outward expression of your physically altered state whereas illness is our individual interpretations of physical ailment (Harrison, 2012).

Prior to the introduction of the cosmopolitan medicine, TM used to be the dominant medical system available to millions of people in Africa in both rural and urban communities. Indeed, it was the only source of medical care for a greater proportion of the population (Romero, 2002). There are strong indications that traditional health care systems are still in use by the majority of the people not only in Africa but across the world (Abdullahi, 2011).

Since the early days of anthropology, the topic of ethno medicine, or the study of cross-cultural health systems, has been a focus of study. A health system encompasses many areas: perceptions and classifications of health problems, prevention measures, diagnosis, healing (magical, religious, scientific, healing substances), and healers. Ethno medicine has expanded its focus to include topics such as perceptions of the

body, culture and disability, and change in indigenous or “traditional” healing systems, especially as resulting from globalization (Mccallum, 2005).

In Australia the Aboriginal and Torres Strait Islander Healing Foundation Team (2009), citing Phillips and Bamblett (2009 state that healing is „a spiritual process that includes addictions recovery, therapeutic change and cultural renewal“. The group points out that: therapeutic change means dealing with trauma in a safe and culturally-appropriate environment. Cultural renewal means strengthening and reconnecting with identity, which may include language, dance and song tells us about the healing process among males in Kimberley, shows „living healthy is directly related to of harmony that“s present among bodily, social and apparitional facts“, the bodily along with the social, the kurrun among the outer world .The studies related to the traditional methods of treatment are more about religious believes about wellbeing in comparison to the approach adapted by most of Western medical prototypes(Horn 2008). Spiritual and emotional issues are frequently mentioned in addition to mental and physical health, the emphasis is often on families and communities as well as on individuals and in perhaps the greatest deviation from western models, there are many examples which mention the healing required by those who have hurt others, as well as those who have been injured (Archibald 2006).

In order to restore balance and harmony, which are important values. A frequently cited definition of „health“ in an Australian Indigenous context was used by the National Aboriginal and Islander Health Organization (NAIHO) since 1982 and more recently by the National Aboriginal Community Controlled Health Organization (NACCHO): Health does not just mean the physical well-being of the individual but

refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities. More recent examples often put greater emphasis on healing from trauma than the definition above: Healing to me is being able to come to terms with the trauma I‟ve experienced throughout my life, and the fact I cannot change what has already occurred, but I can start to connect with my spiritual self and take the time I need by myself to discover what the road ahead has in store for me. Healing is a letting go - physically, mentally, emotionally and spiritually - of our hurt - the hurt that has been inflicted upon each of us, the hurt that we have inflicted on others. Healing occurs throughout a person‟s life journey as well as across generations. It can be experienced in many forms such as mending a wound or recovery from illness. Mostly, however, it is about renewal. Leaving behind those things that have wounded us and caused us pain Healing gives us back to ourselves (Mackean 2009).

The Indian Health Service of the United States combines many of these features in its definition of its primary, secondary and tertiary health responses for millions of American mainland and Alaskan Aboriginal people. It presents as its mandate that it prevent, slow the development or reduce the impact of imbalance or disharmony of body, mind, and spirit in individuals, families, communities or [Aboriginal] nations and in the living environment (Smith 2009). Finally, forgiveness or acceptance is sometimes cited as an important component of healing by Aboriginal respondents.

2.4. Medical pluralism

Social scientists use the term medical pluralism to refer broadly to health care practices across more than one health care system (Baer, 2008). Minocha (1980) considers medical pluralism to mean the coexistence of multiple medical systems, such as folk, traditional and scientific medicine within one overall system. Hsu (2008) states that medical pluralism "implies that in any 2 one community, patients may resort to different therapies even when these have mutually incompatible explanations for the disorder" (pg.316).

The changing character of traditional medicine in rural and urban areas. It is argued, that the quantity and quality of health care is adversely affected in communities where there are declining numbers of traditional health practitioners. Conversely, where traditional medicine has expanded and developed as an „informal sector" activity, it is more complementary than competitive with biomedicine and has an underdeveloped potential to promote improvements in personal and community health. Popular knowledge of healthcare should still be the first priority, showing that it is neither ethical nor wise to impose a single choice of health care on people (Good, 1987).

Medical pluralism, the use of more than one health care resource, appears a universal phenomenon. „Traditional medicine" cannot be thought of as a unified entity but is used to describe a whole range of healing practices, however, substantial evidence exists testifying to the efficacy of much of such different practices, albeit iatrogenesis is a concern relevant to traditional as well as allopathic health care. It is proposed that collaboration between allopathic and traditional medicine (which is encouraged as part of the primary health care approach) is important not only because of the efficacy and wide use of traditional medicine, but also for its potential of improving both

allopathic and traditional practice toward the ultimate purpose of improving health by developing a more holistic approach to health care. Some obstacles to the possibilities for collaboration as well as for the implementation of primary health care are mentioned (Phillips, 1992).

2.5. Traditional Medicine and Healing

Being “healed” means living in peace, living in acceptance and not judging anyone. The only way to resolve the pain that comes from living in the past is acceptance and forgiveness. Lane says that he used all types of healing procedures, but he didn‟t recover until the moment he saw all the things that occurred for his recovery as a great gift (Lane, 2002).

There has recently been growing interest within mainstream western medicine of the potential impact of religion and spirituality on healing; to date this has almost entirely emphasized Judeo-Christian traditions. Even in Australia, the links between Aboriginal spirituality and healing are overlooked surprisingly often by medical researchers looking at the interactions between spirituality and medicine (Sternthal, 2007).

By the definitions of „traditional‟ or „Aboriginal‟ healing we can analyze that still many Western world thinks that healing and treatment are all the same thing. Indeed, the World Health Organization notes that traditional medicine is used to refer to traditional Chinese medicine, Indian ayurveda and Arabic unani medicine, as well as to various forms of Indigenous medicine around the world. Traditional medicine accounts for approximately 40 per cent of health care in China, and 80 per cent in Africa, with methods including herbal medicines, the use of animal parts and/or

minerals, manual therapies and spiritual therapies to maintain well-being, to diagnose and treat illness (WHO, 2002).

Many of the researches demonstrate healing as an aspect of practice which includes the information that what where and how it is being done. We acknowledge that these perspectives may well be incomplete. This is the reason why every aspect healing should be considered. While we recognize the importance of these viewpoints, our focus for now is more on a limited range of literature that is methodological and pragmatic in nature and which is admittedly more aligned with a predetermined set of beliefs, knowledge and identities. Although there has recently been growing interest within mainstream western medicine of the potential impact of religion and spirituality on healing, to date this has almost entirely emphasized Judeo-Christian traditions. It is something unpredictable, as there are two teams in the population who shares an unbalanced idea of healing Even in Australia, the links between Aboriginal spirituality and healing are overlooked surprisingly often by medical researchers looking at the interactions between spirituality and medicine(Sternthal, 2007).

There are many diverse healing traditions in Aboriginal communities, and the literature stresses the importance of recognizing the diversity of responses to healing in different communities, each with 9 their own needs, capacities and traditions (Putnis, 2007).

An important distinction has arisen more recently, between „traditional" healing methods, which have been practiced for centuries and may require many years of study, and „experientially informed" healers, where the healer may have gained skills in dealing with their own trauma and now wishes to use culturally embedded methods to help others. Similarly, there are long-established healing methods in east Arnhem

which are still practised by Yolngu healers, and which require specialized training and experience to use Communities where post-colonial experiences have devastated transmission of cultural knowledge are unlikely to retain the degree of healing knowledge required for such extensive and rigorous ceremonies, although it is attested in the literature that even in difficult circumstances, more cultural healing knowledge is retained than may be obvious to an outsider (Phillips, 2003).

The use of traditional healing practices may be more common than is realized, at least in both South America (López, 2003) and North America. In some areas of the country and within some Aboriginal communities, traditional healing practices remain very strong. There are traditional "treatment centres" which are being run with no external funding, no staffing or administrative structures and which are undocumented, often at the homes of healers. Many people have the perception that would get healed when they will participate in some cultural activity (Lane, 2002).

There are some cultures where some healing traditions have been lost, there are many good examples of the „experiential" approach, essentially creating a new approach to Aboriginal healing in devastated communities, typically through ceremonies of „mutual care" (Atkinson 2002) often combined with Aboriginal ceremonial elements and underlain by experience in overcoming one"s own traumatic experiences. Such concept is given more importance in comparison with any other treatment or healing style. So to bring in a therapist, a non-aboriginal therapist who's never gone through what we've gone through, while I can appreciate their value and I respect what they have to offer, they will never connect to what we've come through. So i"ll give priority to the person who has experienced the same things I've gone through I really take exception to those people when they start saying you have to have formal

education, you have to have a clinical background, and you have to have all these things before you can start helping people (Nakata, 2002).

There have been documented cases where this healing approach has had remarkable results, as in Alkali Lake, or Esketemc: 10 In the mid-1980s, the community made a dramatic shift from a situation in which virtually every man, woman and child over twelve years of age was a practicing alcoholic, to one in which ninety-five percent of the population practiced sobriety. The community did not stop there. In Aboriginal communities both traditional and new ways of treatment are being used (Fletcher, 2008).

Multiple methods are common, and there are also many cases where Aboriginal healing techniques traditionally used in more restricted geographic areas are now being used more widely (Archibald, 2006). A variety of factors (the prohibition of traditional practices, the movement from traditional territories to urban centers, the development of an inter-tribal indigenous identity, etc. have led to a growth in cross-cultural healing symbols and practices (many of which have been adopted from Plains cultures. As Aboriginal cultures have undergone massive transition, so too have many healing practices (Lane ,2002).

Perhaps the single strongest claim in the literature is the importance of re-connecting to one‟s own cultural traditions; indeed, in many cases it appears that „recovery‟ is equivalent to recovery of one‟s lost cultural identity and that this is vital to healing. The answer to improving the health of indigenous people may lie less in increasing their access to modern health services and more in their rediscovering cultural values and ways (Smith, 2003).

Probably for such reasons, Canadian Aboriginal communities are increasingly adopting the „Culture as Treatment" healing model across that country, sometimes in favor of more traditional local approaches, due to their perception of its special effectiveness Healing places The term „Aboriginal healing centre" is used in many different senses in the literature, ranging from frankly entrepreneurial centers that combine New Age techniques with Aboriginal healing practices and may or may not be headed by an Aboriginal person, to centres specializing in western style 12 medicine but in a facility designed for use by Aboriginal clients, to places offering solely traditional healing practices. In many cases, traditional healing may be offered in private homes or in community buildings not necessarily called „healing centers (Lane , 2002).

