



TRADITIONAL AND MODERN MEDICAL SYSTEMS IN THE BATTICALOA DISTRICT: THE ROLE OF CULTURAL FACTORS IN PATIENTS' TREATMENT CHOICES – A MEDICAL ANTHROPOLOGICAL STUDY

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ABSTRACT

This study examines the coexistence of traditional and modern medical systems in the Batticaloa District of Sri Lanka, with particular attention to the cultural factors influencing patients' treatment choices. Healthcare in the district is characterized by medical pluralism, where indigenous healing practices, Ayurvedic medicine, and biomedical services operate alongside one another. From a medical anthropological perspective, the study explores how cultural beliefs, values, and social norms shape health-seeking behaviour. A qualitative research design was employed during the six month period from January 2025 to June 2025. A purposive sampling strategy was employed to select participants with direct experience of both traditional and modern healthcare systems. The study involved 40 participants, comprising 25 patients, 5 traditional healers, 5 Ayurvedic practitioners, and 5 biomedical professionals. Participants ranged in age from 25 to 75 years and included both male and female respondents from diverse socio-economic and cultural backgrounds. Data were collected through in-depth interviews, participant observation, and case studies. Thematic analysis was used to identify recurring patterns and themes related to treatment decision-making. The findings reveal that cultural beliefs regarding illness causation, religious practices, family influence, and trust in traditional knowledge significantly affect healthcare choices. Patients often utilize both traditional and modern medical systems depending on the nature of the illness, perceived treatment effectiveness, accessibility, and economic considerations. This demonstrates the continuing relevance of medical pluralism within the district. The study highlights the importance of cultural context in healthcare delivery and decision-making. The findings suggest that culturally sensitive healthcare policies and stronger collaboration between traditional and biomedical practitioners could enhance patient satisfaction and health outcomes. By providing insights into health-seeking behaviour within a culturally diverse setting, the study contributes to the field of medical anthropology and offers recommendations for developing more inclusive and effective healthcare systems.

Keywords: Medical Anthropology, Traditional Medicine, Modern Medicine, Cultural Beliefs, Health-Seeking Behaviour.

1. Introduction

Healthcare practices in Sri Lanka are characterized by medical pluralism, where traditional and modern medical systems coexist within the same social and cultural environment. Alongside biomedical services provided through hospitals, clinics, and public health institutions, traditional healthcare systems such as Ayurveda, Unani, Siddha, Sri Lankan Traditional Medicine, and spiritual healing practices continue to play a significant role in addressing the healthcare needs of the population. This coexistence provides individuals with diverse therapeutic options and reflects the historical, cultural, and social foundations of healthcare in Sri Lankan society.

The Batticaloa District presents a unique context for examining these healthcare dynamics due to its multicultural composition and strong traditions of indigenous healing practices. Within this setting, health and illness are not always understood solely through biomedical explanations. Cultural beliefs, religious values, family traditions, and community norms often influence how individuals interpret illness and select treatment options. Certain health conditions may be associated with spiritual influences, social relationships, or traditional understandings of bodily imbalance, leading individuals to seek assistance from traditional healers, herbal practitioners, or religious specialists. Consequently, healthcare decisions are shaped by broader cultural meanings and social experiences rather than by medical considerations alone.

Traditional medicine continues to maintain an important position within Sri Lankan healthcare despite the expansion of modern medical infrastructure. Previous studies conducted in Sri Lanka indicate that the use of traditional medicine remains widespread, particularly in rural and semi-rural communities. Research has identified several factors contributing to this trend, including trust in indigenous knowledge systems, accessibility of traditional practitioners, affordability of treatment, cultural familiarity, and recommendations from family and community networks. These findings suggest that healthcare-seeking behaviour is closely connected to cultural and social contexts.

Medical anthropology provides a useful theoretical framework for understanding these processes. As a field of study, medical anthropology examines the relationship between culture, society, and health, focusing on how people experience illness and healing within specific social environments. Rather than viewing healthcare decisions as purely rational or biomedical choices, medical anthropology emphasizes the influence of cultural beliefs, social relationships, and local knowledge systems in shaping treatment preferences and health behaviours. This perspective is particularly relevant in societies where multiple medical traditions coexist and interact.

