

Maternal Health-Seeking Process of Dalit Women in Dhaka

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Abstract

This research explores the maternal health-seeking processes of Dalit women in Dhaka, Bangladesh. It has been conducted with intensive fieldwork at the households of Jagannath Hall 4th class staff. The Dalit women of this area like to seek treatment from their nearest hospitals. This study analyses maternal health-seeking processes of Dalit women through the theories of authoritative knowledge, biopower and therapy management groups. Their households are located inside Jagannath Hall, Dhaka University and in a restricted area. They are living here because of their ancestral job positions. It is easier for women to go to the nearest hospitals in their pregnancy period. In this locality, hospital is the central place for child delivery. Doctors keep control of women's bodies through medical knowledge. The role of kin members and generational influence matter a lot for pregnant Dalit mothers. This research investigates how the hospital has become a key arena in the locality and the influence of family members on Dalit women during their maternal phase. During pregnancy, Dalit women follow the rules and advice learnt from their female kin members. In Dhaka, they do not face discrimination as Dalits.

Keywords: Dalit women, health-seeking, hospital, pregnancy

1. Introduction

Bangladeshi people are diversified based on age, religion and ethnic background. In a complex society, stratification is very apparent. Dumont (1980) argues that the central concept of the caste system is a religious ideology based on purity and pollution in Hinduism. To set the opposition between pure and impure, the religious division of labour goes side by side with the permanent attribution to certain professions based on the supposed level of impurity (Dumont, 1980). Among multiple minority groups of Bangladesh, the Dalits are one of the most marginalised, vulnerable and socially excluded communities. Studying the Dalit community bears significance. Dalit people have historically been subjected to discrimination and vulnerability which is the result of the concept of 'untouchability' or of being 'impure.' Dalit people experience massive discrimination and subordination in every sphere of life. For the notion of 'untouchability,' 'impure' or 'unclean,' they are assigned to do some specific jobs (Parvez & Islam, 2013). They cannot choose their occupation willingly, rather they get their occupation through heredity. Their work is restricted to the service sector. Their occupations are bounded up with sweeping, manual scavenging, gardening, tea garden labouring, drum beating, shoes and leatherwork, burying the dead and processing of certain oils. We know the Dalits as *Horijon, Rabidas, Rishi, Cobblers, Jalaadas, Nomoshudra, Dhopa, Bormon, Bagdi, Kayputro, Kornidas, Malo, Bahera*. They are always deprived of choice; for example, the free selection of occupation, access to housing, treatment and education. In Dhaka city, most Dalit people live in Alubazar, Bongshal, Nababpur, Gonoktuli, Rayerbazar, Wari and Mirpur areas. Though public perception towards the Dalit community is still framed by the concept of 'untouchability,' Dalit women face more discrimination, violence and exclusion as a combined result of caste and gender. It is estimated that around 6.5 million Dalit people live in 64 districts of Bangladesh (International Dalit Solidarity Network, 2021). 66% of Bangladeshi females marry before 18 years. However, many Dalit girls are forced to marry at 10 to 12 years old and just 5.9% of Dalit girls complete secondary level education (International Dalit Solidarity Network, 2021).

Maternal health is a very significant phase of a woman's life cycle. Strategies, norms, beliefs and cultural practices are associated with it. An alert and healthy mother is more likely to give birth to a healthy baby. Family members consciousness about maternal health helps to reduce maternal and infant mortality rates

and ensure the healthy upbringing of a baby. There exist different stages of life associated with the reproductive health of women, such as menstruation, pregnancy, fertility, cervical screening, contraception and menopause. Bangladesh has achieved remarkable progress in the health sector recently. The maternal and neonatal mortality rate has also declined in recent years. Besides this, the immunization system has also produced higher life expectancies. However, unfortunately, unprivileged people did not pay special attention to these kind of health facilities. The healthcare issues of Dalit people have always been largely neglected. This context sets the background against which the maternal health-seeking processes of Dalit women is articulated in this article. This research examines the available options for Dalit women in an urban setting to fulfill the healthcare needs of the maternal period. It explores Dalit women's preference for seeking treatment during pregnancy. It is important to see the role of relations with each other and decisions of authority. It illustrates the role of the therapy management group during maternal health. The findings of this research are significant in numerous ways for anthropologists, policy-makers, government organization (GO) & non-government organization (NGO) workers. This research seeks to explore the maternal health-seeking process of Dalit women in Dhaka. The objectives of this study are associated with the sustainable development goals (SDGs). The United Nations adopts SDGs to help end poverty and to promote good health around the world. To be specific, this article investigates the maternal health-seeking behaviour of Dalit women.

