Cultural Beliefs, Poverty, and Quackery: A Qualitative Study of Patients' Health-Seeking Behaviors

Mehwish Kokab[01], Zainab Hassan[02], Nomeeta Ghazanfar[03] and Malik Mudasir Hassan[04]

Abstract

Objective: This study aims to explore the prevalence of quackery in rural healthcare systems, significantly affecting the health outcomes and decision-making of rural populations. This research examines the phenomenon of magical healing with a focus on the patients' views and the reasons for the patients to depend on the unqualified practitioners.

Methods: It employs a qualitative approach, where data were collected through in-depth interviews with twenty patients as respondents, as well as key informants. Data was collected by applying the life history method, which helped to gain profound and reliable information on patients' social sufferings. Besides this, participant observation, field notes, and a Focused Group Discussion were used for data collection. The field data was analyzed by observing trends in Patients.

Results: The existing knowledge includes reporting factors such as poverty, culture, health ignorance, and public dependence on public health systems that influence a patient's decision to turn to quacks. These quacks take advantage of faith, proximity, and cheap services, and these patients suffer more health problems, longer healing times, and later, worse complications. Also, the research brings attention to the inequities that women must bear because of discrimination in seeking medical attention.

Conclusion: In conclusion the problems of quackery and the practice of magical healing in rural areas of Pakistan are longstanding, and the first step towards addressing these factors should be a focus on education, credentialing of quacks, and health system development. The potential of linking the belief and evidence-based medicine domains is to improve health outcomes and reduce dependency on harmful activities among rural populations. [1]

Key Words

Quackery, Poverty, Cultural Beliefs, Medicine, Behaviors, Unemployment, Quacks

[1] Graduate student of Bachelor of Social Sciences major in Development Studies department of Humanities and Social Sciences, Bahria University E-8 Islamabad mehwishmirza670@gmail.com
[2] Graduate Scholar of MPhil, Department of, Quaid-i-Azam University, Islamabad xainabhassan.qau051@gmailcom
[3] Graduate Scholar of MS in Applied Anthropology, Department of Humanities and Social Sciences, Bahria University E-8, Islamabad nomeetamalik123@gmail.com
[2] Associate Professor of Radiology, Quaid-e-Azam Medical College, Bahawalpur, MBBS, FCPS malikhassan1972@yahoo.com

Introduction:

In the healthcare systems of most developing countries, especially in Pakistan, there is a constant challenge called 'Quack Medicine', which makes it difficult to achieve quality healthcare services. Quackery is defined as the practice of medicine that is unscientific, fraudulent, and therefore may be pathogenic to other forms of medicine (Amir-Azodi et al., 2024). Moreover, this research (Momina & Zakar, 2021), in terms of the restructuring of the current healthcare system, which is formed and developed according to modern tendencies and professional demands, offers several difficulties for third-world countries. These hurdles are exacerbated by the existence of quackery, which undermines the goal of making healthcare services accessible and of high quality.

Some may hold diplomas or even degrees in alternative medicine and may go further into allopathic treatments that exceed their prescribed scope (Khan et al., 2020). As such, the absence of registered doctors compounds the issues of health care access in Pakistan, which is a low-income country with an undeveloped system of health care (Triq, 2021). The lack or absence of medical services means that patients in rural areas like Helan, District Mandi Bahauddin, have no option but to completely depend on the services offered by quacks.

The urgent need for effective legislation to combat quackery has been underscored by the report from the Pakistan Medical Association documenting over 600,000 active quacks in the country, which surpasses the number of licensed medical practitioners (Bukhari et al., 2022). Magical healing refers to the rapid recovery of patients immediately after exhausting treatments when they have undergone a series of medications and procedures. Such healing methods often promise quick results that appeal to patients seeking a faster recovery. The term magical healing describes the type of rapid recovery that is quite an extraordinary event.