Hospital and clinics owned and operated by Aboriginal people may offer western medical equipment and procedures, but the facility is often designed to look and operate different from a mainstream hospital or clinic, perhaps with family spaces (for extended family of well of over a dozen people), „talking rooms", incorporating local motifs, open spaces that do not separate healers from patients, and other culturally friendly features (Towne, 2009).

It has proven difficult to find good sources listing Australian Aboriginal healing centers. Even discussion papers and reports on the potential for Aboriginal healing provide little in the way of such information (Aboriginal and Torres Strait Islander Healing Foundation This may again in part reflect the difficulty of defining an „Aboriginal healing place" but may also reflect the lack of strategic attention to date paid to such facilities at a national level. 3.5 Healers The literature offers far more on the healing experience from patients" perspectives than can be found on healing from the traditional healers" perspective. However, a number of important themes emerge,

including contrasts between the approaches taken by traditional healers and most modern doctors, the need to sustain Aboriginal healing knowledge by passing on information, the need to care for healers, and to importance of distinguishing between genuine healers and self-proclaimed „healer" charlatans. The relationship between patients and their Indigenous and traditional healers differs from the patient/doctor relationship in most modern western practices (Ryan,2006).

Traditional healers probe deeply into the patient's social and psychological wellbeing in addition to the history of the present illness. They already know or are prepared to learn about the context of the patient's life, such as his or her social and economic status, attitudes, beliefs, hopes, and fears. There is a strong bond between the healer and it"s native land (Arbon,2003).

The healing strength depends upon the native land of the healer". Looking at the enlisted health issues". These healing procedures are covered in, commenting on the connection between healthy country and health initiatives points to the need for „recognition of the central importance of land to Indigenous peoples" identity, spirituality, community and culture". Sharing healing knowledge is also an issue, both for lateral knowledge transfer and for intergenerational transfer, as the following quote from a Canadian context confirms. Talk of "knowledge transfer" and the "exchange of best practices" has become, of late, very much the talk of the town the prospect that useful knowledge might flow "up-hill," or even laterally from community to community is ordinarily excluded from the realm of conceivable or legitimate possibilities (Lalonde, 2006).

In New Zealand, healers are trying to improve opportunities for „side-by-side learning" to ensure transfer of information by those who possess healing knowledge

before the healers pass on. Intergenerational transmission of healing knowledge also emerged as an important issue in the literature. Knowledge of this sort is traditionally guarded in many societies and is not shared lightly. However, even well-established healing traditions such as those on the Navajo Nation are finding it difficult to get young people willing to put in the years of work required to become a qualified traditional healer, and a school for traditional healers set up with the support of Cornell University did not produce the results expected (Iris ,1998).

Maori healing is being incorporated into mainstream health delivery, workshops with traditional healers revealed their difficulties with overwork and/or ageing. Maori traditional healers are therefore currently looking at practice-based/internship-style training with candidates selected by older practitioners based on the particular attributes they display. Caring for healers also emerged as an important issue. „Much sick leave and workplace conflict is directly linked to unrecognized, untreated vicarious trauma" (Chansonneuve, 2005).

Success, paradoxically, can increase the danger if: successful recruitment campaigns and community "readiness" magnified service demand and excessively strained the healing team supporting disclosure requires follow-up and aftercare. In Canada, the Aboriginal Healing Foundation and other organizations have helped to support Aboriginal healers, but for all traditional healers and perhaps especially for those who gained their skills through dealing with their own traumatic experiences, there are serious issues around self-care for healers. Finally, the literature notes the need to distinguish between qualified healers (although this is unlikely to be a paper qualification and those who should not be accessed. In countries such as South Africa and New Zealand, formal organizations are being developed, where membership will signify adequate qualification, typically gained through years of apprenticeship to a

recognized healer. It is more difficult to achieve such as result when working with healers who have gained their skills through their own experience of working though their own trauma. In such cases: First and foremost, there appears to be solid consensus that the Survivor must be known as a model of healthy behavior or successful healing. The Survivor‟s role as a healer is bestowed or created through the recognition and respect of others who believe in the Survivor‟s healing ability. In other words, exercise extreme caution when dealing with self-proclaimed "healers." (Kishk, 2006).

„Healers" still grappling with their own injuries, who have unresolved legal issues, or are themselves involved in perpetrating violence and abuse, are considered dangerous. However, as discussed in the final section below, there are challenges in trying to use a western-style accreditation system with traditional healers.

2.6. Theoretical Framework

Anthropology has traditionally focused on tribal cultures, traditional healers and healing rituals set in a framework of cross-cultural comparison. It is only recently that anthropologists have turned their attention to the field well-known to sociology i.e. complex societies, biomedical institutions, and doctor-patient relations, penetrating it with its well-grounded research methods. Today, the scope of interest for medical anthropologists includes such themes as: culturally sensitive concepts of body and health, experience of illness, medical pluralism, biomedicine, complementary and alternative healing methods, economies of health, or cosmopolitan biomedical culture. From the outset, medical anthropology has been largely critical to biomedicine for its reductionist and nonhuman character. The discipline channeled its efforts to expose the significance of the social roots of a disease and the meaning that experience of

illness has for its sufferers. In this paradigm, complex societies are imagined as functioning in a state of medical pluralism(Cant , 1999) which implies the „existence of diverse standards of medical knowledge, functioning of different explanatory systems and healing traditions, where transactions between patients and healers are imagined as complex transactions among systems of meaning, technologies and power"(Delvecchio,2000).

2.6.1. Culture Interpretivist approach

Meaning centered approach introduced by Arthur Kleinman highlights the socially constructed character of people"s experience of health and illness. One of the main contributions of medical anthropology to health studies was the introduction of the analytic distinction between illness and disease (Kleinman,1980). „Disease" is defined as „the practitioner"s construction of patient complaints in the technical terminology of a particular healing system" (p 230 Kleinman,2000); this means that in both biomedical and non-biomedical healing systems there emerge specific definitions of disease. Disease functions here, as an explanatory model belonging to the specialized culture of medicine. Baer clarifies that disease is known both to the healer and sufferer through a set of interpretative activities, i.e. the interaction of biology, social practices, and culturally-constructed frames of meaning, which lead to the construction of clinical realities(Baer,2003). Patient-doctor communication therefore remains crucial for the way in which people live through illness and imagine health. This communication is dependent on many factors which are researchable, and is prone to changes, among others, through such techniques as designed educational projects for doctors. „Illness", on the other hand, is defined as „a person"s perceptions and experiences of certain socially disvalued states, including, but not limited to

„disease" (Young, 1982). Here, we can trace a growing fascination with patients" worlds and ways in which they live through illness. As a consequence of this distinction, there follows an anthropological focus on in-depth exploration of personal narrative experience of illness (Skultans, 2007).

2.6.2. Critical medical anthropology

The aim of this form of anthropological approach is „an examination of contending forces in and out of the health arena that impinge on health and healing" (Baer, 2003). In this sense, the approach corresponds with Andrzej Wojtyła"s remarks recognizing the significance of the political system as a factor shaping differences in health (Wojtyla, 2011). Analysis undertaken in this stream is tailored in particular for understanding the dynamics of the capitalist societies and post-colonial areas. The underpinning belief is that „in capitalist societies, achieving health entails a struggle against class-dominated powers that do not exist in indigenous societies" (Baer, 2003). Health care systems are defined outside the health sector by dominant social groups, including large corporations or insurance companies (Baer, 2003). This approach allows for looking critically at the health related issues with a broader framework in mind, acknowledging such processes as globalization of biomedical cultures, as well as transcultural and local political economies of medicines. Treating the analysis of clinical narratives as an entry point to larger processes. They argue that relationships between clinicians and their patients mediate larger relations of culture, knowledge, and power. Apart from seeing how the process of story-making under condition of changing course of illness furnishes the illness experience with meaning, they treat emerging communication between patient and doctor as a site that mediates transnational relations, biotechnologies, professional cultures and political economies

of health care (Good, 2000). Murray Last argued that: there is usually an uneven distribution of knowledge in a society, and that frequently for anthropological observers it is, becoming ever less certain the deeper we get into it. But some alternatives are more central than others, more closely bound to the central ideology or central system of economic relations, leaving those practices at the bottom of the hierarchy much less systematized than those above, with their patients and practitioners having a less formal set of ethno medical ideas (Litlewood, 2007). In this sense, a truly anthropological endeavor would be to map such hierarchies as present in particular ethnographic context be it a nation State or a specific clinic. Anthropologists will follow ways in which knowledge is distributed within society and how it structures group and individual behaviors.

3. LOCALE AND RESEARCH METHODOLOGY

This chapter deals with the following topics including the locale and the sampling methods.

3.1. Research Setting/Locale

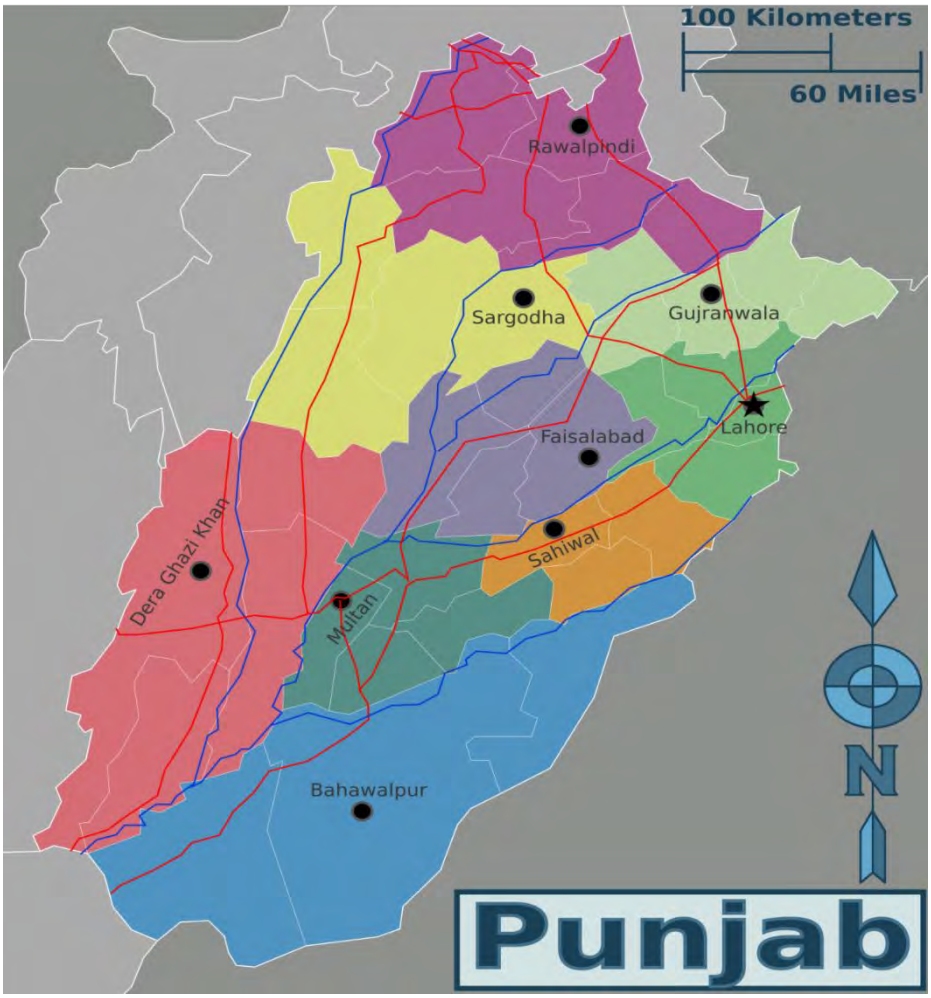
The locale of my research is the area of Dhok Chauhdrian in Rawalpindi which is the city of province Punjab Pakistan. One of the main reasons behind the selection of this particular area was the ease of the accessibility of the participants and the reference. In order to have a good review of this area, it is essential to know the major features that persist in the Rawalpindi district. Dhok Chauhdrian is located in the district of Rawalpindi opposite to scheme 3 along the bank of Nula Lai.