2. Theoretical Framework

In this paper, the theoretical framework has been fitted from anthropological lens. To understand the maternal health-seeking process of Dalit women, the author used the concept of therapy management group, biopower and authoritative knowledge to frame this research.

Janzen and Arkinstall (1978) introduced the concept of therapy management group in the book "The Quest for Therapy: Medical Pluralism in Lower Zaire." "Therapy management invites analyses of transactions that are influenced by cultural values, social roles and institutions, power relations and economic circumstances that influence how illness is responded in context over time (Nichter, 2002:82)." To study therapy management, it is important to inspect the social mechanism of households, kin groups and larger social networks as they influence each other. They are also influenced by political economy and globalization. Therapy management leads to envisaging the social relations of sickness in the context of poverty (Nichter, 2002). The afflicted and members of the therapy management group engage in a variety of illness-related works that originate through time (Nichter, 2002). The writer also states: "Studies of therapy management provide insights into priority setting within households, the manner in which gender and generational relations influence resource allocation, circumstances that foster competition and cooperation, process of negotiation and accommodation as well as resistance and assertion (Nichter, 2002:82)." This paper explores the social relations, priority among kin members and household dynamics of Dalit women during their pregnancy in the study area. Family members' cooperation and negotiation of illness identities while dealing women's pregnancy are visualized in the study area.

Among the many contributions of Michel Foucault, the theory of biopower has gained wider applicability. Foucault (1975) describes the existence of power in a clinical background in his renowned book "The Birth of the Clinic." Foucault shows that power relations exist in every sector of society. Power relations are observed in the family, hospitals, schools and other institutions. Power appears to provoke, purify and disseminate force for the purposes of management and control (Cisney & Morar, 2015). It is reflected that medical knowledge itself is a mechanism of power (Foucault, 1975), who then states: "The knowledge of diseases is the doctor's compass. The success of the cure depends on an exact knowledge of disease (Foucault 1975:8)." It works through the relationship between doctors and patients. Medical professionals practice their authoritative position through their surveillance on patients. Foucault focuses on the process in which power and knowledge are linked (Foucault 1975). Foucault explains that in hospitals, medical professionals monitor and discipline the human body. In this way, monitoring helps to set up the control of

medical knowledge over the human body (Cisney & Morar, 2015). Foucault's idea of biopower reveals how a specific medical system becomes dominant. This theory facilitates understanding the existence of a particular medical system in a locality, how it becomes dominant and how women are monitored by doctors and hospitals during their pregnancy. This paper explores how Dalit women prefer biomedical treatment to handle pregnancy and the dominance of biomedical treatment in the study area. Hospital has become a central place for child delivery. Dalit women remain in medical surveillance during pregnancy. Doctors keep monitoring their body with their medical knowledge. Thus, doctors and medical professionals set up the control of medical knowledge over the pregnant women's body in the study area.

Brigitte Jordan's (1992) theoretical contribution to authoritative knowledge is also used in this research as its theoretical framework. She described authoritative knowledge as rules that carry more weight than others. It is due to their association with a stronger power base (structural superiority) (Jordan, 1992). She also states authoritative knowledge derives from the fact that it is consensually constructed (Browner & Press, 1996). This is used to examine the patterns of birth. Jordan (1977) argues that authoritative knowledge examines the situations in which pregnant women in the United States facilitated biomedical expansion by accepting the advice offered by their prenatal care providers (Browner & Press, 1996). Women incorporate biomedical knowledge as inherently authoritative knowledge. Jordan (1992) illustrates that one form of knowledge gains authority and medical obstetrics becomes legitimized and authoritative. This paper uses Jordan's theory of authoritative knowledge to analyze how doctors and elder members of a family possess authoritative knowledge and how their knowledge generates power. This idea helps to identify how authoritative knowledge shapes Dalit women's maternal health-seeking process. In the study area, Dalit women accept the instructions of medical professionals and their elder family members. It is seen that biomedical knowledge gains authority to deal with pregnancy among Dalit women in the study area. The authoritative knowledge of medical professionals and the generational influence of elder kin members shape women's maternal health.