The dismal statistics represent the grim situation of quackery in Pakistan, which has now become an epidemic, as the country has around 0.6 million of them roaming freely. They are multiplying at such a pace that it not only brings down the overall standard of health care but at times puts the safety of patients at risk; they help to spread HIV, among other diseases, owing to their unhygienic practices (Khan & Mustufa, 2023). As a result, quacks are particularly adept at forming strong relationships with their patients through dramatic techniques and fictitious accounts of their successes, which are generally targeted at rural and poorly educated populations residing in urban centers (Khan et al., 2020). Communities have adopted their new modes of interaction, but the fundamental practice remains unchanged and fosters trust, leading patients to favor quackery. Due to the devastating effect that quackery has on both individuals and the system, there is overwhelming evidence that strict punishments and regulations can deter such practices.

Material and Methods

Study Design and Population

The ethnographic study was conducted in Mandi Bahauddin the district of Punjab The social sufferings of the patients were documented through the life history method. There were 20 men and 7 women respondents. Primary data was also collected through participant observations, field notes, informal discussions, focused group discussions, and an extensive review of secondary data.

Inclusion and Exclusion Criteria

The respondents were 30 years of age. Respondents were selected through purposive sampling. Out of these, only 24 respondents signed the informed consent form and agreed to participate in the study. There were 17 men and 7 women respondents. The selection of interviewees was exceptional; for instance, those who had, in one way or another, attempted magic healing procedures, had contact with quacks, and were willing to interact or be interviewed freely.

Ethical Clearance

All ethnographic research ethics were followed for this study. The life histories of the patients were conducted with prior permission through signing informed consent and ensuring the rights of the respondents. Prior permission for audio recording of the life histories was ensured from the respondents. The approval of research ethics was cleared by presenting the thesis defence to the Bahria University Islamabad Campus.

Data Analysis Quantitative data was analyzed through Statistical Package for the Social Sciences (SPSS), and the results were used to select a sample for ethnographic study. The ethnographic data were analyzed by following a multi-step process, including organization and familiarization of the data, moving on to coding and identifying patterns, and then interpreting findings, validating the analysis, and finally writing the report.

Results

The findings of this study highlighted some of the most important factors that push patients to pursue different pathways instead of directly reaching a government healthcare facility. During this study, trends for following different pathways were observed, and ethnographic findings reveal that poverty, stigma, knowledge of disease, patients' preferences, cost of transportation, and substandard care were the most common factors in this regard. This section shares the results of ethnographic data that draws some links between factors for using various pathways to cure the illness.

Access to healthcare:

While interviewing the people, it was to determine whether access to or scope of availing any healthcare service helps prove that the service provision comes with certain challenges that ought to be addressed through such

initiatives to ensure everyone can acquire the services in question. People responded to this topic in the same manner, emphasizing the difficulties encountered with access, cost, and overall use of the services, particularly among minority groups.

The participants observed that accessibility of these healthcare services was greatly affected by the following factors. This provided insights as to why most of the participants preferred turning to quackery. During the conducted interview, one female respondent, Haleema, shared:

> *"The healthcare services here are pretty limited. There's a small clinic, but it's not well-equipped. The doctors are not always around when the treatment is being sought, which at times can be fairly expensive considering the circumstances. That's the reason why many people, including myself, begin seeing a local doctor. I personally know them and they are far more convenient."*

Another respondent, a 46-year-old in middle education, named Mushtaaq, said:

> *"There is a government hospital in our area, but for the past 35 years, it has essentially been run by one person and his family. This man, whom everyone in the village calls Dr. Qayyum. His wife also sees female patients as a gynecologist, but she isn't a properly trained professional. Even though we have a proper hospital, it's not accessible to the local people, and most villagers aren't even aware of the truth behind how it's being run."*

Poverty and Unemployment:

Poverty and unemployment have a strong impact on the concepts of healthcare access and health stature, particularly among the residents of underdeveloped areas like Helan. Unemployment and poverty are said to be correlated as a causal relationship where the absence of money factors influences one's ability to look for and access medical services. A 27-year old woman, name Fardoos, with a child narrated the ordeal of being in poverty and the troubles she encountered when pregnant. She stated:

> "When I was pregnant, I faced complications during delivery. A female quack advised me to go to the hospital for a proper checkup and operation because my condition was serious. However, my in-laws didn't have enough money to book a car, so they arranged a rickshaw from the neighbors. Due to the poor condition of the roads, my condition worsened, and when we finally arrived at the hospital, my baby had already died before delivery."