3.1.1. Punjab

Punjab is the most populous province of Pakistan, with approximately 56% of the country's total population. Forming most of the Punjab region, the province is bordered by Kashmir (Azad Kashmir, Pakistan and Jammu and Kashmir, India) to the north-east, the Indian states of Punjab and Rajasthan to the east, the Pakistani province of Sindh to the south, the province of Baluchistan to the southwest, the province of Khyber Pakhtunkhwa to the west, and the Islamabad Capital Territory to the north. The Punjab is home to the Punjabis and various other groups. The main languages are Punjabi and Saraiki and the dialects of Mewati and Potowari. The name Punjab derives from the Persian language the name Punjab derives from the Persian words Panj Five. and Aab (Water), i.e. (the) Five Waters - referring to five tributaries of the Indus River from which is also the origin of the name of "India" - these being Jhelum, Chenab, Ravi, Beas and Sutlej, that flow through the larger Punjab.

Punjab is the most developed, most populous, and most prosperous province of Pakistan. Lahore has traditionally been the capital of Punjab for a thousand years; it is Punjab's main cultural, historical, administrative and economic center. Historically, the Punjab region has been the gateway to the Indian subcontinent for invaders. Punjab has been the cradle of civilization since times immemorial. The historic landmarks standout as a proof of the achievements of the area in learning, arts and crafts (Travelspk , 2009).

Figure 1. Punjab Province in Pakistan

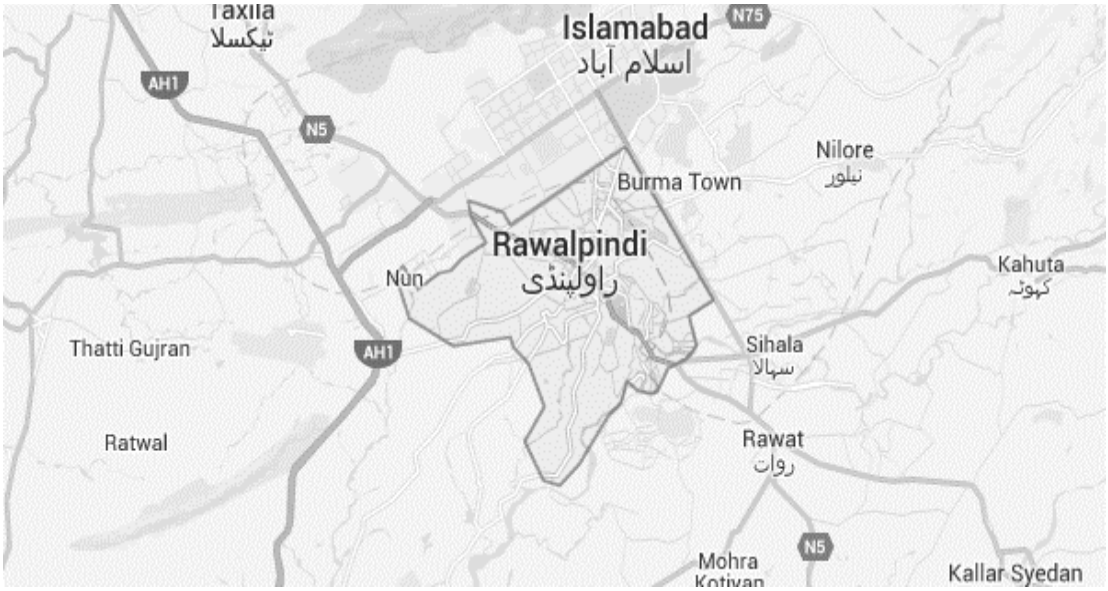


Source: Google Images, 2015, Punjab

3.1.2. General Description of Rawalpindi

The city of Rawalpindi is the twin city of Islamabad which is also called as Pindi. Rawalpindi is situated between Azad Jammu Kashmir and Khyber Pakhtun Khawa. Rawalpindi is 9 miles (14 km) southwest of Islamabad, the national capital in the province of Punjab. It is the administrative seat of the Rawalpindi District. According to its population Rawalpindi is considered as the third largest city of Pakistan. Rawalpindi is an important administrative, commercial, and industrial center.

Figure 2. Rawalpindi in Punjab Province



Source: Google Maps, Rawalpindi, 2016

3.1.3. Economy

Rawalpindi became an economic district during Sikh region. As for as financial system of Rawalpindi is concerned, according to the common exploration of the industry conducted by directorate of industries Punjab, there are present 939 industrial units working in the district. The district is not well known for industrial merchandise

similar to other districts. The advancement is typically in the private zone, people are mostly linked to the government jobs and private businesses. Some people are the daily wagers. But there are few industries s well. Its industries include locomotive works, gasworks, an oil refinery, sawmills, an iron foundry, a brewery, cotton, hosiery, and textile mills. It also produces shoes, leather goods, pottery, newsprint, and tents.

Rawalpindi was incorporated as a municipality in 1867 and it has Ayub National Park, Liaqat Gardens, a polytechnic school, a police-training institute, medical colleges, and several colleges affiliated with the University of the Punjab. Majority of the population living in urban areas is engaged in trade, hotel industries and government services. In rural areas, the source of earning of most of people is through agriculture and dairy farming

3.1.4. Population

According to the 1998 census the population of the district were 3,363,911 of which 53.03% were urban, making Rawalpindi the second most urbanized district in Punjab. The annual growth rate 2.75% whereas the population density is 905 persons per sq. km (Chaudhry, 2001).

3.1.5. Language

Punjabi is the language of people. Most of the people are migrated from different areas of the country as well as from India so multi languages are found across the city(Chaudhry,2001).

3.1.6. Religion

The majority of the people of Rawalpindi are Muslims. There are many mosques in the city. The most famous Mosques are Jamia Mosque, Raja Bazaar Mosque and Eid Gah Mosque which attract thousands of visitors daily. Other minority religions are Christianity, Parsi, Hinduism and Sikhism (Chaudhry,2001)

3.1.7. Education

According to a survey report of 2006-2007 conducted in Rawalpindi the literacy rate is 80%. The literacy rate amongst women was 58%, whereas that of men was 52% (Chaudhry,2001).

3.1.8 Races and Tribes

The population is ethnically and linguistically heterogeneous, Most of the people belong to the castes of Punjabis comprising Rajputs, Pothohari, Satti, Awans, Bhattis, Janjua, Qureshis , Rajpoots , Dhunds and Ghakkars. The other minor groups from different tribes are Kathwals, Paharis, Kashmiris, Pakhtuns, Gilgiti, Muhajirs, Hindkowans, Afghans and Hazaries respectively.As compared to the other areas of Punjab people here have lighter complexions and are not that dark because of the geology of Rawalpindi. Whereas the people from Kpk and Kashmir have much fair complexion, good looks and colored eyes (Chaudhry , 2001).

3.1.9. Crops

Wheat, barley, corn (maize), and millet are the chief crops grown in the surrounding area Islamabad with water.

3.1.10. Flora & Fauna

In Rawalpindi there are irrigated forest plantations which provide a potential habitat for a variety of wildlife species. These plantations are raised after clearing the thorn forests. Though, relics of natural vegetation typical of tropical thorn forest co-exist with irrigated plantation in the form of grooves and patches. However, The trees of *sheesham*(Dalbergia sisso) , *Kikar* (Acacia nilotica) , *Safeda* (Euclyptus) and *popular* (Poplus) are dominated plant species. In some plantations *Mulberry* (Morus Alba)has been planted with sheesham . Shrubs, Herbs and grasses provide the ground cover, giving plantation a multi storey cover (Chaudhry, 2001).

If looking at the animals. Many different species of wild animals and birds are also found. There are many partridges and song birds. Vultures, kites and weaver birds are also found which live in their calls and nests respectively. Rats, mice, porcupines, hare, jackals, dogs, jungle cats, wild bores and deer‟s are also found in various forests and green areas. (Mann,2001).

3.1.11. Climate

The area enjoys all four seasons. Climate of this area is hot in the summer and dry/cool in the winters. The summer season is lengthy which begins in April and continues till October for about seven months, the hottest months are May, June and July. Maximum and minimum temperature during this period is 47 C to 35C respectively. The winter is pleasant: the coldest months are December and January. Most of the rainfalls are during the monsoon season from July to September. The change in season goes unnoticed by the members of community and they enjoy the air of recreation and festivity in both of their public and private spheres. Women are not allowed to move outside so they confine mostly in their domestic sphere.

3.1.12. Dress pattern

The everyday dress of the male comprises of *shalwar* and *Kameez* The elderly people usually put a square piece of cloth called *Parna* on their shoulders in summer to save them from the sun heat. In winters they wear large *Chaddars* made of khaddar to keep them warm and comfortable. The young generation wears jeans and shirts and those who have to go for their job prefer to wear dress pant with dress shirt. The everyday dress of females is printed *Shalwar, Kameez* and *Dopatta* in multiple colors. The

Women prefer to wear cotton. The women wear open slippers while they are busy in their home tasks

3.1.13. Purdah System:

Purdah can be defined as an Islamic tradition of covering women from men or strangers by means of certain all enveloping clothes. In our society, women generally consider covering head as part of Purdah practice. The women and especially young females take long *Chaddars* before going outside and cover themselves from head to toe. With the growing tradition gowns, now women also prefer wearing them especially when going out in markets. The black color is taken as more preferable in gown selection.

