

The Micropolitics of Healing: Post-COVID Health-Seeking in a Medical Pluralistic Setting

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Abstract

This article explores the post COVID-19 condition of health and the health-seeking process during post COVID-19 period, primarily through Mark Nichter's idea of micropolitics of therapy management group. Based on fieldwork at Green Road, Dhaka, this article reveals that treatment choices are determined by negotiations within households and kin members, where social relationships, resource circumstances and gendered obligations influence therapeutic decisions. Rumanucci Ross's idea of hierarchy of resort and Ardener's theory of muted group are also incorporated as supporting ideas in this research to understand the sequential movement across different medical systems and the gendered distinction of suffering marked in the field. The mostly manifested aftereffects of Coronavirus infection are memory loss, anosmia, fatigue, chest pain, joint pain, decreased immune system, insomnia, breathing problems, anxiety, diabetes, high blood pressure, cough, asthma, loss of smell and taste for a long time. It reveals that when people face post-COVID complications, they prefer to take biomedical treatment and medical check-ups from professional doctors. To handle post-COVID problems, some people also take homeopathy treatment and home remedies suggested by their kin network. Biomedical treatment plays a dominant role as people prioritize it due to its swift curing capability. Other medical systems, like- homeopathy, home remedies are also functioning to handle post-COVID complications. However, homeopathy and home remedies are playing as alternate medical systems in post-COVID phase. The findings indicate that post-COVID complications mostly affect female health and females suffer more from various physiological complications in comparison with their male counterparts. People think lack of proper diet and lack of care during COVID-19 infected time and in usual times, doing household work during times of sickness, make females' health conditions more severe in the post-COVID period.

Key words: Post-COVID, health-seeking, biomedical treatment, complementary, alternative treatment.

1. Introduction

The first case of severe acute respiratory syndrome (SARS-CoV-2) was identified in Wuhan, a city located in China's Hubei province. Initially, the outbreak was limited to China. Gradually, the scenario of this pandemic was getting worse around the

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globe. This new virus is the apparatus accountable for the contagious respiratory disease called COVID-19 (Anwar *et al.* 2020).¹ Overall, COVID-19 pandemic has generated a global threat. The World Health Organization (WHO) reported this pandemic as a public health emergency on 11 March 2020 (Ferreira *et al.* 2020).² Bangladesh confirmed its first COVID-19 infected case on March 8, 2020 (Paul 2020).³ Since then, Coronavirus has started to spread gradually over the whole country. It has become apparent that long-term consequences are occurring due to COVID-19 infection. When the first COVID-19 cases were identified, scientists and health practitioners noticed that COVID-infected patients were facing symptoms that persisted for several weeks after acute infection. Having symptoms for more than three weeks after the diagnosis of Coronavirus can be identified as post-COVID syndrome or long COVID. These symptoms may last for several months and disrupt regular activities and the quality of life of affected individuals (Maltezou *et al.* 2021).⁴ These newly emerged complications have been disrupting people's daily lives and activities for a long time. After recovering from COVID-19, regardless of the severity of the illness, some individuals experience symptoms that persist for several months. This state is commonly referred to as long COVID or post-COVID-19 syndrome. It is known as long-haul COVID or post-acute sequelae of SARS-CoV-2 (PASC) (Mayo Clinic, 2024).⁵ Individuals with long COVID may experience a broad range of symptoms, from mild to severe. These symptoms can last for weeks, months, or even years after the initial COVID-19 infection (Centers for Disease Control and Prevention [CDC], 2024).⁶

Coronavirus is a novel infectious disease of the 21st century. Thousands of individuals have been infected with COVID-19 multiple times. Various physical complications following recovery from COVID-19 have been reported in the mass

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- 1 S. Anwar *et al.*, "COVID-19 and Bangladesh: challenges and how to address them", *Frontiers in public health*, Vol. 8, 2020, p. 154
 - 2 C. M. Ferreira *et al.*, "The COVID-19 contagion–pandemic dyad: A view from social sciences", *Societies*, Vol. 10(4), 2020, p. 77.
 - 3 R. Paul, "Bangladesh Confirms Its First Three Cases of Coronavirus", Reuters, 2020. <https://web.archive.org/web/20200327163555/https://www.reuters.com/article/us-health-coronavirus-bangladesh-idUSKBN20V0FS>
 - 4 H. C. Maltezou *et al.*, "Post-COVID syndrome: an insight on its pathogenesis", *Vaccines*, Vol. 9, 2021, pp. 497.
 - 5 M. Clinic, "COVID-19 Long-Term Effects: What Is Long-Haul COVID?", Mayo Clinic, 2024, retrieved from <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-long-term-effects/art-20490351>
 - 6 Centers for Disease Control and Prevention. "Long COVID or Post-COVID Conditions", July 11, 2024, retrieved from <https://www.cdc.gov/covid/long-term-effects/long-covid-signs-symptoms.html>.

media. Health is influenced by environmental factors, genetic inheritance, and socioeconomic circumstances (Brown and Closser 1998).⁷ This context sets the background to explore the after-effects of COVID-19 and the associated health-seeking process during this period. Therefore, the motives of this study are to address the following questions: What are the aftereffects of COVID-19 and how do COVID-19 infected patients manage this phase? Thus, this paper examines the after-effects of novel coronavirus and the health-seeking behavior employed by individuals to navigate this phase.

2. Theoretical Framework:

This research uses Mark Nichter's (2002) idea of "Micropolitics of Therapy Management Group", Rumanucci-Ross's (1977) idea of "Hierarchy of Resort" and Edwin Ardener's (1975) idea of "muted group" as its theoretical framework.