Although previous research has documented the continued use of traditional medicine in Sri Lanka, there remains a significant gap in understanding how cultural factors influence patients' treatment choices within pluralistic healthcare settings. Much of the existing literature has focused on the effectiveness, utilization, or institutional aspects of traditional medicine, while comparatively little attention has been given to the cultural processes that guide individuals in choosing between available healthcare options. Furthermore, limited research has specifically examined these issues within the Batticaloa District, where cultural diversity and traditional healing practices remain highly influential.

The significance of this study lies in its attempt to bridge this gap by examining healthcare decision-making from a medical anthropological perspective. By exploring the beliefs, values, social norms, and lived experiences that influence treatment choices, the research seeks to provide a deeper understanding of health-seeking behaviour in a culturally diverse environment. Such an understanding is important not only for academic knowledge but also for healthcare policy and practice. Recognizing the cultural dimensions of healthcare can contribute to the development of more inclusive and culturally sensitive healthcare services that respond effectively to the needs of different communities.

Therefore, this study investigates the coexistence of traditional and modern medical systems in Batticaloa District and examines the cultural factors that shape patients' treatment choices. Through a qualitative and ethnographic approach, the research aims to contribute to the field of medical anthropology while generating practical insights for policymakers, healthcare practitioners, and community stakeholders. Ultimately, the study highlights the importance of integrating cultural understanding into healthcare planning and delivery to improve accessibility, patient satisfaction, and overall health outcomes in Sri Lanka.

1.1 Background of the Study

The healthcare system in Sri Lanka is widely recognized for its coexistence of traditional and modern medical systems, forming a pluralistic medical environment that has evolved over centuries. Traditional healing practices such as Ayurveda, Siddha, herbal medicine, and spiritual healing have long been embedded in the social and cultural fabric of Sri Lankan society. Alongside these indigenous systems, modern biomedical healthcare introduced during the colonial period and expanded after independence has become widely accessible through government hospitals, clinics, and private healthcare institutions.

In the Batticaloa District, this coexistence is particularly visible due to the region's strong cultural traditions, religious diversity, and community-based lifestyles. Many individuals in the district continue to rely on traditional healers and indigenous remedies, even when modern healthcare services are available. These healthcare choices are often influenced by cultural beliefs about illness causation, spiritual practices, family traditions, and trust in long-established healing systems. Illness is frequently understood not only as a physical condition but also as a social and spiritual experience that requires holistic treatment.

Over the past decades, the Sri Lankan government has invested significantly in expanding biomedical healthcare infrastructure and improving public health services. Despite these developments, the continued reliance on traditional medicine suggests that healthcare decisions are shaped by more than availability and affordability. Cultural values, social relationships, accessibility, and perceptions of effectiveness play an important role in determining how individuals seek treatment.

Understanding this dual healthcare system is crucial for developing effective and culturally sensitive health policies. Without recognizing the cultural dimensions of health-seeking behavior, healthcare interventions may fail to address the needs and expectations of local communities. Therefore, this study seeks to examine the cultural factors that influence patients' treatment choices in Batticaloa District, providing insights that can support the integration of traditional and modern healthcare systems and enhance overall healthcare delivery.

2. Literature Review

Medical anthropology has developed as a major interdisciplinary field examining the interaction between culture, society, and health. Several advanced scholarly works provide theoretical and methodological foundations for understanding pluralistic healthcare systems, including the coexistence of traditional and modern medicine.

One of the most influential works is Arthur Kleinman's *Patients and Healers in the Context of Culture* (1980). Kleinman introduced the concept of explanatory models of illness, explaining how patients and healers interpret disease within cultural frameworks. This work remains central for understanding health-seeking behaviour in culturally diverse societies. Similarly, his edited volume *Writing at the Margin: Discourse between Anthropology and Medicine* (1995) further explored the relationship between culture, illness narratives, and clinical practice.

Another major contribution is Cecil Helman's *Culture, Health and Illness* (1984; later editions 2007). Helman examined how cultural beliefs shape perceptions of disease,

treatment decisions, and doctor–patient relationships. His work is widely used in medical anthropology and public health education because it provides practical insights into cross-cultural healthcare delivery.