3.1.14. Civic Administration

The city of Rawalpindi is devided into 7 tehsils (administrative areas) which are Rawalpindi, Gujar khan, Murree, Kahuta, Taxila , Kotli Sattian and Kalar syedan which was initially the part of tehsil kahuta was upgraded to tehsil level on july 01, 2007 .there are 168 union councils of this district which include 114 rural and 54

urban union councils. This district is also linked with other districts by means of silk road, Grand trunk road (GT road) and rail network (Chaudhry ,2001).

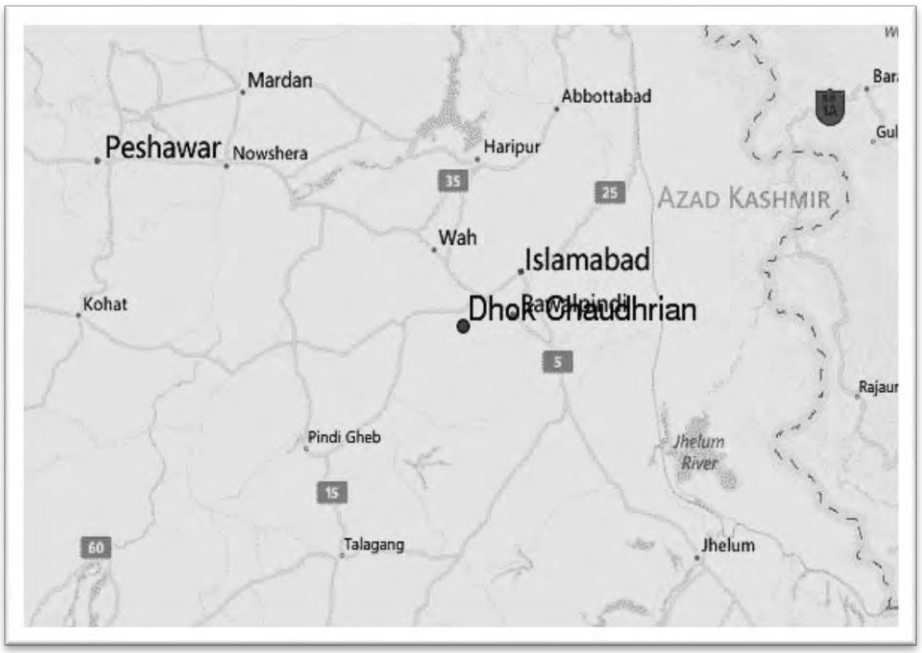
3.1.15. District Health development center

DHDC Rawalpindi was established in 1998 with the support of World Bank at the district health officer office which manages secondary family health projects which are meant to provide trainings on research and development before services and other activities.

3.1.16. Dhok Chaudhrian Rawalpindi

Dhok Chaudhrian is the chosen locale for the research. It is adjacent to scheme 3 which is a very developed area, this area is not considered as a very posh area but people from different socio economic back grounds are residing in this area. The reason for choosing this area is the residents who belong to different caste systems as well as different classes. It is also considered as the oldest area of Rawalpindi.

Figure 3. Dhok Chaudhrian in Rawalpindi



Source: Google Maps, Punjab, 2016

3.1.17. Modern Facilities

3.1.17.1. Water & Gas supply

Though this area is not a very famous and snobbish area, but still it has a very sufficient supply of water and Gas. Though the people face Gas shortage in the winter season but they have never faced the water shortage. There‟s a central water filtration plant in the area. People mostly get drinking water from there.

3.1.17.2. Telecommunication

Pakistan Telecommunication Company (PTCL) offers the main land line networks of telephone in Rawalpindi. Other major mobile phone companies are also providing these services and networks in Rawalpindi which are operating all over the Pakistan.

Many people residing in this area have their own telephone lines whereas the people who do not own any telephone line on their name have their own mobile phones.

Telecommunication in Pakistan is considerably affected by the broadband revolution. Currently, the city enjoys extensive coverage of wifi, WLANs and wimax operators with different broad band companies like Nayatel , Wateen , wi tribe and Qubee etc. DSL internet is also reported to have its major coverage.

3.1.17.3. Cable Services

With the increase in cable services that provide opportunity of watching international channels, cable services are availed almost in every house of this area. The most common cable services used by the residents are telemax cable service and classic cable.

3.1.18. Amenities

3.1.18.1. ATM's (Automatic Transaction Machines)

Atm‟s are now a days a new necessity of life. People residing in this area have their bank accounts in different bank branches located in this area or in the vicinity of this area. Such as standard chartered bank, allied bank, Habib bank limited, soneri bank etc.

3.1.18.2. Pakistan Post Office

Letter mail is the traditional service of the Pakistan Post. Pakistan post office started to function in early 1947 as the department of Post & telegraph. However in 1962, it started to function as a separate department in 1962 as an independent branch. One of

its leading office is located on Bostan Khan Road which is the main link road to dhok Chauhdrian.

3.1.18.3. Supermarkets

In the area of Dhok Chaudhrian there is a market all around the residential area. There are shops near the houses of various goods .There‟s a big market on Bostan Khan Road so people mostly visit that for their shopping purposes. Most of the people also visit the scheme 3 commercial market to shop for their necessities.

3.1.18.4. Transport

In this area, there is variety of transport available. As the location of the area is in the mid of urban areas, it has multiple facilities of transportation. The main Bostan Khan road connects the area to the urban area. Most of the people have motorbikes as their major transport. Others enjoy public transport, taxis, rikshaws, buses and few personal vehicles.

3.1.18.5. Games and sports

The location of the area do not encourage sports in the area much , however, people are much inclined towards entertainment and play various kinds of games that require little mobility such as snooker and chess. At a younger level, cricket is much preferred amongst boys. They play it frequently in the small confined lanes of the area. The concept of betting over winning team is common. For women, most of the games are indoors. They also play outdoor games like *steppu*, *chup n chppai, ,Shadi viah*, tea parties and *ghar ghar* respectively. The vacant plots are sometimes utilized by the community for entertainments of kids. Small swings are attached there for children enjoyment.

3.1.18.6. Places of worship

Most of the People who live in this area are Muslims. And they go to the nearby Mosques to offer their prayers whereas women offer their prayers at home.

3.1.18.7. Health and Education

In this area there are 2 small clinics of the doctors and 3 hakims are also present in the area, 2 of them have their own "*Dawa Khanas"* whereas one of them sits at home and people visit him and consult him at his house. There is no government of private hospital in this area but people in case of any emergency go to Holy family hospital satellite town, General hospital or DHQ which are very far away from this area.There are schools in this area. One is government FG school and three are private schools. But there are many other high standard schools in the vicinities of this area.

3.1.18.8. Parks

There is also a recreational park in this area. Where the children go mostly in the evening to have swings and play cricket.

Figure 4: Dhok Chaudhrian Market and Residential Area

Source:Author's Own Photography

Figure 5. A Clinical Laboratory in Dhok Chaudhrian

Source: Author's own Photography

Figure 6. Residential Area in Dhok Chaudhrian

Source: Author's Own Photography

Figure 7. A private school in Dhok Chaudhrian

Source: Author's own Photography

METHODOLOGY

A research work without a methodology is just like a photo without framing; dimension less, aimless, and lame. It is one of the most essential phases to validate your work according to social sciences standards. Every stage has its own connotation. The field work of this research was conducted between April and May 2015. While visiting the selected locale in this duration I have considered the following:

3.2. Sampling

3.2.1. Sampling units and Sample size

My sampling unit involves the respondents who go for their treatment to the traditional healers or hakims. The sample size comprises of 45 people, 15 females and 30 males who had been known through in depth interviews

3.3 Sampling methods

The following sampling methods were used for the study

- Convenience sampling
- Purposive sampling
- Snow Ball Sampling

3.3.1. Convenience Sampling

A convenience sample is simply a group of people that is convenient to access, this is a common method of sampling in academic studies. This sampling technique has been

chosen because of the ease of accessibility of the area of research and also because the sample which has been chosen is easily accessible and convenient to be interviewed. A sum total of 20 respondents were selected through convenience sampling.

3.3.2. Purposive sampling

In this method of sampling, the sample of population is chosen for a particular purpose. People might be selected deliberately so that they could serve as informants who can provide you with the exclusive information related to the study. The study is particularly searching for the answers from the samples who visit the hakims on the regular basis. Total 10 respondents were selected through this technique.

3.3.3 Snow Ball sampling

It is the method in which the researcher asks the study participants to make referrals to other potential contributors who consequently make referrals to other participants and it goes on. This method is also known as chain referral method. This technique helped in getting an easy access to further volunteers and gaining information because of the references and further relations. A sum total of 15 respondents were selected through this technique.

3.4. Methods of Data Acquisition

3.4.1. Qualitative research

The major concern of the qualitative researchers is understanding of the meaning that is constructed by the people that is to say how people comprehend the world in which they live in as well as the experiences they encounter within it (Merriam, 2009).

3.4.2. Rapport Establishment

The building of „rapport" is frequently discussed as both goal of participant observation and as essential element in using participant observation as a tool. As collaboration work done in Mexico by Villa Rojas, Villas writes „our closest contact with natives has led to awesome rapport; the only base to obtain reliable information" (Musante & DeWalt, 2002). I introduced myself as a student by following all research ethics. I have adopted this technique as pre requisite to carry out this study; to break the ice or outsider"s image to make yourself acceptable for people as part of them. I repeatedly visit the research area to mix up with respondents. I sometimes went to the nearby hakims with my female respondents in order to be friendly with them as well as to gain more information regarding my research. After rapport establishment, started collecting relevant stuff for my research in shape of audio, visual and written documentation.

3.4.3. Survey Forms

Bernard states the benefits of taking a census by saying that census can be a way to achieve rapport in a community by walking around and so while visiting every house it can have the effect of offering you credibility (Bernard, 1994). In the study, 45 households from the area of Dhok Chaudhrian of Rawalpindi were chosen to fill the survey form.

3.4.4. Participant observation

This qualitative method has its roots in customary ethnographic research. Participant observation always takes its place in the settings of society as well as the locations which are believed to have significance regarding the research questions. Participant

observation is a unique method since the researcher communicates with the participants in their own environment instead of making the participants approaches the researcher (De Walt & De Walt, 2011). The researchers in these community settings make through objective notes about what they have seen, as well as by making record of all accounts, and writing down their observations as field notes in a field notebook De Walt & De Walt, 2011).

This method was used to have understanding of the participants, their understanding about the traditional medicine and to find out according to the respondents that which are the basic factors which act as a socio economic determinants in the traditional healing practices. It helped to observe and explore the respondent‟s ideas, norms, and certain events which enable to observe particular behaviors and activities, what they mostly do, how commonly and with which parent.