3. Methodological Approach

This paper applies qualitative methods that consist of in-depth interviews, key informant interviews, focus group discussions, observation and secondary sources. Intensive fieldwork has been conducted for a month at the households of Jagannath Hall 4th class staff, Dhaka, where Dalit women live. Jagannath Hall is the oldest male dormitory of Dhaka University. Except for the time of religious festivals of the Hindu religion, females are not allowed inside this dormitory. With the help of a resident student of that dormitory, I was allowed to enter inside the Jagannath Hall. He helped me to get access there. The fieldwork took place in May, 2024. Rapport build-up was established first with the community to have a trusting relationship. The research objectives were explained simply and clearly. The first few days of fieldwork were spent in establishing rapport with the people of the community. Thereafter, it became easier for author to know the locality.

Among many sampling methods, I used purposive and snowball sampling for this research. Informants were selected according to their available time as well as their willingness to talk about the research topic. As this study is on maternal health-seeking behaviour, I selected informants based on their marital status and parental status. Informants' informed consent was established first. Thirty married women participated in this study. They are all from different age groups. This helped me to get an overview of the maternal health-seeking process of Dalit women from different timespans. Pseudonyms are used in this paper to ensure the anonymity of the respondents. Twelve women participated in the focus group discussion. A semi-structured interview guide was followed. This interview guide allowed informants to talk more easily about their experiences. In the study area, everyone speaks in the Bengali language. Informants' language is one of the important things of fieldwork. Spradley (1979) stated that language is more than a medium of communication about reality. All of the people in my research use the Bangla language in their day-to-day

activities. So, I also talked with them in Bangla during fieldwork. All the guidelines of ethical consideration provided by the American Anthropological Association (AAA) have been strictly maintained.

Reflexivity allows for a form of conversation by which we come to know about ourselves and others, the positions from which we speak and the political, social context in which the conversations take place (Haynes, 2012). Accordingly, I tried to be non-biased in terms of gender issues. Being a student of anthropology, I gave them proper recognition and respect as well as their community. I was always careful that not a single thing associated with my research could hurt their feelings and beliefs.

3.1. Context of the Study Area

The 4th class staff members of Jagannath Hall live inside Jagannath Hall, University of Dhaka, with their families. They are followers of the *Sanaton* religion. Households are located in the segregated corners of the dormitory. Informants reported that it is a better place for them in comparison with any other place in Dhaka. Their quarter is called *mohalla* among the community. The literacy rate of the people is very low. Dalit families are living here because of their ancestral occupation. It is observed that their marriages also take place inside the *mohalla*. There are 130 people who live inside the 4th class staff quarter of Jagannath Hall and there are 60 households in total. In the research area, every household head is a 4th class staff member of Jagannath Hall, University of Dhaka. All of them do their jobs because of inheritance. From the secondary sources, I have read about the household conditions of Dalit people which are very much congested and unhygienic, with poor living conditions. The same scenario was observed in the study area. The 4th class staff members work as cleaners, gardeners, *peons*, electricians, health-workers and security guards of Jagannath Hall. Most of the women of the *mohalla* are homemakers. Women working outside are hardly seen here. All the women live here with their husband's family. An informant, Anjali Rani Ghosh explained:

"My father-in-law was the cleaner of this hall. He retired. After his retirement, my husband joined him here. I live in this *mohalla* with my in-law's family."

All the houses of the locality are built with tin and the ceiling is also made of the same material. Each house consists of two or three very small rooms. Households have a supply of electricity. Household members share a common kitchen and washroom. They have supply of water.

Informants indicated that they do not face problems as Dalits at local dispensaries or nearby hospitals. Dalit women of the study area mentioned that they live in Dhaka city. They do not face barriers for being untouchables while seeking treatment in hospitals. According to them, in Dhaka no one knows each other. Even outside of their locality, no one wants to know their social status or profession. An informant named Shiuly Rani Saha claimed:

"In Dhaka, we do not face problems as untouchables. I am talking with you and you are sitting beside me. If I lived in a village area, I would not have imagined that a mainstream person would sit beside me."

5. Findings

The findings of the research present multiple issues for discussion. Firstly, the selection of health care services has been discussed. Secondly, it illustrates the accessibility of treatment in the study area. Next, it explored how hospital has become a key arena for child delivery. Finally, the role of family members is discussed.