Margaret Lock and Vinh-Kim Nguyen's *An Anthropology of Biomedicine* (2010) provides an advanced exploration of biomedical systems within global and social contexts. The authors analyze how globalization, technology, and social inequalities influence healthcare systems. Their work is particularly relevant for understanding the coexistence of traditional healing and modern medicine in developing countries.

Nancy Scheper-Hughes' *Death without Weeping* (1992) is another landmark ethnographic study that examines maternal and child health in Brazil. The book demonstrates how poverty, social inequality, and cultural beliefs influence health behaviour. This work highlights the importance of socio-economic and political contexts in shaping medical choices.

Paul Farmer's *Pathologies of Power* (2003) further expanded the field by linking medical anthropology with global health and structural violence. Farmer argued that health inequalities are deeply connected to social injustice, poverty, and political power. His work is particularly important for understanding health disparities in developing regions.

Didier Fassin's *When Bodies Remember* (2007) and *The Empire of Trauma* (2009) provide advanced theoretical perspectives on health, memory, and political violence. Fassin's work emphasizes the moral and political dimensions of healthcare systems and humanitarian interventions.

Byron Good's *Medicine, Rationality and Experience* (1994) offers a critical examination of how medicine is shaped by cultural narratives and symbolic meanings. Good highlights how medical knowledge is socially constructed and culturally embedded.

Together, these advanced reference books provide a strong theoretical and empirical foundation for studying medical pluralism. They demonstrate that health-seeking behaviour is shaped by cultural beliefs, social structures, economic conditions, and global health dynamics. These works are essential for analyzing the coexistence of traditional and modern medical systems in Sri Lanka and similar contexts.

3. Research Gap

Although medical anthropology has produced extensive research on medical pluralism and health-seeking behaviour, significant gaps remain in the context of Sri Lanka. Many existing studies focus on the national healthcare system, the historical development of

indigenous medicine, and the general coexistence of traditional and biomedical practices. However, most of these studies are broad and lack localized, community-based analysis.

In particular, limited research has been conducted in the Batticaloa District, a region characterized by strong cultural traditions, religious diversity, and a continued reliance on traditional healing practices. Previous studies rarely examine how cultural beliefs, social relationships, and economic conditions interact at the local level to influence patients' treatment choices. Furthermore, there is insufficient ethnographic research that captures the lived experiences of patients, traditional healers, and biomedical practitioners within this district. Another gap lies in understanding how patients move between traditional and modern healthcare systems and how they combine treatments in real-life situations. The role of family influence, trust, accessibility, and cultural interpretations of illness remains underexplored in the Batticaloa context. Therefore, this study aims to fill these gaps by providing an in-depth medical anthropological analysis of cultural factors influencing healthcare decisions in Batticaloa District, contributing to more culturally responsive healthcare policies.

4. Research Problem

In Sri Lanka, the healthcare system is widely recognized for its pluralistic nature, where traditional and modern medical systems coexist and are used simultaneously by the population. Over the past several decades, the government has invested heavily in expanding biomedical healthcare services through hospitals, clinics, and public health programs. Despite these developments, traditional healing systems such as Ayurveda, Siddha, herbal medicine, and spiritual healing continue to play a significant role in the everyday lives of many communities. This situation is particularly visible in the Batticaloa District, where cultural traditions and community-based practices remain deeply embedded in social life.

Although modern healthcare services are widely available, a considerable number of patients still seek treatment from traditional healers either before consulting biomedical professionals or alongside modern treatments. This raises critical questions about why traditional medicine continues to be widely used despite advancements in scientific healthcare. Existing healthcare policies often assume that improved access to biomedical facilities will automatically lead to a decline in traditional medical practices. However, the persistent reliance on indigenous healing methods suggests that treatment choices are shaped by a complex interaction of cultural beliefs, social values, economic factors, and accessibility. One major problem is the lack of comprehensive research that explains how patients in Batticaloa District make decisions about treatment. Illness is often understood not only as a biological condition but also as a spiritual, social, and cultural experience. Cultural interpretations of illness causation, trust in ancestral knowledge, family

influence, and religious practices may all contribute to patients' preferences for certain types of treatment. Without a clear understanding of these cultural dimensions, healthcare providers may struggle to communicate effectively with patients or to deliver culturally appropriate care.