3.4.5. Self-Disclosure

Researchers often involve themselves in mutual sharing of their personal accounts with the participants, so as to make sure that the relationship between the participant and the researcher is non-hierarchal (Liamputtong & Ezzy, 2005). Self-disclosure possibly improves rapport, as well as the participants are also shown respect and get supported for their stories.

During the interview this technique was only used when it was required, particularly when the respondents asked for certain questions to be answered by the researcher first, so as to make themselves at ease. This made them willing to add their personal experience.

3.4.6. Reciprocity

According to Daly (1992), qualitative research must be related to the doctrine of „fair exchange", which is also similar to the reciprocity concept that involves uniting the participant and researcher in a mutual process of sharing During the process, the participant and the researcher exchange different parts of their stories with one another, which eventually adds to the quality and depth of the Data (Daly, 1992).This technique was used in most parts of the question since it provided a sincere environment and a feeling of acceptance to respondents which in turn made them share their beliefs or thinking towards the question being asked.

3.4.7. Probing

Probing is one of the most commonly used methods, which effectively persuade and encourage the informants to give quality information. In the process of probing, the interview avoids engaging him or herself into the narrative, and it eventually motivates the informants to share more. Huge quantity of favorable abundant information can be achieved if probing is done proficiently and expertly, which on the other hand could be missed. This process further reveals significant fascinating information that leads to an additional line of questioning (Bernard, 2005).

This method was used to seek and gain information, after the questions were being delivered and the researcher need more aspects of that question to be revealed.

3.4.8. The "Tell-Me-More" Probe

In this type of probing, the informants are mainly inquired by the interviewer to go into detail on the comment that is said earlier. It is considered to be one of the easiest

techniques of probing. Alternatives that can be used in this probe involves, “What exactly do you mean by that”, and “Could you say more about it” (Bernard, 2005).

This technique was used when question on the perception and attitude towards the ethno medicine were being asked, or to explore their attitude toward certain notions.

3.4.9. Unstructured Interview

For the purpose of exploratory research of current topics and ideas, unstructured interviews are suitable. In this interview technique the informants are allowed to express and communicate themselves freely, with the interviewer exerting minimum control so as to achieve potential extensive information (Bernard 2005). However during the course of interview the flow of information is slightly directed by the interviewer by probing the participant and moreover it ascertains that the conversation doesn‟t deviate too far from the topic of subject (Bernard, 2005).

This method was employed so as to have better insight of what the respondents wished to deliver regarding the topic and their views concerning different aspects of it. This technique also made most of the respondents quote examples related to their relatives and friends. A total of 15 unstructured interviews were conducted

3.4.10. Secondary sources

The relevant articles and literature was consulted in order to get a brighter and a clear picture about the topic.

3.4.11. Key Informants

Absolute knowledge about the culture can easily be gained from those people who are known as key informants. These are those people who are often well-informed and

connected with their communities. The key informants are easily approachable and communicative as well as can easily comprehend what the interviewer wishes to know (Bernard, 2005).

On the other hand, some informants because of their excellent and close relationship with the interviewer become key informant and also due to their capability to comprehend what the interviewer is looking for (Bernard, 2005).

In the study, the key informant who were selected were those who had been living for a longer period in that community.

3.4.11.1. Shafeeq Arshad:

A 38 years old man who had been living in the area of Dhok Chaudhrian with the family of 2 brothers and 3 sisters since 17 years was chosen. He is the 2nd child in his family. According to him, majority of the people living here are not very well off and belong to lower class or lower middle class. Their children study in the nearby schools, some of them working government organizations in low level grades, some of them are drivers etc. They have a very simple way of living, most of them are poor people who go to the nearby hakim or any other hakim in a far off area for their treatment.

3.4.11.2. Nazia Begum:

A 52 Years old woman who is living in this area with her husband for the last 15 years , she has 1 daughter and 2 sons , according to her , She works as a cleaning lady at the airport , according to her the people living in this area mostly belong to the lower class or middle class . People living in this area mostly get ill because of the surrounding environment and the unavailability of the clean water, People here mostly

go to the traditional healers or hakims for their treatments as they do not have enough money for the private doctors. Or if any one goes to the doctor then those are the hospitals which are run by any trust or they give free treatments.

3.4.12. In-Depth Interviewing

Another qualitative research technique used in the study is in depth interviewing. The aim of this interviewing is to investigate the respondent‟s perspectives on thoughts, particular programs, point of views, or situation. For this purpose a small number of respondents are chosen for intensive individual interviews. According to Kvale (1996) as proposed by the term "inter-view", one can comprehend the exchange of ideas between the people around a common subject (Kvale 1996).

In depth interviewing was used in the study to primarily have a peek in a individuals in depth knowledge about the traditional medicine, their attitude towards the traditional medicine and how do they prefer the traditional medicine over the modern medicine. The method also helped in intense probing for deeper meaning and understanding of the response. A total of 45 in depth interviews were conducted.

3.4.13. Focus Group Discussions

In the focus group discussions generally those people are selected for group discussions who are not familiar with one and another and also share particular characteristics related to the question of study. The FGD‟s are generally composed of 7 to 10 people (however some range of group may contain 4 or as much as 12 participants). A supportive environment is established by the interviewer, accompanied by subject related questions which are asked to promote discussion that may yield conflicting point of views, thoughts and belief‟s. This method of discussion

yields high „face validity" because it is without any difficult grasped and comprehended as well as the results seem authentic and realistic (Morgan, 1997).

The study has utilized this method to gain an insight in understanding the socio economic determinants, and is eventually enabled the participants to talk in open honest way in the setting that was particularly created for them to explore the attitude of people towards traditional healing practices. 2 FGD"s were conducted at hamdard dawa khana where people from various areas come to get the checkup done. It was a group of 8 people who took part in the discussion belonging to the middle socio economic class.

3.4.14. Case Study

The case study method is a specific field research method. Field studies are investigations of phenomena as they occur without any significant intervention of the investigators, Becker (1970) explains that case study method refers to a detailed analysis of an individual case supposing that " one can properly acquire the knowledge of the phenomenon from intensive exploration of a single case"(p.75). The case study attempts on the one hand to arrive at a comprehensive understanding of the event under study but at the same time to develop more general theoretical statements about regularities in the observed phenomena. (Fidel, 1984).

The case studies mentioned in the research will give an overall picture of the native"s attitude and perception towards the traditional medicine and the socio economic determinants which are the push and the pull factors towards the ethno medicine. A total of 13 cases have employed in the study, 4 cases in one chapter and 9 cases in the other chapter.

Three key informants helped me to gather and cross check the information collected from field. Two of them were male and a female of age above thirty. As being natives of the particular locale; they were able to bring me to the right place at right time and give me space to work in productive manner. One was the resident of Bostan Khan Road named Ashraf but rest were the residents of the Dhok Chauhdrian.

3.4.15. Pre-testing

An unstructured questionnaire was built up to analyze the gaps of research questionnaire. No categorization was done in pre testing to find out the themes in informal discussions. A set of 10 basic questions was designed to dig out the missing analogs.

3.4.16. Questionnaire

Average duration of one and a half hour for a semi structured interview was held. Thematically grouped questionnaire such as education, earning, recreational activities of all family members, age, language, religious and cultural festivity, lifestyle, food and some more themes were built up in order to prompt detail without consulting the paper and other stuff in informal and relaxed way. This spontaneous way essentially facilitated me to refer the questionnaire less explicitly.

3.4.18. Visual presentation

Visual documentation via photographs and videography was used to document homes, frequent visited hakim dawa khanas, their area of living and portraits of the respondents as well. This visual representation will help the viewer to understand the phenomenon more accurately and with the help of audio recording some of the things which I did not understand while taking interview were re-heard in order to

understand the phrase or sentence. Documentation of data via multi-media helps in productive way in my research presentation.

4. NATIVES PERCEPTION OF ETHNO MEDICINE

Regardless of the advances in modern medicine, many people around the world pursue traditional medicine to treat numerous health problems. Because of its topical expansion in acceptance in the West, traditional medicine looks set to become "a permanent feature of the cultural landscape" (p.49 Douglas, 1996). Much social science investigation has concentrated on the increasing claim and use of traditional medicine. These studies have variously ascribed this improvement to the discontent among patients with modern medicine, a desire for complete cure that worth patient‟s experience, or the development of the "smart patrons" on the lookout for enablement through active healthcare decision-making. There have been many claims that the use of traditional medicine is a significant and growing part of healthcare manners (Kuhn, 1999). It has been claimed that in addition to modern biomedicine, traditional medicine provides healthcare to 65-85% of the world's population in developing as well as developed nations. A recent report of the World Health Organization indicates that, for example 75% of the French, 30% of the Vietnamese and 40% of the Indonesian population use traditional medicine (WHO, 2009). A healthcare system articulates illness as a cultural idiom, linking perceptions about disease causation, the experience of symptoms, decisions concerning treatment alternatives, and actual therapeutic practices (Klein Mann, 1978). It is generally believed to be mainly operative in curing enduring diseases such as sinusitis, arthritis, asthma, rheumatism, liver problems and diseases connected to the digestive and nervous systems (Wangchuk , 2006).

4.1. Perception about Herbal Medicines

According to the results of the research it has been found out that people are very much interested in the traditional medical treatment. According to the respondents the traditional medicines are herbal and they have no side effects, according to them these medicines are gained from the natural herbs and if it does not treat the illness it does not even have any side effect on any other system of the body. Which is the best thing about this medicine.

According to shafqat 32 years old it was remarked that

"It's a natural way of treatment, one cannot feel heat in the liver with this medicine."

According to another respondent, Razia of 28 years it was remarked that

These medicines are made up of natural herbs, which do not have any side effects, they show late effect but they do not give any harm."

The views and opinions expressed by the participants in the in-depth interviews suggest that traditional medicine plays a vital role in the healthcare. Although it takes a long time and thus a lot of patience to cure diseases people have developed faith in it.

Another respondent, Rasheed 33 years old remarked that

I feel that it's a complete treatment because it's a natural treatment, I also feel like if I would not have gotten this treatment, I would have died. This is a complete treatment and has no side effects; I am highly satisfied with this treatment.

According to Parveen 58 years old it has been remarked that

If it not had been a natural treatment, it would have had many side effects, it takes time to be effective, but it is not harmful.