5.1, Selection of Health Care Services

To deal with their reproductive health, Dalit women of the study area prefer to seek treatment from Dhaka Medical College and Azimpur Maternity Hospital. Biomedical treatment plays a central role among the Dalit people of the 4th class staff quarter of Jagannath Hall. It is due to their location of residence. The location of both of these hospitals is very close to their place of residence. Owing to the walking distance from their living area, they can go there by foot. Informants reported that they prefer to seek treatment from Dhaka Medical College Hospital rather than any other place. They reported that they had to spend extra money in order to take treatment from anywhere else. It gets difficult to bear the treatment expenditure of any of the other hospitals of Dhaka. An informant named Shiuly Rani Saha, mother of two children, reported that her husband took her to Dhaka Medical College when she conceived her first child. This hospital is nearest to their home. According to her, the cost of this hospital is less than any other hospital. Shiuly noted:

“It is true that the service of Dhaka Medical College Hospital is not so good. After buying a ticket for BDT 10¹ at the outdoor of the hospital, the officer referred me to a doctor and I had to go there. I went there for my regular check-up during both of my pregnancy times. I heard that private hospitals are much better but they are also expensive. We are poor and we cannot afford everything we want.”

Dalit women of this area acknowledged their preference for seeking treatment from nearby hospitals. Some women also choose Azimpur Maternity Hospital for their treatment during pregnancy. According to them, Azimpur Maternity Clinic is also near to their residence and the hospital expense is quite low. This is also confirmed by informants. Another informant, named Deepa Rani Sarker, said that her elder sister suggested her to go to Azimpur Maternity Hospital for pregnancy and childbirth. She asserted that she listened to everything her gynecologist suggested during her pregnancy and delivery time. Deepa expressed her satisfaction with Azimpur Maternity Hospital. This hospital is also near to their residence. She said:

“I did my pregnancy test there. I used to go there for check-ups. When I was admitted there for delivery, doctors and nurses were also good. It is also near to our home.”

Another informant, Anjali Rani Ghosh, mother of two children, shared her satisfaction with the treatment from Azimpur Maternity Hospital. She reported that she went to that hospital for a routine check-up every month. Whenever her doctor gave her the date for the check-up, she came on that date. She mentioned that the doctor checked her weight, blood pressure and the position of the baby. After her delivery, whenever she faced any problem, she went to Azimpur Maternity Hospital. Anjali further added that she preferred to receive services from there in both of her pregnancy terms. She preferred this clinic because all the staff and nurses are female. She added:

“I have heard from my neighbours that in Dhaka Medical College they lie down pregnant mothers here and there. Then, males also stay around. As everyone is female in Azimpur Maternity Hospital, I felt comfortable there.”

Informants reported that check-up during pregnancy mean checking blood pressure, checking weight and checking the position of the baby in the womb and this happens on a date set by the doctor.

Informants also said that they listened to the doctor’s instructions during their pregnancy and in post-pregnancy. Whenever they faced any complication, they went to gynecologists of Dhaka Medical College or Azimpur Maternity Hospital.

¹ 10 Bangladesh taka = UF\$0.08, approximately.

5.2. Accessibility of Treatment

Based on the fieldwork, Dalit women of the study area indicated that they live in a secure, restricted area of Dhaka city. Accessibility is the key factor to facilitate decisions to seek treatment (Young & Garro, 1982:1453). Informants reported their accessibility towards their preferred treatment during pregnancy. They mentioned their preferred two hospitals located very near to their residence. Informants also asserted that they buy medicines from nearby dispensaries of Dhaka Medical College and Azimpur Maternity Clinic. Usually, if there are no serious complications, doctors prescribed them iron and multivitamin tablets. Sometimes, medicines are also bought from dispensaries of Changkharpul, Bakshibazar area of Dhaka. Dalit women of this area also say that their husbands buy medicines for them according to doctor's prescriptions. An informant named Shathy Rani Das reported that her brother is a cleaner of Jagannath Hall. She stayed at her brother's home during her pregnancy. She reported:

"My brother managed treatment for me at Dhaka Medical College. He relayed my problems at the ticket counter and bought a ticket for me with 10BDT. They referred me to a gynae doctor and wrote the room number of the doctor on the top of the ticket."

The Dalit women of this area depend on biomedical treatment from the nearest hospital or clinic because of their household location and because they live in a restricted area.