Another challenge is the limited empirical documentation of how patients navigate between traditional and modern medical systems in real-life situations. Many individuals do not rely exclusively on one system but instead combine treatments based on perceived effectiveness, affordability, and accessibility. However, the patterns and motivations behind this behaviour remain underexplored in the local context.

Therefore, the central research problem of this study is to investigate how cultural factors influence patients' treatment choices and how traditional and modern medical systems interact in Batticaloa District. Addressing this problem will provide valuable insights for developing culturally responsive healthcare policies and improving the integration of diverse medical practices.

5. Research Objectives

1. To critically examine the cultural, social, and symbolic meanings of illness and healing that shape patients' therapeutic decision-making within the pluralistic healthcare environment of Batticaloa District.
2. To analyze the dynamics of medical pluralism by investigating how patients strategically navigate, negotiate, and combine traditional healing practices and biomedical healthcare within the broader health system of Sri Lanka.
3. To explore the influence of power relations, trust, accessibility, and socio-economic conditions in shaping interactions between patients, traditional healers, and biomedical practitioners.
4. To develop culturally responsive recommendations for integrating traditional and modern healthcare systems to improve patient-centered care, health communication, and policy formulation.

6. Research Questions

1. How do cultural beliefs, spiritual interpretations, and social norms influence patients' decisions to choose between traditional and modern medical systems in Batticaloa District?
2. In what ways do patients navigate, negotiate, and combine traditional and biomedical treatments, and what factors determine the selection and sequencing of these medical systems?

3. How do socio-economic conditions, accessibility, family influence, and trust in practitioners shape patterns of health-seeking behaviour in the district?
4. What strategies can be implemented to integrate traditional and modern medical practices effectively, ensuring culturally responsive and patient-centered healthcare policies?

7. Research Methodology

This study adopted a qualitative research approach grounded in medical anthropology to explore how cultural factors influenced patients' treatment choices in the Batticaloa District. Fieldwork was conducted over a six-month period from January 2025 to June 2025. A purposive sampling strategy was employed to select participants with direct experience of both traditional and modern healthcare systems. The study involved 40 participants, comprising 25 patients, 5 traditional healers, 5 Ayurvedic practitioners, and 5 biomedical professionals. Participants ranged in age from 25 to 75 years and included both male and female respondents from diverse socio-economic and cultural backgrounds. Data were collected through semi-structured interviews, participant observation, focus group discussions, and case studies. Thirty individual interviews were conducted using an interview guide that explored illness perceptions, treatment preferences, healthcare experiences, and cultural beliefs related to health and healing. Participant observation was conducted in community and clinical settings to examine healthcare interactions and treatment practices in their natural contexts. Two focus group discussions involving community members were conducted to explore shared cultural values and collective understandings of healthcare. In addition, five case studies documented detailed treatment-seeking pathways and decision-making processes.

Data were analyzed using thematic analysis. Interview recordings and field notes were transcribed, coded, and organized into categories. Similar codes were grouped into broader themes that reflected cultural beliefs, social influences, healthcare accessibility, and treatment decision-making processes. The analysis involved repeated review and comparison of data to ensure consistency and accuracy in theme development. To enhance trustworthiness and credibility, data triangulation was achieved through the use of multiple data collection methods and participant groups. Member checking and peer review were also employed to verify interpretations. Ethical principles were maintained throughout the study, including informed consent, confidentiality, anonymity, and respect for participants' cultural values and practices. These procedures ensured the reliability and validity of the research findings.

8. Data Analysis and Discussion

The thematic analysis revealed that cultural beliefs significantly influenced patients' treatment choices in the Batticaloa District. Participants commonly interpreted illness not only as a biological condition but also as a phenomenon connected to spiritual, social, and moral dimensions. Many respondents believed that certain illnesses were caused by supernatural forces, spiritual imbalance, or ancestral influences. Consequently, traditional healing practices, Ayurvedic treatments, and spiritual rituals were often considered appropriate responses before seeking biomedical care. These findings support the medical anthropological argument that health-seeking behaviour is shaped by culturally constructed understandings of illness and healing. Another major theme that emerged was the influence of family and community networks on healthcare decision-making. Participants reported that elders, relatives, and community members frequently played an active role in recommending treatment options and guiding healthcare choices. This reflects the collectivist social structure of the Batticaloa community, where healthcare decisions are often made collectively rather than individually. Trust in healthcare providers also emerged as a critical factor. Participants expressed confidence in practitioners who shared their cultural values, communicated effectively, and demonstrated successful treatment outcomes.