Nichter (2002) argues that to study therapy management, it is necessary to investigate the social dynamics of households, kin groups and larger social networks as they influence each other. The study of the medical system requires how meaning was negotiated among the afflicted and how it concerned others (Janzen and Arkininstall 1978).⁸

The afflicted and members of the therapy management group engage in a variety of illness-related work that originates through time (Nichter and Lock 2002).⁹ 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, the process of negotiation and accommodation as well as resistance and assertion (Nichter and Lock 2002).¹⁰

The idea of micropolitics of therapy management group helps us to consider the significance of studying the particular as a way of understanding how illness is negotiated. This concept assists to explore how urban people select and evaluate treatment in post-COVID-19, how family integration and household dynamics influence each other and the influence of relationships with each other to deal with

7 P. J. Brown and S. Closser, *Understanding and applying medical anthropology*, (Routledge 1998)

8 J. M. Janzen and W. Arkininstall, *The quest for therapy in lower Zaire*, (University of California Press 1978)

9 M. Nichter and M. Lock, *The Social Relations of Therapy Management*, (*New Horizons in Medical Anthropology* New York: Routledge 2002), pp. 95-124

10 Ibid, pp. 95-124

the after-effects of COVID-19. However, Pfeiffer and Nichter (2008) state the critique of micropolitical analysis is its probability to overlook the extended structural and symbolic contexts that form the intimate negotiations (Pfeiffer and Nichter 2008).¹¹ To elaborate on this analysis, the concept of medical pluralism needs to be elaborated.

The concept of medical pluralism refers to the medical system of a society composed of multiple medical subsystems that coexist in competitive and cooperative relationships with one another and are often hierarchical. In modern industrial societies, in addition to biomedicine- the dominant medical system, people also use other medical systems such as- chiropractic, naturopathy, Christian Science, herbal, evangelical faith healing, ayurvedic medicine, unani medicine, homeopathy and various ethnomedical systems (Baer *et al.* 1997).¹² In a society, various typologies of medical pluralism exist, but one can find dominative medical system, which refers to the fact that medical systems do not exist in a vacuum. In a society, multiple different healing traditions coexist, but one tends to be more closely aligned with the prevalent social groups and to be the dominant healing tradition (Singer, Baer 2007).¹³

Chrisman and Kleinman (1983) developed a widely used model that recognizes three overlapping sectors in healthcare systems (Baer *et al.* 1997).¹⁴ Kleinman (1980) suggests these overlapping sectors are interconnected with each other in complex societies (Helman 2007).¹⁵

The popular sector involves lay, non-professionals and non-specialist domains of society, where ill health is first acknowledged, defined and health-care activities are initiated. This sector includes all therapeutic methods that individuals use without paying or seeking suggestions from medical professionals or traditional healers. It refers to self-care or self-medication, treatment or advice from relatives, friends, neighbors or co-workers, mutual care within religious or self-help groups and consultations with laypeople who have specific experience with a particular illness (Helman 2007).¹⁶

11 J. Pfeiffer and M. Nichter, "What can critical medical anthropology contribute to global health?", *Medical Anthropology Quarterly*, Vol. 22, 2008, pp. 410-415.

12 H. A. Baer *et al.*, *Medical anthropology and the world system: Critical perspectives*, (London: Bergin & Garvey 1997), pp. 8-15

13 M. Singer, and H. A. Baer, *Introducing Medical Anthropology: A Discipline in Action*, (Lanham, MD: Rowman & Littlefield 2007), pp. 121-130

14 Ibid, p. 10

15 C. Helman, *Culture, health and illness*, (CRC press 2007), pp. 81-100

16 Ibid, pp. 81-100

The folk sector surrounds healers of various sorts who act informally and often on a quasi-legal or sometimes given local laws, an illegal basis such as- herbalists, bonesetters, midwives, magicians and mediums (Baer *et al.* 1997).¹⁷ The healing traditions are often referred to as complementary medicine and alternative medicine, for instance, naturopathy, acupuncture, chiropractic, herbalism and homeopathy (Winkleman 2009).¹⁸

The professional sector constitutes the organized, lawfully sanctioned healing professions- modern Western scientific medicine. It contains not only physicians of various types and specialties but also the recognized paramedical professionals, such as physiotherapists, nurses and midwives. (Helman 2007).¹⁹

In a medical pluralistic setting like Dhaka, the negotiation of therapy management groups clearly depicts their navigation of complex and competitive treatment choices. Chrisman and Kleinman's (1983) model of overlapping healthcare sectors illustrates that individuals evaluate the multiple sources of care (Helman 2007).²⁰ Mark Nichter's idea of micropolitics (2002) functions within this pluralistic context. It helps to understand how structural availability is determined through negotiation within the social network.

To understand the patterns that emerge from negotiations, this study uses Rumanucci-Ross's (1977) concept of "hierarchy of resort". Rumanucci-Ross (1977) argues people select therapy or therapies sequentially in a plural setting by creating a hierarchy of resort (Rumanucci-Ross 1977).²¹ In some cases, people start their treatment with modern medicine, like biomedicine and sequentially move toward earlier modes of treatment, forming an "acculturative hierarchy of resort" (Rumanucci-Ross 1977).²² Sometimes people start their treatment with the earlier modes of treatment and sequentially move toward modern medicine by creating a "counter-acculturative hierarchy of resort". These therapies are chosen sequentially

17 Ibid, pp. 8-15

18 M. Winkleman, *Culture and health: Applying medical anthropology*, (John Wiley & Sons 2008), pp. 163-199

19 Ibid, pp. 81-100

20 Ibid, pp. 81-100

21 L. R. Schwartz, "The hierarchy of resort in curative practices: The Admiralty Islands, Melanesia", *Journal of Health and Social Behavior*, Vol. 10, 1969, pp. 201-209

22 Ibid, pp. 201-209

according to the perceived success of the treatment (Begum 2015).²³ This hierarchy of resort is seen as providing alternative choices for the treatment of illness that have been eventually given preference and become available to all. (Rumanucci-Ross 1977).²⁴ This study explores that the observed hierarchy is not pre-determined but emerges and is often contested as an outcome of the micropolitics of therapy management groups.

Sherry B. Ortner (1975) stated that women remain ‘muted’ due to their model of reality. Their view of the world cannot be realized using the terms of the dominant male model. They are forced to structure their understanding of the world through the dominant group and traditional patriarchal social patterns (Moore 1988).²⁵ The domestic social roles, like cooking, childbirth, and the upbringing of children, make them closer to nature (Ortner 1975).²⁶ Women are considered subordinate rather than their male counterparts in terms of educational status, social status, healthcare, decision-making power and so on. Women continue their responsibilities regardless of their situation (Intesar and Parvez, 2022).²⁷ The critique of “muted group” concept reveals that it can portray women as passive victims without agency (Moore, 1988).²⁸

As this study focuses on the health-seeking process in post-COVID, these concepts are useful to explore what treatments are chosen and to analyze how and why they are selected through the social, political and gendered dynamics of post-pandemic days.