Community Trust in Local Quacks:

As for the community's trust in quacks, Helan village, many of the villagers are interviewed and it appears most of them trust distant and often literate quacks rather than real doctors or health facilities. There are a number of reasons including easy access, acquaintance with the quack, and cultural beliefs. Many of the participants explained that they consider local quacks as a primary and sometimes sole source of health care, in spite of the existence of relatively better healthcare servicing.

One respondent name Nazeer Ahmad stated:

> *"We go to the quack because he is nearby and always available. He listens to our problems and treats us quickly without asking for too much money. We feel, he understands our needs."*

Cultural Factors Shaping Healthcare Choices

It emerged during the interviews that healthcare options in Helan are deeply embedded in cultural contexts, wherein sickness and health are primarily perceived through culture lenses. Participants referred to many examples when local traditions and community morals helped many people to trust and seek assistance from local quacks more than any other qualified doctors. This is highlighted in the statement:

> *"The quack knows our customs and traditions. We feel he understands us better than the city doctors."*

This means that patients have a cultural bond with local healers which makes them less likely to seek professional health services. Most of the time, the interdependence of choosing as a group reinforces these preferences, that is, families and communities equally endorse the efforts of the local quacks.

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Fear of Medical Procedures:

Interviews revealed that the fear of surgeries and procedures is another barrier faced by people in Helan in pursuit of modern healthcare. Such fears are often fueled by misunderstanding of these procedures. Also, it was noted that a large number of women in Helan share a similar opinion regarding delivery and would rather employ home-based methods instead of going to hospitals, blaming procedures on medical facilities.

Participant 2, shared her experience:

> *"When I was pregnant, people told me that hospital deliveries always end in surgery, which is dangerous. That's why I went to a local quack for my delivery, even though I had complications."*

Quack Medicine Practices:

Quack medicine practices characterized by, inter alia, unsupervised and unscientific modalities of treatment make a potentially negative impact on public health, even more pronounced in rural and underserved areas. They exploit socio-economic vulnerabilities, cultural beliefs and the weaknesses in the formal health system. In localities like Helan, such practices are common because of low socio-economic status, weak systems and a culture that condones such practices.

Formal healthcare system:

A profit motive is one of the biases observed through the fieldwork as one of the reasons formal healthcare managers and providers abuse their position which leads to dominating care practice. The services patients believe that doctors and hospitals should provide are not made, and no one seems to be responsible for services; hence, patients become skeptical and faithless to go out for medical care from professionals. The problem of lack of professional responsibility is exacerbated by poor enforcement of regulation in Helan.

One respondent whose name is Rukhsana Naz, shared:

> *"We went to the hospital for a check-up, but it seemed like the doctor had a greater interest in pushing tests rather than paying attention to my concerns. It's all about money, and no one seems to care about our health."*

A local man described his experience at a nearby hospital:

> "The hospital is understaffed, and the doctors don't have time to check on patients properly. When I asked for a follow-up appointment, I was told I 37 would have to wait a week. They don't seem to care whether I get better or not."

Lack of Accountability in Healthcare Practices:

Respondents admitted that accountability in responsibility in healthcare practices affects the formal and informal quality of care in Helan. Respondents noticed this lack of control in healthcare decisions they make and the health

outcomes they have. Numerous such patients said that they were not cared for and trusted healthcare such as a hospital's system to be formal but were still trying to find similar issues in informal practices including quacking local practitioners with no guarantee for quality and/or safety concerns.

Discussion and Analysis

It includes several themes; Background and Understanding of Quackery in the Health System, Lack of Licensed Doctors in Developing Countries, Lack of legislation regarding anti-quackery and case studies with comparative analysis.

The characteristic of the health of the nation is accompanied by the high growth of the population, the double burden of disease and worrying levels of maternal, infant and child mortality. Only 3.4% of the total budget is dedicated to health care institutions (Triq, 2021). Also, in Pakistan, there are 83,943 registered medical practitioners, of which 87 hold specialized qualifications. The scourge of quackery further complicates the situation owing to the very high, estimated at 0.6 million, number of outlaws plying their trade in the country. The number of deaths caused by quackery against those who die from the practice of licensed professionals is however unknown but helps to emphasize the significant risks posed by this practice to the credibility of the health care sector as well as to the safety of the patients (Khan & Mustufa, 2023).