The findings further highlighted the existence of medical pluralism within the district. Rather than relying exclusively on a single healthcare system, many participants combined indigenous medicine, Ayurveda, spiritual healing, and biomedical treatments according to the nature of the illness and perceived effectiveness of care. Accessibility and affordability also influenced treatment preferences, particularly among rural populations who viewed traditional healthcare as more accessible and cost-effective. Overall, the study demonstrates that treatment choices are shaped by the interaction of cultural beliefs, social relationships, economic considerations, and healthcare accessibility. These findings indicate that healthcare decision-making is a culturally embedded process rather than a purely medical one. Therefore, healthcare policies and practices should adopt culturally sensitive approaches that recognize the coexistence of diverse medical traditions and promote collaboration between traditional and biomedical healthcare systems.

8.1. Types of Medical Systems in Batticaloa

The healthcare landscape of Batticaloa District is characterized by the coexistence of multiple medical systems, reflecting a rich tradition of medical pluralism. This pluralistic environment allows patients to access **indigenous medicine**, **Ayurvedic practices**, and **biomedical healthcare**, often simultaneously or in a sequential manner depending on the nature of the illness, cultural beliefs, and accessibility. Understanding the types of

medical systems in Batticaloa is essential for comprehending patients' health-seeking behaviour and treatment choices.

Indigenous Medicine: Indigenous or local traditional medicine remains deeply embedded in Batticaloa's communities. Often administered by local healers known as *nattu vaithiyars*, these practices include the use of herbal remedies, massage therapies, spiritual rituals, and dietary modifications. Indigenous medicine is commonly sought for minor illnesses, chronic conditions, and culturally defined ailments such as "hot" or "cold" imbalances in the body. Interviews revealed that patients trust indigenous treatments due to their long-standing presence in the community, their alignment with local cultural beliefs, and their perceived safety and effectiveness. Indigenous healers often integrate spiritual practices, such as prayers or ritual offerings, addressing the holistic dimensions of illness. Their accessibility and affordability, especially in rural areas where biomedical services may be limited, make them a preferred choice for many households. Furthermore, indigenous medicine is intertwined with cultural identity and communal knowledge, which reinforces patients' confidence and adherence to treatments.

Ayurvedic Practices: Ayurveda, a system with historical roots in South Asia, is widely practiced in Batticaloa, particularly for chronic illnesses, lifestyle-related conditions, women's health issues, and digestive disorders. Ayurvedic practitioners focus on restoring balance among the body's elements, prescribing herbal decoctions, oils, and dietary adjustments, often accompanied by lifestyle recommendations such as yoga, meditation, and daily routines. Patients perceive Ayurvedic medicine as holistic, gentle, and compatible with cultural and spiritual beliefs. Many respondents reported that Ayurvedic treatments are preferred for conditions that modern medicine does not fully address, such as stress, fatigue, and digestive disorders. The perceived long-term benefits, absence of side effects, and alignment with cultural values reinforce the popularity of Ayurvedic practices. Patients often consult Ayurvedic practitioners after indigenous treatments or alongside biomedical interventions, reflecting a pragmatic approach to healthcare.

Biomedical Healthcare: Modern biomedical healthcare is available through government hospitals, private clinics, and pharmacies across Batticaloa. It is preferred for acute illnesses, infections, surgeries, emergencies, and conditions requiring diagnostic tests or technological interventions. Biomedical care is perceived as scientifically validated, technologically advanced, and effective for critical or life-threatening conditions. Patients frequently report trust in biomedical doctors for diseases such as diabetes, hypertension, fractures, and cardiac conditions. Accessibility, cost, and perceived quality of care influence patients' reliance on biomedical services. Urban residents tend to access

biomedical healthcare more frequently than rural populations due to proximity and availability of specialized services.