3. Methodology

This research employs qualitative methods that include in-depth interviews, key informant interviews and observation. Twenty respondents were selected for in-depth interviews using purposive and snowball sampling. At first, to make a faithful relationship, rapport was established. The fieldwork was conducted from January 2023 to August 2023 at Green Road, Dhaka. This area was chosen purposively due to

23 F. Begum, *Women's Reproductive Illness: Capital and Health Seeking*, (Dhaka University Prakashana Sangstha 2015), p. 12

24 Ibid, pp. 201-209

25 H. L. Moore, *Feminism and Anthropology*. (Minneapolis: University of Minnesota Press 1988) pp. 1-11

26 S. B. Ortner, "Oedipal father, mother's brother, and the penis: A review of Juliet Mitchell's" psychoanalysis and feminism", *Feminist Studies* Vol. 2, 1975, pp.167.

27 A. Intesar and M. S. Parvez, "Triple Burden through the Eyes of Urban Slum Women in Bangladesh: An Anthropological Perspective", *Available at SSRN 4305706*, 2022.

28 Ibid, pp. 1-11

the researcher's knowledge of many COVID-19 infected people with diverse backgrounds and treatment options. Informants were selected based on their availability, experience with COVID-19 and willingness to participate in this research. Informants are between the ages of 18-65 and have experience with COVID-19 infection. The purpose of choosing male and female interviewees from different age groups and different professional backgrounds was to capture a wide range of experiences. Ten of the informants were male and the other ten were female. All interviews were fixed at their convenience to ensure flexibility. After the primary analysis, follow-up probes were conducted within this time. During the fieldwork, three key informants were selected. Key informants included a landlord, a doctor and an NGO worker due to their strategic insight into the COVID-19 situation in that locality. A semi-structured open-ended interview guide was followed. This interview process helped to focus on the research and it allowed informants to talk more easily about their experiences. During interviews, informants' emotions and body gestures were observed. These observations were critical to understand the painful experience associated with Coronavirus. Informed consent was taken first by informing them about the objectives of the study. The interviews were recorded with a mobile recorder only when the informants permitted. Pseudonyms were used in this study as the informants did not want their names used in this document. So, the secrecy and confidentiality of the data were ensured by keeping respondents anonymous. Field notes were taken regularly. Recorded interviews were translated manually. The translated interviews, the field notes and observations are all subject to content. The transcribed interviews and observation notes were coded manually to attain themes and the data were thus organized.

4. After-effects of COVID-19

It is observed that people are facing several problems for a long period after recovering from COVID-19. COVID-infected patients did not properly recover although after clinical recovery and it leads to long-term physical and mental consequences (Mahmud et al. 2021).²⁹ These newly emerged complications have been disrupting people's daily life and activities for a long. There is no guarantee of how long Coronavirus infected patients will have to bear these complications. It is

29 R. Mahmud *et al.*, "Post-COVID-19 syndrome among symptomatic COVID-19 patients: A prospective cohort study in a tertiary care center of Bangladesh." *PloS one*, Vol. 16, 2021, e0249644.

explored that after-COVID effects stay much longer than COVID-infected period. Nazneen Jahan (23), revealed her frustration about post-COVID in this way,

We know what to do and how to handle COVID-infected time. But what about post-COVID? We do not know anything about it. There is no instruction about this phase. But this is more difficult than COVID-infected time.

Informants expressed that this is a very frustrating stage and there is no way to get escape from the newly emerged complications.

The after-effects of Coronavirus between males and females are given in the following tables:

Table 1: List of Post-COVID complications among females.

Name	Age	Problems	Duration
Nazneen Jahan	23	Memory loss	More than a year
Urmi Sharif	24	Lost memory and Stamina	From January 2021 still continuing
Moumita Hossain	26	Lost memory and stamina, decreased immune system after COVID	From February 2022 still continuing
Nusrat Rahman	27	Fatigue, memory loss, breathing problem	From February 2021 still continuing
Rita Ahmed	26	Insomnia, lost memory	From August 2021 still continuing
Natasha Haque	33	Fatigue, chest pain	From August 2020 still continuing
Fahima Parveen	58	Chest Pain	From January 2021 still continuing
Prapti Hossain	25	Anosmia	3 months
Dr. Tasmia	35	Anosmia	6 months
Samiha Hossain	25	Fatigue and joint pain	3 months

Source: Fieldwork 2023

Table 2: List of Post-COVID complications among males.

Name	Age	Problems	Duration
Shakil Islam	24	Tiredness	1 month
Mohammad Raihan	25	Weakness and a little breathing problem	2 months
Dr. Rakib	36	Memory loss, getting sick frequently after COVID-19	1 year
Mahtab Rahman	29	Insomnia, memory loss, high blood pressure, no smell and taste	6 months
Sabbir Haque	23	Lost Stamina	2 months
Tasin Hossain	25	Lost smell and taste	5 months
Zaber Haider	29	Fatigue, insomnia	5 months
Sakib Hasan	28	Breathing problem, lost memory	From August 2020

		and concentration, death anxiety, Post-Traumatic Stress Disorder (PTSD), high blood pressure	still continuing
Md. Shamsul Ahmed	55	Lost smell and taste	4 months
Monirul Islam	61	Increased diabetes, fatigue and cough	From July 2020 still continuing

Source: Fieldwork 2023

Shakil Islam (24), explained that he was COVID-19 infected with his father in June 2020 and in October 2020, his mother was also infected. Shakil informed that his father is 59 years old and his mother is 52 years old. Both of them faced long COVID. His father faced extreme physical weakness. He added that his father is still having this problem.