5.3. Hospital Birth:

In the study area, the involvement of midwife (*dai*) is not found. Dalit women prioritize being in hospitals for child delivery. Dalit women of this locality go to nearby hospitals when their delivery time arrives. They choose the hospital for delivery. All of the informants reported that their family members and in-law's family also prefer hospital birth. Informants justified their opinions about hospital birth because, according to them, it is better and safer to go to the hospital during the delivery period.

The Dalit women of the study area mostly prefer the normal delivery process. They have support to deliver normally from their family and in-law's family. They also indicated that they choose Dhaka Medical College Hospital and the Azimpur Maternity Hospital for delivery because these hospitals are very close to their residence. Informants reported that if there are no complications during pregnancy and delivery time, they as well as their family members emphasize the use of the normal delivery process at hospitals. Anjali Rani Ghosh noted,

"My in-laws' family prioritize normal delivery in my delivery time."

Dalit Women of this locality admitted that they can easily bear the cost of a normal delivery. It is inexpensive and safe. An informant named Alo Rani Sarker, who is 47 years old, first became a mother 26 years ago. She explained:

"In my delivery time, there was no caesarean delivery. People were scared of these. At that time, however much labour pain, however much hardship there was, women gave birth normally."

Nilima Rani Das added that she first became a mother in 1986. At that time, she lived in Hajaribagh, Dhaka. Nilima said that they have been living in Jagannath Hall since 1993. When she lived in Hajaribagh, she gave birth normally at her home with the help of a *dai*. Nilima also added that after moving to this locality, she used to go to Dhaka Medical College hospital for any gynecological problem. She further added that her grandchildren were also born in Dhaka Medical College Hospital. Nilima suggested her daughter-in-law to seek treatment from Dhaka Medical College during her pregnancy. According to her, it is safe.

The group discussion and in-depth interviews with informants reveal Dalit women's acceptance of biomedical treatment and hospital birth. They reported their preference for unproblematic normal deliveries. It is observed that taking hospital treatment and delivering babies in hospitals makes them satisfied. The hospital has become the central place for seeking treatment during the reproductive phase of Dalit women in the study area.

5.4. Role of Family Members

Janzen (1978) states that a therapy management group refers to a set of kinfolk, friends, acquaintances and community members. They confer with the healer and representatives of his or her support structure in the healing process (Baer *et al.*, 1997). Informants reported the role of the kin group as well as their support structure during pregnancy time. They mentioned that they received support from their family members and neighbours. Family members helped them financially, provided them with food and medicines and helped with household chores. Choice of treatment was also decided by their family members within the households. Informants reported that their neighbours advised them regarding maternal health. An informant named Champa Rani Das asserted that her father is a cleaner of this dormitory. She got married inside that locality. Her husband is a gardener of Jagannath Hall. She said that after her marriage she moved into a separate household with her husband. Her parents also live inside this locality. She noted that her father and mother arranged everything for her during her pregnancy as they lived nearest to her. She mentioned her husband's support. Champa Rani Das said:

“As my father and mother live nearest to me, so whenever I faced any problem, difficulties during pregnancy and after delivery my mother always took care of me. Parents' minds do not keep calm in their children's difficult time I always used to follow her”

Another informant, Deepa Rani Sarker explained that her doctor suggested iron tablets in her pregnancy. Her husband bought this medicine from a dispensary of Chankharpul during her antenatal and postnatal period. She added that her elder sister was with her during her pregnancy and child delivery time. As she said that her elder sister was the nearest person to her and Deepa used to follow her elder sister's advice. She mentioned one of her neighbours suggested her to have nutritious food during pregnancy and post-pregnancy. All the informants reported that they were influenced by their mothers, mothers-in-law and elder sisters to deal with the maternal phase.

6. Discussion

Dalit women of the study area choose to seek treatment from the nearby hospital of their residence during pregnancy. The reason for choosing this treatment is due to the easy accessibility. The selection of treatment is shaped by their kin network and social relations with family members. Power relations and hospital surveillance are also identified in this research. Doctors and medical professionals maintain their power and status by monitoring and time to time checking-up of pregnant women during pregnancy. Dalit women consider doctor's knowledge and the knowledge of elder family members as authoritative knowledge. They try to follow their instructions. The instructions from them appear as authoritative knowledge. In this research, there is the presence of power hierarchy between doctors and pregnant women. Hospital is the central place for child delivery in this locality. However, Dalit women receive health support with their kin network. Overall, these are related to the concept of therapy management group, biopower and authoritative knowledge.