Integration and Interaction: Despite the clear distinctions between these systems, patients in Batticaloa often navigate between them, demonstrating medical pluralism in practice. For example, a patient with a chronic condition may start with indigenous medicine, adopt Ayurvedic remedies for long-term management, and rely on biomedical care for diagnostic or emergency interventions. This sequential or combined usage is guided by cultural beliefs, previous experiences, perceived effectiveness, accessibility, and recommendations from family or community members. Trust plays a pivotal role in patients' decisions, with individuals preferring practitioners who are respected and culturally aligned.

8.2. Cultural Beliefs and Practices

In Batticaloa District, cultural beliefs and practices play a central role in shaping health-seeking behaviour and treatment choices. Health is not perceived merely as the absence of disease but as a holistic concept influenced by spiritual, social, and moral dimensions. Patients' decisions about which medical system to use indigenous, Ayurvedic, or biomedical are deeply embedded in the local cultural context. This section explores the influence of **religion and spirituality**, **family and elder guidance**, and **beliefs about illness causation** on healthcare practices in Batticaloa.

Role of Religion and Spirituality: Religion and spirituality are fundamental in understanding illness and healing in Batticaloa. Many patients believe that illness may arise from supernatural forces, divine will, or spiritual imbalance. As a result, religious rituals, prayers, and spiritual interventions are often the first line of treatment, either alone or alongside medical care. For instance, patients may visit temples, mosques, or churches to seek blessings, perform rituals, or offer prayers before or during treatment. Traditional healers often incorporate spiritual elements into their therapy, such as reciting mantras or conducting protective rituals, which aligns with the patients' cultural worldview. Interviews with patients highlighted that spiritual interventions provide not only a perceived cure but also emotional comfort, hope, and psychological resilience. Biomedical treatments are often complemented by these religious practices, as patients believe that addressing spiritual causes enhances the effectiveness of physical treatments.

Influence of Family and Elders: Family members, especially elders, are highly influential in guiding treatment decisions. In Batticaloa, healthcare is often seen as a collective family concern rather than an individual choice. Patients consult parents, grandparents, or community leaders when choosing between medical systems. Elders' recommendations are based on prior experiences, cultural knowledge, and traditional

wisdom. Many participants emphasized that family approval is essential before consulting a biomedical doctor or an Ayurvedic practitioner. For example, a patient with chronic digestive issues may be encouraged by elders to begin treatment with indigenous medicine and only visit a hospital if the condition persists. The family's role also extends to monitoring adherence to prescribed treatments, ensuring cultural norms are respected, and supporting patients emotionally and financially.

Beliefs about Illness Causation: Cultural interpretations of illness causation strongly influence treatment preferences. In Batticaloa, illness is often viewed through multiple lenses—physical, spiritual, and social. Some ailments are perceived as the result of **imbalance in bodily elements** (*hot-cold, wind-bile, or energy imbalance*), while others are attributed to **supernatural forces** such as curses or malevolent spirits. Social factors, including conflicts, family disputes, or moral transgressions, are also believed to manifest as illness. These beliefs explain why traditional and Ayurvedic medicine are often preferred for culturally defined illnesses, as they are perceived to address the root cause rather than merely alleviating symptoms. Conversely, biomedical treatments are sought for conditions perceived as physically or scientifically measurable, such as infections, fractures, or chronic diseases like diabetes.

Integration of Cultural Beliefs into Treatment Decisions: The interaction between cultural beliefs and medical practices often results in **pluralistic healthcare strategies**. Patients may combine spiritual rituals with herbal remedies and biomedical treatment, creating an integrative approach that addresses physical, emotional, and spiritual needs. Interviews revealed that trust, familiarity, and cultural alignment are crucial factors in determining which treatments are chosen and in what sequence. For instance, some patients begin with a traditional healer, supplement treatment with Ayurveda, and seek biomedical intervention only if symptoms persist. Others consult biomedical practitioners first but use traditional medicine for chronic management or minor symptoms, reflecting pragmatic and culturally informed decision-making.