Nazneen Jahan (23) was infected with her whole family. When they were cured from COVID-19, they went for check-up in the hospital according to her brother's advice. As her brother is a doctor, so they rely on him for any sickness. She expressed that besides extreme physical weakness, five people in her family faced memory loss. They forgot everything for almost a year.

Like Nazneen, Sakib Hasan (28) also echoed quite similarly. But he along with his mother, faced more severe condition in post-COVID. Sakib told that he was COVID-infected twice with his mother and younger brother in June 2020 and July 2021. He expressed that he had several problems after his first-time infection. His younger brother is in his early 20s. Sakib revealed that his younger brother did not face complications in post-COVID. He thinks that his younger brother is too young, so he did not face post-COVID illness. He explained that his family was again infected in July 2021. Three of them were not vaccinated at that time. Sakib said,

We had the worst experience of long COVID after our first time infection. Everything increased again when we were cured from 2nd time infection in 2021.

He also added that he faced severe physical problems from August 2021 to now.

The findings show a significant difference in physical complications across different age groups. Young informants reported mostly psychological and neurological symptoms. On the other hand, middle-aged and senior informants reported experiencing chronic physical conditions. Additionally, females, particularly those over 50 years, experience longer physical complications. As COVID-19 is a highly infectious disease, most people are infected with their surrounding household members. It spread rapidly in a household. When an informant was interviewed for this study, they also shared their family members' experiences. It is explored that COVID-infected people are facing several types of problems in post-COVID. However, the experiences of people are very unique.

5. Therapy Management Group

Therapy management refers to a process that entangles diagnosis and the negotiation of illness identities, the selection and evaluation of therapeutic options and the support to the sick (Nichter and Lock 2002).³⁰ They confer with the healer and representatives of his or her support structure in the healing process (Baer *et al.* 1997).³¹ Data from the informants show the role of therapy management group when they encountered aftereffects of COVID-19. Informants reported how they negotiated with illness in post-COVID and how their relationship with each other shapes their treatment patterns. Through the in-depth interviews, it is illustrated that how priorities are established in a household and how social relationships are revisited. All the informants reported the role of their therapy management group when they faced post-COVID complications. The influence of relationships with each other shapes people's health-seeking behavior. Informants reported co-operation and sometimes conflict with their kin network towards handling post-COVID illness. They justified the importance of studying the particular as a means of realizing how life is negotiated and circumstance as a way of studying illness.

Nusrat Rahman (27) informed that when she was cured from COVID-19 in 2021, since then she is having breathing problems, memory loss and fatigue. As her problems were continuing, she wanted to get treatment. She lives in a joint family. When she started to face complications in post-COVID, she shared with her mother first. Then she talked with her paternal cousin, who lives in next door to their family. Her cousin suggested her to visit a medicine specialist doctor. Nusrat's cousin also gave her doctor's name and address. At that time, Nusrat's father told her to visit his known doctor. Her father's known doctor was her father's friend. She was in a dilemma about her treatment and whom she would go to. She informed that she took treatment from her father's friend when she was COVID-19 infected. On the other hand, she knew that her cousin's suggestion was also good. Because her cousin takes that doctor's treatment in any sickness. Nusrat's mother told her to go to her father's suggestion. Nusrat knew that her father would be disappointed if she did not consider it. Then she decided to take treatment from her father's known doctor. That doctor gave her some tests. Nusrat went back to that doctor with the test reports. The doctor gave her oral medicines and prescribed her regular follow-up. In spite of following the doctor's prescription, Nusrat was not cured. Three months later, she visited her cousin's known doctor without telling her family members. That doctor informed her

30 Ibid, pp. 95-124

31 Ibid, pp. 8-15

that post-COVID illness varies from person to person. In some cases, it became prolonged. The doctor suggested to continue medical treatment with patience.

It is seen that when Nusrat identified the after-effects of COVID-19 and how she negotiated with that, her family integration and the priority of her social relationships.

6. Biomedical Treatment as First Priority

Informants acknowledged their preference for biomedical treatment due to its fast and scientific curing capacity in post-COVID period. Everyone faces unique illness experiences after curing from COVID-19. Whatever the aftereffects of COVID-19 are people choose biomedical treatment first. Hahn (1983) argues that in diagnosing and treating sickness, biomedicine focuses primarily upon human physiology and even more specifically on human pathophysiology (Baer *et al*, 1997).³²

Rita Ahmed (26), said that she had an extremely worst experience in post-COVID. She expressed that in 2021, she suffered from COVID for 23 days. After suffering for 23 days in COVID, when she tested negative gradually, she started to feel continuous weakness. She added that besides her continuous tiredness, she lost concentration and interest in everything. It was hampering her career. Rita noted,

In post-COVID, day after day she passed with insomnia. With all these, I discovered that I cannot remember anything that happened.

She mentioned her memory was okay before COVID. She became very frustrated with all these in post-COVID. According to Rita, it was necessary for her to get well for her job. She did not consult with any doctor for the first 3.5 months after COVID. Her family members were aware of her post-COVID problems. Rita said, “I was not finding any solution for these problems, I felt so broken and became mentally unstable”.

At one stage, when she could not tolerate these anymore, she contacted with her friend's sister, who is a doctor. Rita talked with her every day during her infected days. Rita's friend's sister explained that these are post-COVID complications and these vary from person to person. When Rita shared everything with her, she (Rita's friend's sister) suggested Rita to consult with a psychiatrist. She gave Rita her known psychiatrist's address and contact number. Rita noted that she still takes mental counseling from that psychiatrist. She feels that she still has not overcome properly from post-COVID complications, so she is continuing treatment. However, she believes there is no alternative of medical doctor to handle post-COVID

32 Ibid, p. 11

complications. Hence, she thinks it is better and right to take biomedical treatment for its rapid curing capacity.

Another informant, Dr. Rakib (36) shared his post-COVID experience. He added that he frequently gets sick after getting COVID. He identified it within the first three months after his recovery. He further added that he faced memory loss problem. He consulted these problems with his friend. His friend is also a medicine specialist doctor. His friend prescribed him some medicines and he (Dr. Rakib's friend) assured him that with sometime these problems would be okay. Dr. Rakib faced these problems for almost a year. Dr. Rakib added,

I was infected in 2020. Now, I have overcome from those complications. Post-COVID time is more sensitive. Multivitamins, zinc are much needed after recovery. Patients need to do checkups properly after COVID. It is better to consult with medicine doctor in post-COVID time.