4.1.1. Case Study 1

Mr Niaz. is a 45 years old male father of 2 sons and his wife died 3 years ago. He lives with his father and mother now. He is a delivery person in a courier company. According to him, his wife died of the side effects of the medicines she was taking for the treatment of her intestinal problems. She was getting the treatment from RGH (Rawalpindi General Hospital). Those medicines had the side effects on her liver and it stopped working which caused water retention in her lungs. According to him, he himself has his belief on the traditional healing system as those medicines have no side effects if being given by a qualified traditional healer. According to him, these are the herbal medicines which do not give any harm to other body organs. The treatment is time consuming but natural. Herbal treatment has very good natural medicines which have some very positive effects on the illness. It‟s a natural treatment that‟s why it consumes more time. According to him, if his wife would have taken this treatment she must have been living by now.

4.2. Herbal medicines as a cure of Many Illnesses

According to the results of the research it has been found out that people think traditional medicine as being effective for the treatment of many illnesses. It is normally believed to be chiefly operational as a remedy in enduring diseases such as sinusitis, arthritis, asthma, rheumatism, liver problems and diseases linked to the digestive and nervous systems (Wangchuk , 2006).

According to a female respondent

It is a complete treatment, which treats many ailments, people think that only doctor's medicine is effective for the treatment but it is not like that. This is a complete and good treatment."

According to a respondent male

"I have always had faith on this mode of treatment, I have never taken any medicine from any private doctor till date, and this mode of treatment is effective for every illness. This is the best treatment."

Another respondent male 46 years old remarked that

"This treatment is better and beneficial for many ailments, and this is a better treatment for those illnesses then the modern treatment, like joints pain or liver problems etc."

4.2.1. Case Study 2

Ms Farhat. age 30 years , mother of 2 children , according to her , Her family is fond of herbal treatment , they do not like to go to a doctor , according to her , these medicines are purely natural and extracted from plants, According to her , her son was suffering from the constipation problem from last 6 months , No remedy was working on him , then she took him to a nearby hakim , he gave some medicine . And it started to work in nearly 2days that was like a miracle. These medicines have no side effects. Rather they are very mild in nature which do not harm in any other way.

4.3. Herbal Medicines and the link with tradition and Religion

According to the results of the research after the in depth interviews and focused group discussions it has been found out that people think of this treatment as

traditional and a mode of treatment which is based on religion. It has also been found out that people of older age mostly have this view about the herbal mode of treatment.

One respondent male of 72 years old remarked that

We had no alternatives in the past, as herbal medicines and local practices were the only remedy for the treatment of any health problem. But I still seek treatment from hakims today, because it is strongly rooted in our religion as well."

Another respondent male, 66 years of age remarked about this view as

I personally like and believe in this mode of treatment because it's a centuries old mode of treatment when no other way of treatment was available. If we look at tib e nabwi we will find out that our holy prophet (P.B.U.H) also used natural ways for the treatment. And this is also a natural mode of treatment.

4.3.1. Case Study 3

Mr. Faheem is a 72 years male, living with his Son, he is a retired peon of a government organization. According to him, Traditional medicine is the best medicine, it can treat anything. He is very allergic to the allopathic medicines. According to him, whenever he takes the modern medicines for anything, that results into causing him a headache. He has his beliefs in the traditional healing practices and medicines. As these medicines have cold humors. And do not cause heat in the liver and stomach. For him this is the best mode of getting a treatment for any illness, According to him it‟s a cultural heritage. It‟s a years old mode of treatment and is linked with our religion as well.

4.4. Herbal Treatment and the Time Span for Cure

According to the results of the research it has also been found out that people think of this treatment as time consuming and a lengthy process of treating. Although it‟s a lengthy process people still have faith in this method of treatment.

According to the respondents.

One male respondent Danish 44 years age

It's a long term method of treatment, but it has no side effect

Another female respondent Rubina, 32 years of age

I am seeking this treatment from the last 4 years. It takes a lot of time in curing any disease.

According to another male respondent of 35 years age

It's a lengthy treatment, but this treatment has helped me in getting well, i am ill from the last 5 years, I had lost all the hope to get well, but this treatment has helped me getting better.

Another respondent 45 years old female remarked that

It‟s a very time consuming treatment, in which one should keep patience, this eradicates the illness from its roots, whereas the modern treatment represses the illness or that welcomes many other illnesses while treating one illness

4.5. Herbal Medicine and the Facilities

Results of the research show that people think of this treatment as lacking of the adequate facilities **,** according to the respondents although this mode of treatment is a

very helpful mode of treatment but there are some draw backs as well . At one side this treatment does not have any side effects but on the other side there are some draw backs as well. In this treatment there is a lack of adequate facilities.

According to a female respondent of 43 years old it has been remarked that

Although it's a very good mode of treatment, but it lacks some basic facilities

Another respondent male 58 years old remarked that

I believe in this mode of treatment, because it's a simple and a complete mode of treatment, but it lacks many different things, which are essential to be there. But still I have my complete faith on this treatment.

Another female of 55 years old remarked that

I believe on this method of treatment as well as on the doctors. Because this method of treatment lacks some basic needs, that's why I seek the other treatment along.

A male respondent, Hameed 38 years old remarked that

It is a very old mode of treatment, it has some positive points and some negative points, the good thing is that its medicine has no side effects, it has some draw backs as well, which are not there in the other mode of treatment, but the beauty of this treatment is that it's a successful mode of treatment even with the lack of the basic facilities.

4.5.1. Case Study 4

Ms. S is a 27 years old mother of 2 daughters, she is a teacher by profession working in a nearby school, and her husband is a clerk in a nearby office. According to her, traditional treatment is a reliable treatment as it is a centuries old treatment, when no

other treatment was available, this was the only available treatment. Diseases have evolved with the passage of time, but this medicine is same. It is a time taking and long method of treatment, so it is not reliable in any time of emergency, it lacks the adequate facilities of surgery and on time treatment. I believe on both the treatments. The traditional healing system as well as the modern system. It is an inexpensive treatment and does not require much financial resources. We seek both the treatments. If we need the treatment on time and in emergency, we go to the hospital. And if we do not have any urgency for the treatment of any illness we seek the traditional treatment.

4.6. The Cost of Treatment

According to the respondents of the research it has also been marked that people see this mode of treatment as an inexpensive mode of treatment that‟s why majority of the people opt for this treatment.

According to a female respondent of 28 years old it has been said that

This mode of treatment consumes more time but does not consume more money.

According to another respondent male 58 years old

This treatment is the best and an in expensive treatment

According to another female respondent 35 years old it has been marked that

We are poor people, and this treatment is a support for the poor people, if we cannot afford the other mode of treatment, we get this treatment. At least we do not feel bad that we cannot seek any treatment.

Another respondent male 72 years remarked that

It's a very effective mode of treatment, it does not involve the wastage of money, and the good thing is that it's the best treatment in the fewer prices.

4.7. Herbal Treatment and the Cure

According to the respondents of the research it has also been termed as the mode of treatment which is not able to cure all the diseases but only certain diseases which people think of as its negative point. Different respondents had different viewpoints regarding this.

According to a respondent male 45 years old it is remarked as

I believe in modern mode of treatment as well as traditional mode of treatment, this is a very old mode of treatment, since the time when we did not have modern way of treatment available in our country, even today people believe in this mode of treatment but it does not cure all the ailments as the western mode of treatment has the solution to every illness.

Another respondent female of 47 years old remarked that

This mode of treatment has many has a treatment for many illnesses , and there are some illnesses of which this mode of treatment has no cure , In the old age , mortality rate was high because of the lack of the modern facilities and they used to seek the traditional mode of treatment , Now people have got the alternates , if do not get benefited with this mode of treatment , they seek the other treatment , If that does not work then this treatment , people strive a lot to gain health , health is a blessing , Now the mortality rate of people has become so low because they have modern ways of treatment and this is an old mode of treatment.

Many people have confidence in traditional medicine and pursue treatment from it. The insertion of folk medicine or traditional healing in the healthcare system provides alternative choices to the patients. In many countries, *traditional healing* is also widely regarded as a symbol of cultural heritage that needs protection and further preferment (Lhamo, 2011).

4.8. Herbal medicines and the Research Evidence

According to a few respondents mostly of younger generation and those who are high at the educational status, the traditional medicine has been marked as lacking of the research evidence like modern medicine

A female respondent Ayesha 27 years old remarked that

This is an old mode of treatment , diseases itself have their own new types , as the world is progressing , likewise the types of the diseases and illness also have variations, modern mode of treatment is very advance in their research , they create a medicine depending upon the type of a disease or illness, this is an old mode of treatment , when no alternate was available at that time this mode of treatment was useful but it lacks new research and evidence , everything is old , world has progressed a lot.

According to Saleem 32 years old respondent it is remarked that

There Is no doubt in this that it's a years old and a verified mode of treatment , there was a time when people used to go to herbalists only , but as the world is progressing , people's way of thinking has changed , many people still rely on this mode of treatment , if people do not get benefited with this treatment , they seek other mode of treatment , I they are not benefited with that treatment , people seek treatment from a

hakim, I do not say that this treatment is wrong , many renowned hakims have passed in the world , but they had a lot of research , the world has changed now , ways have changed now , but the medicine of hakim is still the same as it was years ago . There is a lack of new research in this, world is progressing every second, there is a research going on new medicines every second. This mode of treatment is not wrong but it has gotten so old, types of illnesses have changed but their research is still the same.

5. SOCIO ECONOMIC DETERMINANTS OF ETHNO OF MEDICINE

Not only natural factors but health is also persistent by both social and cultural environment. Various studies have established this link. Some of the social variables like income or poverty, occupation, educational status, social network etc. play a vital role in defining the health behavior of a community. Throughout the life course social determinants influence health at multiple levels. For example, the income of a person influences the health at different levels. This influence may occur and interact with each other to produce health status. Further, various social and cultural factors independently influence the health of an individual at different stages of the life. Each socio-economic factor affects health behavior of a person through different mechanism. Medical sociologists have opined that social variables affect onset of disease/illness and type of treatment. Also individuals risk health behavior because of low levels of hygiene, low quality food etc., that may play a vital role in the onset of some specific diseases. During the stage of illness social determinants will play a role in choosing specific health care system (Aurvedic, Western etc.). Adoption or rejection of any medical system depends on success rate, treatment, coping behavior and other vital issues (Blaxter, 1982). Since India can be divided into urban, tribal and the rural, social determinant factors also affects differently on different sections of the society as it has marginalized classes like SCs, STs and OBCs. Rural people are most vulnerable to different kinds of diseases. Factors like socio economic conditions, living in remote areas, income, education and occupation will play a vital role in determining the health culture. According to the results of the research there are a few socio economic determinants which are involved in ethno medicine. These socio economic determinants are mentioned as under.

5.1. Income and social status

According to the results gained by the research, Income and social status matter a lot in determining the health status and the mode of treatment which they seek. It is widely known fact that poverty is plays a key role in determining health status of any community. It may be urban, rural or tribal. It is found that poverty ultimately results in unhygienic housing, poor nutrition, increased risk of infections etc. Poverty leaves an ultimate impact on any community particularly vulnerable and poor.