7. Conclusion

This research discloses maternal health-seeking process of Dalit women in an urban setting through the insight of Michel Foucault's biopower, Brigitte Jordan's authoritative knowledge and Mark Nichter's

therapy management groups. The findings of the study indicate that the households are located in a segregated area for the Dalit community. The inside of the Jagannath Hall is a restricted area. Women depend on their male counterparts. Their health-seeking processes largely depend on their financial condition, environmental factors and sociocultural factors associated with reproductive health. The Dalit women of Jagannath Hall 4th class staff quarter rely on biomedical treatment rather than any other treatment due to the location of their residence. It highlights their preference for biomedical treatment because of its easy accessibility. Dalit women in this area mostly choose hospitals to deliver babies. They prefer to seek treatment from Dhaka Medical College Hospital and Azimpur Maternity Hospital in their pregnancy because of the easy accessibility of these hospitals to them. They prefer to handle their reproductive phase with doctors and hospitals because, according to them it is better and safe. This research finds that Dhaka Medical College and Azimpur Maternity Hospital are the central places for Dalit women's health-seeking in their pregnancy and post-pregnancy time. They rely on these hospitals because of their household location and their financial conditions. Hospitals are the key places for child delivery. This research visualizes the role of a therapy management group among pregnant Dalit women. The roles of kin members and generational influence matter a lot for a pregnant Dalit woman. During pregnancy, they follow the rules and advice which are learned from their female kin members and neighbours. Power structure is apparent in this research. Doctors monitor and keep control pregnant women's body with medical knowledge. With the existence of a power hierarchy, Dalit women of the study area receive health facilities with the support of family and social networks. The knowledge of doctors and elder kin members appears as authoritative knowledge.

In this research, male members of the study area were not interested in participating in the interviews and group discussions. So, they did not participate directly to talk about women's reproductive health. However, male members talked about other informal issues with me during my rapport build up time. It would be better to gain Dalit male's insight into women's maternal health in future. It would be an interesting research project in the future to observe the maternal health-seeking process of Dalit women in rural areas of Bangladesh.

8. References

- Baer, H.A., Singer, M. & Susser, I. (1997). *Medical anthropology and the world system: Critical perspectives*. London: Bergin & Garvey.
- Browner, C.H., & Press, N. (1996). The production of authoritative knowledge in American prenatal care. *Medical Anthropology Quarterly*, 10(2), 141-156.
- Cisney, V.W. & Morar, N. (Eds.). (2025). *Biopower: Foucault and beyond*. Chicago, IL: University of Chicago Press.
- Dumont, L. (1980). *Homo hierarchicus: The caste system and its implications*. Chicago, IL: University of Chicago Press.
- Foucault, M. (1975). *The birth of the clinic: An archaeology of medical perception*. New York, NY: Vintage Books.
- Haynes, K. (2012). Reflexivity in qualitative research. *Qualitative organizational research: Core methods and current challenges*, 26, 72-89.

International Dalit Solidarity Network (2021). Bangladesh, available at: <https://idsn.org/countries/bangladesh/>

Janzen, J.M., & Arkinstall, W. (1978). *The quest for therapy in lower Zaire*. Oakland, CA: Univ of California Press.

Jordan, B. (1992). *Birth in four cultures: A crosscultural investigation of childbirth in Yucatan, Holland, Sweden, and the United States*. Lake Zurich, IL: Waveland Press.

Nichter, M. (2002). The social relations of therapy management, in *New Horizons in Medical Anthropology*, Abingdon: Routledge, 95-124.

Parvez, A. & Islam, M. (2013) *Dalit initiatives in Bangladesh*, Dhaka: Nagorik Uddyog & Bangladesh Dalit and Excluded Rights Movement, available at: <https://idsn.org/wp-content/uploads/2015/01/Dalit-Initiatives-in-Bangladesh.pdf>.

Spradley, J.P. (1979). *The ethnographic interview*. Lake Zurich, IL: Waveland Press.

Young, J.C. & Garro, L.Y. (1982). Variation in the choice of treatment in two Mexican communities. *Social science & medicine*, 16(16), 1453-1465.