Dr. Rakib's narrative reveals that he overcame post-COVID complications with biomedical treatment. He emphasized on modern biomedical treatment as he thinks the post-COVID period is more sensitive.

Prapti Hossain (25) was infected in July 2021. She informed that she was not vaccinated at that time, but she passed her infected time with light symptoms. When she was cured after 14 days, her doctor (whose treatment she took during COVID) prescribed her multivitamin and vitamin D tablets for one month. From the 1st week of September 2021, she suddenly felt a weird feeling for 24 hours. For the first few days, she could not understand what was happening or what was bothering her. Prapti shared it with her mother first, she could not identify it. Gradually, she discovered that her smelling sense was completely spoilt. She did not tolerate the smell of any food for a second. She further added that not only food smell, but she also could not tolerate anything. When she went outside for work, there she felt the same feelings. It was so strange and bothering. When she stayed at home, she stopped going to the kitchen and dining room. Prapti noted that she had nothing to do with this. She added,

I had to work a lot at that time. No one will understand what's going on inside me at a glance. I identified it as Anosmia with the help of internet, an after-effect of COVID. I felt so upset. Because it bothers 24 hours. From the internet, I came to know that it may stay 6 months, 1 year or 2 years. I really became depressed.

Prapti shared it with her mother first and her close friend. At that time, she joined in an office. Prapti had to stay there from 10 am to 5 pm. Prapti added,

I was able to do hard work after COVID but my sense of smell was bothering me continuously. I had no time to visit the Ear, Nose and Throat (ENT) doctor due to work pressure.

Prapti informed that she uses a medical service app on her mobile. After almost one month passed like this, she consulted with an ENT doctor from that mobile app. That doctor said to her it was a post-COVID nasal problem, named Anosmia. It happens in some COVID patients in post-COVID period. He gave Prapti a list of medicines to treat this. That doctor informed her that there is no guarantee that how long it will take, but if Prapti starts medicine she may overcome it with time. That doctor gave her oral medicines and nasal drops. Prapti followed that prescription. Then it reduced a little bit but not completely. For this problem, sometimes she felt headache. She used to take painkiller to get rid of headache. Some days, she felt severe headache for anosmia. Prapti expressed, “I felt so frustrated. I did not find peace in anything”.

Then one day her mother suggested her to consult with her known ENT doctor. Prapti took that doctor’s appointment. The doctor told her that it is Anosmia which happens as an after-effect of COVID. She needs to follow medicines and to remain doctor’s follow-up. She followed the doctor’s prescription for the next two months. She visited the doctor’s chamber on her follow-up days. After two months of continuous suffering, Prapti went to her 3rd follow-up at the doctor’s chamber. At that time, she said that her problem was reduced than before. Then the doctor explained to her she improved quite fast in comparison with other Anosmia patients and post-COVID complications are very unique. Some patients suffer it for three months, six months, one year or two years. Prapti said,

I was COVID positive. However, I had a very mild COVID and I recovered very fast during infected time. But see my sufferings in post-COVID stayed for each and every day for three months.

Prapti’s story explores how she identified her post-COVID problem with the support of internet. She took medical support through a mobile app first. A few days she followed that doctor’s prescription from mobile app. Helman (2007) states, “Many people use internet to find information about health and medical issues. Access to health information is now one of the commonest reasons for going online (2007:334).”³³ Later on, Prapti’s mother advised her to visit to a medical practitioner to get rid of sickness. With the support of medical treatment and regular follow-up, she became well from her post-COVID problem. Prapti also shared her continuous suffering in post-COVID period.

Another informant, Mohammad Raihan (25), was also COVID-positive in July 2021 along with his mother. Raihan did not face any major problems in post-COVID. But when he was cured, he felt weak continuously. Usually, he was a very restless

33 Ibid, p. 334

person before his COVID-19 infection. But post-COVID weakness changed him. Raihan added,

I thought I had a very mild COVID, so maybe nothing will happen in post-COVID. But my assumption was wrong. One night suddenly, I faced breathing difficulties.

When he informed his mother, his mother took an appointment with their known medical doctor. The doctor gave Raihan for some tests and his mother, as his mother was also infected. The doctor informed Raihan that it had happened due to Coronavirus and prescribed him some medicines. Raihan followed the doctor's prescription. He further added that he had post-COVID problems for two months. He informed that his mother relies on doctor for any physical issues. Thus, they decided to take medical treatment in post-COVID period.

Zaber Haider (29) was COVID-positive in July 2021. He lives in a Bachelors Home at Green Road. When he was cured from COVID, he had fatigue and insomnia. He could not find interest in anything. When one month passed with these, then he decided to consult with doctor about these problems. As he works in a hospital, his colleague suggested him to take an appointment from medicine specialist doctor. His colleague thinks it is better to go for medical check-up in this period. The doctor informed Zaber that these might happen for COVID and he prescribed some medicines. Zaber expressed that he had post-COVID problems for five months. In his post-COVID, he took treatment from a medical practitioner.

In summary, informants prefer to take biomedical treatment at first without hesitation for rapid curing capability.