Hussain Akbar 35 years old marked that:

We do not have enough money with us to afford a doctor we are poor people that is why we go to a hakim.

Health status might be a best parameter to measure poverty. Health status might be a best parameter to measure poverty. Experts have felt that increasing health expenditure not only improves the health status of the community but also increases poverty level. Poverty is a multidimensional aspect. Lack of good food, shelter, unemployment and low income all work together and affects individual's health status. Due to this, an individual will be at risk of getting into depression, anxiety or any type of chronic diseases. Because of poverty poor people may not visit a doctor unless it is a serious disease. First he/she will try with local traditional or self-medication. Sometime due to poverty patients will buy medicine over the counter from the medical shops with prescription (Nanjunda, 2013).

The results of the research further show. Recent human development report (2005) opines that poverty and health influences each other directly and indirectly. Poor Sociologists feel poor people often describe illness and disease as fate, hunger, pain,

fear, anger etc. Poverty not only affects the adults but it also affects severely on the health status of the children and aged people of the family because of their weak immunity they are more prone to getting diseases and fall ill.

According to a female respondent of 28 years

In our house both our old elders and children live and they often get ill. We do not have enough money for their medication and treatment, that's why we consult a nearby hakim, and that sometimes work and sometimes not.

The results of the research further shows that due to poverty poor people visit only government hospitals or any traditional healer where there will be no modern equipment or highly specialized physicians to diagnose the problem in the early stage. Due to poverty, people cannot visit private practitioners or hospitals where one can get high quality health care. One of the female respondent of 50 years old marked that.

Due to the lack of money we can only go to a hakim or a government hospital, we can afford any other private hospital.

According to the other researches it is felt that, due to poverty sometime children are not able to attend school hence, children and parents cannot get any awareness about simple day to day health related practices. Poverty not only affects physical health but also affects mental health (Gupta, 2007). The gained results of this research also comply with the previous researches. Poverty related stress may even provoke one to commit crimes in the society. This poverty related stress also leads to severe depression, lack of self-esteem which finally affects mental health of an individual (Jill, 2009).

One of the 46 years Male respondent of the research said that.

Because we do not have a good income source we are unable to send our children to school so how can we afford a private doctor, we only seek help with a nearby hakim, Children do not even know about the basic rules of health that's why they get ill more often

According to a female respondent

Good income leads to good life, good life leads to better health

According to a male age 34 years it has been remarked that

Herbal treatment is a good treatment, people who do not have sufficient amount for the treatment, can enjoy this health facility.

5.1.1. Case Study 1

Mr. Rehan is a 55 years old man. He is suffering from hepatitis C for the last 3 years. He is a peon in a government organization. He is a father of 2 sons and 1 daughter. When he first got his disease diagnosed he appealed to his organization for his treatment. Then he got the treatment done from CMH Rawalpindi (combined military hospital).It was an expensive treatment. His results got negative and after a few months it reoccurred, this time he didn"t want to go through a painful procedure again. After discussing with few of his friends and family members, he started the herbal treatment. According to him, this treatment is for everyone. Either rich or poor, this treatment does not have any side effects like those of injections he got before. He is happy with this treatment because it costs him less and does not have adverse effects on the other body parts. He is not sure if he will be fine with this treatment but he thinks this is a better treatment.

5.1.2. Case Study 2

Ms. S is a 48 years old female, she is a mother of 3 sons. She is suffering from various problems, i-e rheumatoid arthritis, hepatitis C and some other problems related to her reproductive organs. Her husband is a clerk in some government organization and drives his own taxi in his free time. According to her because of her husband‟s job she is entitled to getting treated from any government hospital. She is receiving the treatments from the last 9 years for her various problems. Although she is an entitled patient but she has to purchase the medicines on her own, which cost her a lot. Since the last 3 years she has started visiting different hakims, according to her, whoever tells her about any hakim, she goes to him for her treatment, sometimes the medicines work, sometimes they don‟t work. According to her, getting the treatment from a hakim is time consuming, but she cannot afford the modern medicines as they are very expensive at times. She is happy with the treatment she is getting from the hakims as compared to the western treatment because when she takes the medicines for her joints pain or other problems those medicines effect on her liver and cause heat in her body which is very disturbing for her at times, the medicines she take from hakims do not cause heat in her body. The medicines she get from the hakims are very in expensive which do not burden her monthly budget.

5.2. Education

According to the results of the research it has been found out that Educational level has the close link with health. The results show that level of education directly or indirectly impacts health. It proves that lower education attainment influence risky health behavior. Education is a casual variable in improving the health status. The study shows that higher level of education is associated with a healthy lifestyle. It is

found that there is correlation between level of schooling and healthy lifestyle. It is found that link between level of schooling and health shows; a. Normal impact of education on health. b. Interaction between the level of education and inherited features. Level of schooling is responsible for improved health literacy. Educationists felt the importance of providing pre-school education that will greatly increase the health prospects of children as well as family members. It is found that both physical and mental health would be better among better educated people and these people will spend less on health when compared with others.

According to siddiqui , 58 years old

Education is a foremost important thing to improve health, we are an uneducated person that's why we do not go to doctors, and we just go to a nearby hakim for the quick remedy.

According to the results it is found that low level of education is strongly associated with the poor psychological function. Certain studies show that low level of education is associated with poor biological conditions, bad habits and unscientific health practices also. Interestingly, better educated people though had bad habits earlier, changed their lifestyle in eagerness of better future health care. Since education is also a major determinant in the health care low educated people has experienced a short life expectancy than high educated ones. Also, a high rate of crime and violence can be seen among low educated people. More education obviously leads to a higher income paving way for access to high quality health care.

If a person is educated, he can treat himself as well, educated people know better about health, and will go for a better treatment, in my point of view people who are less educated go to hakim for their treatment.

Income and occupation also have good linkage with education as influential factors on health. Finally, education is vital for increasing healthy lifestyle of an individual. Due to better education, family members can practice good health behavior and low health expenditure (Milburn, 1994).

5.3. Personal health practice and coping skills

Many different factors influence human health and well-being, and there are a great many different ways of defining health and well-being, from the simple absence of measurable disease to a more abstract sense of physical and social actualization. Regardless of how we define the outcome, decades of research suggest that there are a host of variables that interact and have an influence on the human condition. The Public Health Agency of Canada acknowledges 12 such determinants of health, one of which is labeled, "personal health practices and coping skills." Essentially, this determinant describes that amorphous thing we call "lifestyle" and the social and environmental factors that interact with it. One can argue that a healthy human being must be self-reliant, able to cope with challenges, solve problems, practice self-care, and make choices that are good for his or her health. So-called life skills, stress, culture, social relationships, a sense of belonging of control can all influence personal health by interacting with behaviors. (Haywood, 2014).

5.4. Social Support and Social Roles

According to the results of the research the major and the foremost social determinant of ethno medicine is social connections which play a vital role as a major social determinant of health. Social supports not only give material recourses but also they

provide love, emotions and attachments to an individual. Social support is a type of assistance that people will normally receive through their established social network. According to a female respondent of 38 years old

One of my very near friends persuaded me to get the treatment from a hakim, because her own experience was very good and pleasant that's why she forced me for this treatment.

Social network provides vital information about healthy life style or hospital care. Studies have shown that good social network results in positive impact on physical and mental health. Social networks predict the risk of all causes and cause specific health disorders. Social network also have a history in providing good mental health care to the rural folks. Social network and social support have also helped in surviving of some major illness.

According to a male respondent of 55 years of age it has been marked that

Certain epidemiologists felt social connections may help in avoiding onset of various infectious diseases. On other hand, good social network can also be a negative impact on health outcomes. Sometime people may use their social network for bad health behavior. Also few studies are going on to study the association between social supports and environment interactions.

According to a female respondent of 34 years of age:

I am suffering from arthritis from the last 5 years. At first I went to the doctor for my treatment, that didn't help, then one of my friend told me about a reputed hakim and I went to him for my treatment, His way of treatment was slow but effective, after some

time someone else told me about another orthopedic physician, I started to go to him for my treatment, but it hasn't started effecting yet.

According to the results of the research it has also been found out that through Social network and support may together be used as social capital. Members of the community can make use of social capital system for betterment of their health needs. Studies have also proved that there is a close association among social capital, health outcomes and community's social economic characteristics. It is also proved that withdrawal from the social network results in some type of mental issues among the youth. Modern social network system in rural area has proved useful in Understanding Social Determinants of Health Seeking Behaviors and Medical Pluralism. providing culture specifics for instance in the case of planning by the local NGOs. Through social network and support people will get instrumental support, emotional support and information support to save themselves from both short term and long term problems.

5.4.1. Case Study 3

Mr. Azim is a 55 years old taxi driver. He belongs to a lower middle class family, and lives in a joint family system. His father runs the whole house hold expenditures. He also contributes in the expenditures. He has a tuberculosis problem from the last 5 years. At first he was seeking the western mode of treatment but then he faces the other side effects of those medicines but then some of his relatives forced him to seek the herbal mode of treatment which is better and do not have any side effects . After that he visited a hakim in sadar (Hamdard dawakhana) and still using the medicines. According to him this is a better mode of treatment because it has no side effects and the natural medicines and helping him to recover better than the western medicines.

5.4.2. Case Study 4

Ms. A is a 46 year old woman whose husband died 4 years ago. She is a mother of 4 daughters and 2 sons. She lives with a joint family system. She has a problem of asthma. It‟s been 7 years that she is suffering from this problem. At first she used to get the treatment from the doctor when her husband was alive. After her husband died she had to face many financial crisis. Even though she lives in a joint family system but other people do not help her with the finances. She has to work herself to earn for her children. She works as a maid in a nearby school. Her financial conditions are not good. After her husband died her relatives took her to a hakim for her treatment. According to her this treatment is much cheaper than the private doctors treatment but this a very time consuming and lengthy treatment. The medicine sometimes becomes effective and sometimes the medicine doesn‟t work at all. According to her, she is only forced to go for this treatment because of her financial status and the social pressure. If she had enough money for other treatment. She would have never changed the mode of treatment.