Nevertheless, developing countries experience plenty of factors which impede accessibility to healthcare, including, for instance, the existence of quackery (Momina & Zakar, 2021). Some people rely on so-called ‘experts’ who do not have any authority to practice in their fields, which is an example of quackery (Syed, 2018). In terms of medicine, a particular context is given with the prevalence of Herbalism – even as late as the 15th century, doctors were mostly incompetent herbalist practitioners, only citing experience and side effects as their primary source of patient treatment (Bukhari et al., 2022).

In addition, quackery encompasses medicine that is unsubstantiated or questionable, and this is unsupported in any scientific manner. Practitioners who are not registered and recognized by appropriate agencies and have no in-depth comprehension of specific medical disciplines are referred to as quacks (Amir-Azodi et al., 2024). Commonly, they have some informal exposure and bits of clinical medicine practice supervised by qualified medical practitioners, or primary healthcare, pharmacy, and phlebotomy procedures. As a result, quacks are people from every walk of life, such as human fetuses associated with trained doctors, lab technicians transformed into medical aides, and unqualified midwives.

While some may have degrees or diplomas in alternative medicine, they are known to exceed their limits and treat using allopathic methods (Khan et al., 2020). Other times, they turn to the web, including tutorial videos from YouTube (Aziz et al., 2023).

The Pakistan Medical Association (PMA) (Bukhari et al., 2022), has a substantial number of active quacks which surpasses 600,000 mainly due to ineffective government systems and controls. Similar alarm bells have been sounded in Bangladesh which found that 75% of its quack doctors provided inappropriate drugs and especially dangerous

drugs which explains the degree of quackery harm. This explains the fact that economic and depreciation in social standards of people along with monetary motivation encourage the practice of quackery (Amir Azodi et al., 2024).

In spite of the measures taken by the PHC to tackle the issue of quackery, the problem continues to be prevalent in the province. While evaluating the results of this study, policymakers may find the results useful in terms of looking for improvement in the existing responses or looking for new strategies to alleviate the issue. Moreover, the study (Bukhari et al., 2022), also offers practical advice for field workers outlining specific challenges which currently inhibit the effective suppression of quackery in the Punjab region. Therefore, in my assumption, the Government of Pakistan requires formulating tougher laws regarding this matter. Quacks, for example, would receive a jail term of five years plus a fine of more than Rs 0.1 million under the laws, Health Secretary Jawad Rafiq Malik said. He further insisted that drug inspectors be kept under strict watch so that they do not collude with quacks.

Another study, in Pakistan's Sindh region, (Khan, 2023) that anti-quackery teams have intercepted some quacks employing professional physicians on a part-time contractual basis for visiting cases. Although these practitioners are fully aware they are on a short-term contract, they still accept such offers and do so creating a facade of qualified medical services while the quack continues to practice. Moreover, medical representatives do wait long enough for the unqualified physician to attend them in order to sell their company's drugs thus aiding the proliferation of quackery in different health care setups.

The research revealed that many patients are drawn towards quackery because it is cheap, it is available and most people will promote quick recovery. These activities, however, pose health dangers such as late identification of diseases, wrong treatment of existing conditions, and in some instances severe injury due to wrong therapy measures. The study also highlighted the universal issues regarding the healthcare system in rural areas of Pakistan such as weak health system provision, lack of awareness about the dangers of quackery and minimal regulation to prevent quackery. These findings justify the need for addressing the primary socio-economic and cultural factors that nourish quackery.

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In conclusion, the problems of quackery and the practice of magical healing in rural areas of Pakistan are very old and the first step towards dealing with such factors should be a focus on education, credentialing of quacks and health system development. The potential of linking the belief and the evidence-based medicine domain is that of bettering health outcomes and minimizing the dependency on such activities which are harmful in nature among rural populations.

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