7. Use of Homeopathy

In the research area, it is observed that people take homeopathy treatment to deal with post-COVID complications. So, some informants prefer this treatment due to some reasons to treat post-COVID complications besides biomedical treatment. Informants reported their uses of homeopathy medicine in post-COVID to some extent. They mentioned that there are no side-effects in homeo medicines. They also reported their belief in homeopathy and the cultural relevance of using it. Homeopathy comprises an immensely individualized form of therapy, that is the treatment of each patient is destined by the overall condition of the patient rather than by specific symptoms (Insel *et al.* 2004).³⁴

³⁴ P. M. Insel and W. T. Roth, *Core concepts in health*, (The McGill Company 2004), p. 612

Sakib Hasan (28) was COVID-19 infected twice, first in 2020 and second in 2021. He expressed that he faced several problems in post-COVID. He added that he had post-traumatic stress disorder (PTSD) and his immune system was decreased. He lost memory and concentration and increased death anxiety in post-COVID. According to Sakib, he took support from a psychotherapist. He noted that there were many facebook groups regarding COVID-19 and mental health. From there, he got the address and contact number for mental counseling. He also did physical check-ups from Popular Medical and his reports were okay. The doctor told him that post-COVID complications might stay for a long time. When he identified that he had to bear these problems, then he decided to take homeopathy treatment. Before infecting COVID-19, sometimes they used to take treatment from a homeo doctor in the nearest location. Sakib's mother suggested it to him. He also relies on homeo medicines as it does not have side effects. After curing from COVID-19, his immune system was decreased and he got sick frequently. To deal with it, he decided to take treatment from homeo doctor. He mentioned that it became harder for him to carry the expenditure of biomedical treatment for such a long time. On one hand, Sakib had to carry his mother's treatment expenditure in post-COVID. Because his mother had a very critical condition. On the other hand, Sakib was taking treatment from a psychotherapist. To lessen his financial burden and their belief on homeopathy, he chose to take homeopathy treatment. So, at a time of his post-COVID he consulted with that homeo doctor. Sakib further added that when he was cured of second-time infection, he took treatment from a psychiatrist and homeo practitioner. Sakib noted that he is still having homeo medicines regularly to get rid of these problems. He added,

As the duration of post-COVID complications does not have any guarantee, so I think homeo medicines can be taken for a long time.

In addition to psychological support and medical check-up, Sakib chooses to take homeopathy treatment to deal with long-COVID.

Urmi Sharif (24) informed that she and her mother were COVID infected in May 2020. When both of them were cured from COVID-19, her mother suddenly started to feel a burning sensation in her whole body. Urmi's mother started to feel it every day from June 2020. Before her COVID infection, she never had this type of problem. For the first 15-20 days, she did not consult about it with anyone for this problem. From June 2020 till now, still she is bearing this problem. Besides this, Urmi added that her mother faced asthma problems in post-COVID. It never happened to her before COVID. Urmi noted, "It is already two years passed and my mother's post-COVID problems did not leave yet".

During COVID infected time her mother took lots of allopathic medicines and anti-biotic medicine prescribed by medical doctor. Her mother did not tolerate these allopathic medicines anymore due to varieties side effects. She (Urmi's mother) suffered from COVID for 23 days. Urmi's father is now retired from his job. After his retirement, he practices homeopathy. Urmi's father has a homeopathy chamber. Urmi further added that when her mother started to face these problems in post-COVID, she did not want to take allopathic medicines anymore. So, she talked with Urmi's father about it. Urmi's mother decided to take homeopathy treatment for her post-COVID problems. Urmi added,

Homeopathy is very effective, as my father is a practitioner and sometimes, we take homeo medicines. It has curing capability without any side-effects. But it requires time. But we need to believe in it.

Urmi further noted that still her mother is continuing homeo medicines for her post-COVID problems. Her mother did not want to take biomedical treatment anymore for her post-COVID illness. So, her mother chose homeopathy treatment as an alternative medical treatment.

Urmi's mother prefers to take homeopathy treatment for post-COVID problems for two reasons. First, she suffered from COVID-19 for 23 days. At that time, she was completely under doctor's treatment and medication. She had to take routinely anti-biotic medicine and other allopathic medicine regularly. When she faced post-COVID problems, she did not want to take allopathic medicines anymore after a lengthy treatment for COVID-19 infection. Second, her husband is a homeo practitioner, so taking homeo treatment is quite easily accessible for her. Her closest kin network helps her to rely on homeo medicine.

Informants reported that they use homeo medicines to treat post-COVID illness as complementary and alternate treatment. It is explored that taking homeopathy treatment is also based on their kin network, family integration and household dynamics.

8. Home Remedies

Informants acknowledged that they used home remedial treatment for long-COVID. The use of home remedies is decided by kin network. People prepare these remedies at home with their knowledge. Throughout the world, individuals have historically relied on natural resources for pain management, wound care and addressing various health condition (Insel et al. 2004).³⁵

³⁵ Ibid, p. 614

Prapti (25) informed that she recovered from COVID-19 infection within 13/14 days and she had a very mild COVID. She was not vaccinated when she was infected. When she was cured on 22 July 2021, Prapti thought she had become fine and now she can work. So, she went to the kitchen to help her mother with household work. Prapti explained that when she started to work at kitchen, she felt that she was not able to stand for five minutes. Immediately, she went to rest and could not do anything. She was scared of post-COVID problems as her online exam was approaching at that time. She heard about post-COVID complications from mass media. Gradually $\frac{3}{4}$ days, she felt the same type of weakness and she became nervous about it. Prapti contacted with her cousin, who was also COVID-infected at the same time as Prapti. Her cousin suggested her a homemade drink and she told Prapti how to make it. Her cousin told her to have that drink every day. Prapti expressed,

It worked like a medicine. Instantly, I used to feel fresh and energized. My cousin told me to make it with a whole lemon and sugar. It actually removed my tension for weakness.

She further explained that this drink helped her to get rid of weakness. She became physically fine within a week by having this drink every day. According to Prapti, home remedy suggested by her cousin helped her to get rid of fatigue. Later on, she also expressed her satisfaction with it when she felt better.

9. Women's Physical Complications

The COVID-19 pandemic has intensified pre-existing gender disparities in health within the U.S., with the most vulnerable women being disproportionately affected. The pandemic is expected to have both short- and long-term consequences on women's health, emphasizing the need to include a gender-based analysis in pandemic planning and response efforts (Connor et al., 2020).³⁶ The risk factors for long COVID are only beginning to be understood. Overall, studies generally indicate that long COVID is more frequently diagnosed in females of all ages compared to males (Mayo Clinic, 2024).³⁷ This study indicates in post-COVID women's physical condition becomes more critical in comparison with male counterparts. It is confirmed by informants. The overwhelming experience of COVID-19 infection among informants leads to unique illness experience in post-COVID. However, it is noticed that post-COVID conditions of females are more severe than their male

36 J. Connor *et al.*, "Health risks and outcomes that disproportionately affect women during the Covid-19 pandemic: A review", *Social science & medicine* Vol. 266, 2020, p. 113364.