5.4.3. Case Study 5

Mr. Tanweer and Ms. Tabassum are husband and wife. They are married for the past 5 years. They do not have any children, According to them at first they did not care for the 2 years. But then they started worrying about it and people around them started to ask them about not having any child. Then they started to get themselves treated. No medical treatment worked on them. They did not know the problem is with whom. The social pressure of the relatives was constantly increasing on them. Especially on the lady, then they started consulting a hakim in sadder, he started treating them but nothing happened. Their relatives keep sending them to different hakims and they go

to every hakim. According to the lady there‟s no problem with any of us, but maybe we are not lucky enough to have a child. In a changing society association between various socioeconomic characteristics and health has been under study for decades. It is found that education, poverty and income are the three main indicators of the healthy society. However, each of the indicator acts through different mechanisms on health issues. Socio-economic characters in health are wide spread, distinctive, dynamic across multicultural societies and for a diverse range of health policies. These social variables play a vital role. Also through these variables we can enhance our knowledge in understanding how biological pathways for some health disorders are shaped by local culture. Understanding the contribution of social and cultural factors on health gives a new edge to get an idea on mechanisms by which these variables play a role about the onset of disease and progression to adopt positive health behavior

5.5. Gender

The results of the research also show that gender also affects the mode of treatment. Health is directly affected by socio-economic status. Socioeconomic factors also help to mediate the relationship between gender and health. The differential socio-economic experiences of men and women in terms of labor force participation, financial independence, domestic responsibilities, and so on contribute to gender differences in health status throughout life. According to a female respondent of 41 years of age it was marked that

I have an intestinal problem for the last few years, I have got a lot of treatment from the doctor but it didn't have any effect, some body has told me about a hakim that he

has a remedy for this problem, but my husband doesn't agree to that because he doesn't want me to tell my problem to any other man.

Gender differences in exposure to social resources play a significant role in fostering health inequalities. The gender gap in health is also influenced by differential vulnerabilities to social forces. By focusing on gender differences in the effect of social factors on later-life health, we shed light on the process of successful aging for men and women. (Prus, 2015).

According to a male respondent of 55 years of age it is stated that:

We seek treatment from a doctor as well as from a hakim, we do not have any problem with that, but we do not allow the female members of our family to go to any male doctor, we do not mind them getting the treatment, but we would not like that the female members of our family discussing their problems with any other male doctor.

Another respondent female 35 years of age remarked that

It's such a problem being women; we cannot seek different facilities of life, not even the health treatments properly

There is such a bug gender constraint even in the present era that women cannot even seek the treatments according to their own choices.

According to a male respondent age 66 years it has been remarked that

Women and men should be treated equally, women are no less than a man, in fact they are more strong and determined, they should get the equal facilities in lie, they should also enjoy life, it's our responsibility to treat them equally, and they should also seek the equal health treatments as men.

5.5.1. Case Study 6

Ms. F is a 42 years old woman who is a mother of 2 daughters and 2 sons. Her husband is a gardener and she herself works as a maid in a nearby housing society. She had her 1st child with normal delivery and the other 3 children with the C section. After her last child who is 2 years old she had stones in her reproductive organs. Her husband was not willing to get her treated first because this problem is something personal and they cannot tell about this to anyone. Secondly they do not have enough money to get it treated from any hospital. But then they got to know about some female hakim a few months earlier. She is getting the treatment done, according to her it‟s a slow treatment but it costs nothing but the conveyance fair. According to her, her gender was a biggest hindrance in getting the treatment.

5.5.2. Case study 7

Ms. A, age 35 years is a school teacher; she is a mother of 1 girl. According to her she is a patient of arthritis from the last 5 years. She went to the doctors for her treatment, but all in vein, The medicines she used to take for the treatment had many other side effects besides being effective, then somebody close in her friends group advised her to seek the herbal treatment, that has a better result in this regard, she went to almost 5 hakims for her treatment, According to her there‟s always a communication barrier between her and the hakims. They are males and its male dominant society, they treat the women differently. And there‟s always a hesitancy in communication.

The results of the research show that gender is a very important determinant in terms of ethno medicine. Thinking pattern of the men of our society is very stereotypical, they do not want the female members to be treated with any good male doctor or any hakim. The World Health Organization recognizes that gender is an important

determinant of health in two dimensions: 1) gender inequality leads to health risks for women and girls globally; and 2) addressing gender norms and roles leads to a better understanding of how the social construction of identity and unbalanced power relations between men and women affect the risks, health-seeking behavior and health outcomes of men and women in different age and social groups (WHO, 2010).

5.6.3. Case Study 8

Ms. S. age 28years , unmarried , she‟s a typist in some private firm , According to her she was suffering from the hormonal disorders and polycystic ovaries for the last 10 years , which resulted into various other problems, She got the treatment done privately , modern medicine , hormone therapies etc. But nothing worked in fact they added into her problem, then someone told her about its herbal treatment, She went to the Hakim , but being a girl she was hesitant in telling her problems to him . She used to go with her mother, and according to her she was so ashamed of telling him about her problems. But then after getting the treatment for 8 years she is now much better and enjoying life.

5.6. Occupation

According to the results found after the research it has been found out that rather than income, occupational status of an individual or family is more reliable and static criteria to measure socio-economic status and its effect on the general health. Good occupational status leads to better quality of healthy life. It is found that occupational status has a close link with access to good health care. Flow of income may fluctuate but good occupation promises more reliable and regular income flow.

According to a respondent male age 39 years it has been remarked that

Good occupation always has a better impact on health, and if one gets sick, he can avail the medical facilities very well

According to another respondent age 42 year

Good occupation brings good income, good income leads to better facilities, health facilities get better, we do not have sufficient money to spend on our health, but health comes first, so we opt for the herbal treatment as it is not very expensive and the hakims do not charge much fees

Hence, one can take right decision regarding one's health care planning. Many a time ill health may be a major reason for downward occupational mobility. It is also seen that health disorders may be a constraint for upward occupational mobility. Higher occupational status is less likely to be an exposure to various occupational disorders.

According to a female respondent age 36 years it has been remarked that

Good occupation leads to better health facilities, herbal medicine is a good treatment, it's the people's choice, and even people with a lot of income seek this treatment.

Also higher occupational status gives more peaceful mental health. Since, employment status is more strongly associated with health than income experts feel it plays a vital role in creating access to more economic resources. This may help an individual for upward social mobility. Also, it is observed that unscientific health practices and unhealthy habits can be seen more among unemployed people which may lead to bad health status. This association has been found more among young adults, old adults and people with various disabilities also. However, some of the studies have observed that income and health are independently associated. Good

food and employment however will not mitigate health problems among low income groups owing to the effect of material factors on health care.

5.6.1. Case Study 9

Mr. K age 45 years is a low grade government employee, he is a father of 4 sons and 2 daughters, According to him all of his children are studying, He has to look after their education, their food, clothing etc. He is the soul bread earner, He says he has to look after his wife and children for their daily needs , His salary is not very good , They just live hand to mouth to spend the life , he says less income leads to a lot of problems and stress is one of them. His company gives the medical entitlement to him, his wife and 2 children, and he has to pay for the rest of the 2 children. He says, Poor income leads to a poor standard of life. According to him he mostly gets the herbal treatment done, as he has the belief on it plus it is not a burden on his pocket. It‟s a very cheap mode of treatment plus it cures well.

6. SUMMARY AND CONCLUSION

The study significantly falls in the domain of medical anthropology and major aim of the current ethnographic study was to investigate about the socio economic determinants of ethno medicine. The study was conducted to explore those social and economic factors which act as a push and pull factors towards the traditional medicine. This study entirely focused on the people‟s perception and attitude towards ethno medicine and how different factors affect the people‟s preference about the modes of treatment.

In the current research, respondents from Dhok Chaudhrian Rawalpindi near scheme 3 were included in the study. Since the scheme 3 is a huge area, Dhok chaudhrian was selected because of the accessibility benefit of key informants and further references, thus making the people easily reached to study this topic, from the survey it was found out that people mostly live in joint family systems, where males and females are both working to reach their daily needs.

The study had two major objectives to be explored and it began with finding out about the attitudes and perception of the natives regarding ethno medicine. The second objective was aimed at finding out the socio economic determinants of ethno medicine.

After entering into the field, rapport building was established by several visits to the residents living in the locale by the help of 2 major key informants (one woman age 52 years and one male of age 38 years) along with the references made by them. After that anthropological methods that are meant to gain data such as survey forms, in-depth interviewing, participant observations, case study methods and focus group discussion was utilized. As revealed by the census survey form filled by the 45

residents of Dhok Chaudhrian , 20 families belonged to nuclear family system 10 families belonged to the joint family system and 5 families belonged to the extended family system. Punjabis dominate the Dhok Chaudhrian area of Rawalpindi and then it was mostly occupied by the pahari"s and Kashmiri. Rajput, Kashmiri and gujjars were mostly residing in that area.

The educational back ground of the respondents can be categorized as, Among the 45 respondents, male and female, 20 of them were uneducated, 10 of them were under matric, 5 of them were masters and 10 of them were undergraduate.

The socio economic class and back ground was such that 15 families belonged to the lower class, 15 families belonged to the lower middle class, and the remaining families belonged to the middle class.

The findings of the present study showed that the knowledge and awareness on traditional medicine by the respondents of the research is good. It has been found that a significant number of respondents seek treatment from traditional healers. Results indicated that treatment is sought by all ages, young and old and also across different levels of education. Therefore, traditional medicine is shown to be popular not only among the aging population of the country but also among the younger ones. The availability of the herbal medicine with the modern healthcare system not only adds dimensions to the nation's system of healthcare but also facilitates empowerment of patients by providing them with a choice of healthcare systems and different options for treatments.

The study also showed that participants' attitudes and perceptions on herbal medicine are generally positive. However, people also expressed that they cannot solely rely on it as it lacks adequate facilities in terms of emergencies and surgical

operations. People are of the opinion that herbal medicine clinics be further expanded and better equipped so that people can enjoy better healthcare services of both traditional medicine and modern medicine. Since the present study focused only on people living in the area of Rawalpindi, a further extensive study is necessary to better understand the kind of role traditional healing system plays in the arena of people‟s public healthcare system.

Given the freedom for patients to make their own medical choice, empirical studies such as this have become imperative to gain a better understanding of patients' knowledge and attitudes and of treatment seeking practices. The findings of this and further studies are expected to be useful for health practitioners and policy makers to design and plan health policies and programs that meet the needs of patients. This will contribute to improving healthcare by building culturally sensitive, exemplary healthcare services for the benefit of the citizens

6.1. LIMITATIONS AND SUGGESTIONS

In the Current study the sample chosen for the research is very small which is not enough to generalize the results. This study has offered positive future implication as further research can be carried out by taking a large number of sample. This study can give new dimensions in the present literature of research and can contribute positively in the future researches.

6.2. RECOMMENDATIONS

The following recommendations are given after conducting the whole research complying with the subject of the research

1. Ethno medicine is an indigenous mode of treatment; therefore it should be properly conserved.

2. There should be proper institutionalization of the ethno medicine medicine.

3. People should be provided knowledge through media and other different campaigns about the benefits of this mode of treatment.

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