37 Ibid.

counterparts. The duration of post-COVID complications among females is quite lengthier than males.

Female informants reported their prolonged physical complications in post-COVID. During fieldwork, male informants reported their female family members' post-COVID condition willingly. When data was analyzed, it was identified that females' health condition became more critical in post-COVID. Women's physical suffering is very high and long in comparison with males. When Shakil was interviewed, he mentioned that his father and mother were also COVID-19 infected. His mother is 52 years old. He reported that his mother's post-COVID condition became more critical. In post-COVID, Shakil's mother had urine infection for almost 1.5 years. He noted that his mother had to take long-term treatment and medication in post-COVID. The doctor confirmed his mother that it happened as an after-effect of Coronavirus.

Mohammad Raihan (25) was COVID-19 infected with his mother in July 2021. He and his mother were not vaccinated at that time. He illustrated that his mother never had diabetes before COVID infection. Raihan also noted that his mother (55) was diagnosed with diabetes in post-COVID besides physical weakness. The doctor informed that these complications occurred as after-effect of COVID-19. His mother's post-COVID condition is more critical. He mentioned that now his mother has to maintain treatment properly.

Sakib Hasan (28) informed that after curing from COVID-19, his mother (58) had not any ability to do anything. Sakib took his mother to the doctor's chamber in a renowned Hospital. His mother was diagnosed with Fibrosis in her city-scan report. He informed that the doctor identified it happened due to COVID infection. He depicted that his mother had to take complete treatment for ten months to recover. Sakib's family was again COVID-19 infected in July 2021. Three of them were not vaccinated at that time. When they recovered from COVID-19 in 2021 his mother was on complete bedrest for three months. His mother's lung problems increased again. Sakib mentioned,

My mother needs to be under doctor's observation and medication since her recovery from COVID in 2020. Before infecting COVID, she never had to take so many treatments and medicines. COVID completely changed her life.

Since then, she has always needed to be under full medical treatment. Sakib further noted that his mother is still bearing post-COVID complications. He added, "Those who fall in long COVID, know the horrible suffering of this".

Tasin Hossain (25) was COVID-infected with his parents in January 2022. Three of them in his family were vaccinated. His mother (53) was hospitalized during COVID-19 infection time. Tasin informed that his mother is still bearing post-

COVID problems. He expressed that his mother was not an asthma patient before COVID. But after recovering from Coronavirus, his mother needs to take treatment and medication always. Tasin further added that his mother's asthma problem increased a lot in post-COVID phase.

Monirul Islam (61) depicted that in his family, three of them were COVID-infected together in 2020. Three of them faced post-COVID complications. Among three of them, his wife (54) had the worst physical condition in post-COVID. Monirul said that before their COVID-19 infection, his wife did not get sick frequently. Several complications developed in her body after curing from COVID-19. His wife was diagnosed with diabetes and constant breathing problems after curing from Coronavirus. After her recovery from COVID-19 six months later, she was admitted to Intensive Care Unit (ICU) of a hospital in Dhaka for 14 days due to her extreme breathing difficulties. After releasing from ICU, she was admitted to hospital for more 12 days. Monirul reported that this happened as an after-effect of COVID. Doctor said that his wife's problem was not properly curable, but with regular treatment it could be minimized. She needs 3 to 4 inhalers regularly. He added,

But my wife was completely fine before COVID. She used to work a lot before. Now we remain scared always, who knows what happens to her. I never imagined that we would have to face such a situation. COVID-19 changed our life.

He further added her daughter (30) is married. After her recovery from COVID, she became extremely weak physically. Monirul's daughter's blood pressure turned low and asthma problem increased in the post-COVID period. Monirul noted her daughter tried to conceive three months later after curing from COVID-19, but it did not work. He informed that when her daughter consulted with a gynae doctor about it, the doctor diagnosed that due to her extreme weakness for COVID and she became temporarily infertile. It will take time to be cured. The doctor informed her daughter that after a certain time, it would be okay and she would be able to conceive.

When this matter was discussed with informants, they reported that the regular food habit and care-giving in times of COVID-19 infected time among females are different than their male counterparts. Some informants informed that females work for other family members even when they become sick. They claimed males usually get proper care and rest in times of their sickness. Monirul's wife faced very vulnerable physical condition as an after-effect of COVID-19. He shared that his wife did not want to eat proper meals when COVID-19 infected her. Before Monirul's wife's COVID-19 infection, she always had very little appetite. She always worked hard for her family members, cooked and served according to everyone's choice. But she used to ignore her meals. Monirul thinks his wife passed

years after years like this. As a result, when COVID-19 attacked her, it made her physical condition worse. Gradually, she became very sick in post-COVID time.

Like Monirul, other informants think in the same way. Lack of care in times of COVID-19 infection, lack of proper diet in usual times and during sickness time made females' physical condition worst in comparison with their male counterparts in post-COVID period.

10. Analysis

Mark Nichter's idea of micropolitics of therapy management group (2002) explains it is necessary to investigate the social dynamics of households, kin groups and larger social networks as they influence each other to observe the role of therapy management group³⁸. While exploring the health-seeking pattern of post-COVID, it is depicted how relationships influence each other towards negotiating with long-COVID. Treatment choice is made through strategic negotiations, adaptations and social dynamics of households. People get conflicting advice from different kin members, each with their own medical logic.

The case of Nusrat Rahman illustrates that her post-COVID complications led her to choose treatment from her cousin's known doctor and her father's known doctor. Though she relied on both of her ties. However, her mother advised her to take treatment from her father's suggestion, which exhibits the weight of patriarchal kinship priority for decision-making. Nusrat's compliance with her father's suggestion proves that therapy choice can be an act of familial obligation. Later, her secret consultation with her cousin's doctor reveals a silent act of micropolitical resistance. It claims her agency after the failure of the first doctor's treatment.

Rita Ahmed's story was shaped through her female kin networks. Her friend's sister validated her suffering as post-COVID complications. This scenario demonstrates how gendered network functions to treat mental health. In this regard, stigma may prevent her from direct consultation with family.

The findings show that the nature of long-COVID requires different types of medical system. It is observed to switch strategically to other modes of treatment. Biomedical treatment has been identified as first resort and then people sequentially move to other treatments. In the case of Sakib Hasan, he initially chose biomedical treatment but gradually he switched to homeopathic medicine. His purpose of choosing homeopathy reflects cost-effective strategy and his belief in homeopathy that it does

38 Ibid, pp. 95-124

not have side-effects. His mother's critical condition due to post-COVID shaped his treatment expenditure.

Urmi Sharif's mother's reason for taking homeopathy shows their easy and trustworthy access to this treatment. Urmi's father is a homeopathic practitioner. So, it was easier for them to take this treatment. She also avoided biomedical treatment's side-effects by rejecting it in post-COVID phase. Her case apparently shows how kinship determines therapeutic access.

The findings also indicate people's strategic negotiations are shaped by their socio-economic resources around them. Economic context shapes people's therapy selection and kin-based networks play a vital role to access treatment for post-COVID.

Another crucial finding of this study reveals women's severe sickness in post-COVID and women's health-seeking is shaped by their regular caregiving roles. Male informants' interpretation regarding women's health condition in post-COVID depicts women's physical condition is not biological rather it is socially embedded due to their regular caregiving roles. Their regular responsibilities limit their own rest and care during sickness. According to the idea of muted group, women are forced to structure their understanding of the world through the dominant group and traditional patriarchal social pattern (Moore 1988).³⁹ Women's domestic social roles like-cooking, childbirth and upbringing of children make them closer to nature (Ortner 1975).⁴⁰ In the study area, women remain muted and shape their worldview through the dominant group and traditional patterns. So, when women face long COVID, their physical condition becomes more critical and lengthier.

As a result, to deal with post-COVID sickness, a hierarchy of resort is produced in the medical pluralistic site.

Rumanucci-Ross's idea of hierarchy of resort (1977) states people choose therapies sequentially in a plural setting by creating a hierarchy of resort. People take these therapies according to the perceived success of the treatment (Begum 2015).⁴¹ This hierarchy of resort towards medical treatment is explored in the study area. When people face post-COVID illness, most of them prioritize biomedical treatment as they think it would help to cure them soon. Apart from biomedical treatment, some people also prefer to take homeopathy treatment and use home remedies to get rid of post-COVID illness. However, homeopathy and home remedies are operating in

39 Ibid, pp. 1-11

40 Ibid, p. 167

41 Ibid, p.12

the study area as complementary and alternative medical systems. This hierarchy emerges through negotiations and gendered responsibilities within the therapy management group.

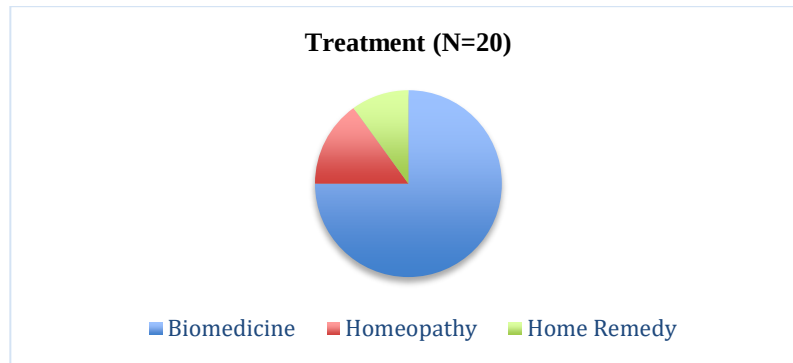


Figure 1: Use of treatments in a medical pluralistic setting (Fieldwork 2023)

11. Conclusion

This study aims to examine health-seeking behavior in post-COVID among urban people. It is explored that there is no surety how long post-COVID complications will last. COVID-19 infected patients acknowledged their sufferings of long-COVID. Some COVID-19 infected patients are facing the consequences of COVID-19 for two or three months. Some have been bearing these complications for more than two years and they do not have any idea how long these newly emerged complications will last. The rapid emergence of post-COVID complications and unique experiences of illness have been explored in this study. After-effects of COVID-19 are memory loss, anosmia, chest pain, joint pain, immune system decrease, insomnia, asthma, breathing problems, PTSD, anxiety, diabetes, high blood pressure, cough, loss of smell and taste for a long. People express their sufferings and frustration about post-COVID complications. This study identifies therapy-seeking is not an isolated system, rather it is decided through daily negotiations within personal and social networks. People prefer to take biomedical treatment and do medical check-ups at first when they encounter prolonged illness after curing from COVID-19. A Gradual turn to other medicines is observed as a strategic response to handle this phase. Some COVID-infected patients think there is no solution to get rid of post-COVID complications. People make a hierarchy in treatment selection based on the effectiveness of medicines and their regular strategic negotiations. They also take homeo treatment and use home

Overall, this article provides a scenario of the after-effects of COVID-19 among infected patients. It helps to understand the long-term sufferings of urban people. The outcome of this article is beneficial to anthropologists, sociologists, health practitioners, development workers, government organizations (GO) and non-government organizations (NGOs).

12. Limitation and Future Scope of Research

Data were collected from different professionals in Dhaka. This socio-economic classification excluded other contexts of Bangladesh. So, the findings of this research cannot be generalized to other contexts like specific regional and cultural contexts, rural and disaster-prone areas.

The findings from one-time data collection may not reflect the present situation. So, without longitudinal data, it is challenging to evaluate health-seeking pattern in post-COVID that evolve since data collection time.

Focus group discussion (FGD) was not possible to conduct. Since all the informants were different professionals and busy with their responsibilities, it became impossible to gather all of them for focus group discussion.

This study, with its findings, can influence the researchers to carry out the research in anthropology, sociology, public health, government organizations (GO) and non-government organizations (NGO) etc. It will open a new dimension of exploring and identifying the after-effects and condition of sickness. For instance, further research on the after-effects of COVID-19 can be done in other places of Dhaka and other large cities of Bangladesh and on religious and ethnic minority groups. Besides, comparative studies on this topic can also be done across urban versus rural settings.

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