8.3. Patient Decision-Making Patterns

In Batticaloa District, patients' treatment choices are shaped by a complex interplay of cultural, social, economic, and accessibility factors. The coexistence of indigenous medicine, Ayurvedic practices, and biomedical healthcare creates a **pluralistic medical environment**, allowing individuals to navigate between different systems based on their beliefs, experiences, and perceived effectiveness of treatments. This section explores key aspects of patient decision-making, including **switching between systems, combining treatments**, and the influence of **trust and accessibility**.

Switching Between Medical Systems: One of the most prominent patterns observed is that patients often **switch between medical systems** depending on the progression of illness, severity of symptoms, and perceived effectiveness of treatment. Many patients initially consult traditional healers or Ayurvedic practitioners for conditions believed to be culturally defined, such as digestive imbalances, fatigue, or spiritual ailments. If symptoms persist or worsen, they may transition to biomedical care for diagnostic testing, medication, or surgical interventions. Conversely, some patients begin with biomedical treatment but later seek traditional or Ayurvedic remedies for chronic conditions or side effects of pharmaceuticals. Interviews revealed that switching is guided by the principle of **pragmatic pluralism**, where patients evaluate which system is most likely to provide relief while maintaining cultural compatibility. For instance, a patient with persistent joint pain described starting with herbal therapies, then consulting an Ayurvedic practitioner, and finally visiting a hospital for X-rays and medication. This sequential pattern illustrates patients' strategic navigation of available healthcare options.

Combining Treatments: Another important pattern is the **concurrent use of multiple medical systems**. Patients frequently combine indigenous remedies, Ayurvedic treatments, and biomedical interventions to maximize therapeutic outcomes. For example, a patient with chronic digestive issues might follow Ayurvedic herbal decoctions while taking prescribed pharmaceuticals and performing ritualistic practices to address perceived spiritual causes. This integrated approach is informed by the belief that traditional treatments address root causes and spiritual dimensions, while biomedical care effectively manages acute symptoms and measurable physiological conditions. Focus group discussions revealed that many community members view combining treatments as a **holistic strategy**, reflecting both cultural adherence and practical considerations.

Trust and Accessibility Factors: Patients' decisions are heavily influenced by **trust in practitioners** and **accessibility of care**. Traditional and Ayurvedic practitioners often have long-standing relationships within the community, and their social reputation strongly influences patient preferences. Family recommendations, community experiences, and the perceived skill of healers contribute to patients' trust in specific providers. Similarly, accessibility in terms of **distance, affordability, and availability of medical facilities** plays a crucial role. Rural patients frequently rely on indigenous or Ayurvedic treatments due to the limited presence of biomedical facilities, whereas urban patients are more likely to access hospitals and clinics for acute care. Economic factors, such as the cost of biomedical treatment, also impact decisions, with many patients choosing more affordable traditional or Ayurvedic options when financial resources are limited.

Decision-Making Influenced by Cultural Beliefs: Cultural beliefs about illness causation and healing efficacy further shape treatment selection. Patients distinguish between illnesses perceived as **spiritually or socially caused** and those considered **biologically rooted**. Spiritually attributed illnesses are more likely to be treated with traditional or Ayurvedic interventions, whereas biomedical care is preferred for measurable conditions like infections, fractures, or chronic diseases such as diabetes and hypertension. Family elders often guide patients toward culturally appropriate treatments, reinforcing the community's norms and expectations.

Pragmatic Health-Seeking Strategies: Overall, patient decision-making in Batticaloa reflects **pragmatic pluralism**, where individuals strategically choose, switch, or combine medical systems based on cultural beliefs, prior experiences, severity of illness, trust in practitioners, accessibility, and affordability. This flexible approach demonstrates that patients are active participants in their healthcare rather than passive recipients.

Conclusion: Patients in Batticaloa navigate a complex healthcare environment shaped by cultural, social, and economic factors. Their decision-making patterns involve switching between systems, combining treatments, and weighing trust and accessibility, all within the framework of cultural beliefs and communal guidance. Understanding these patterns is essential for healthcare providers and policymakers to design **culturally sensitive and patient-centered interventions**, integrating traditional, Ayurvedic, and biomedical systems to meet the diverse needs of the community.

Recommendations

There is a strong case for integrating indigenous, Ayurvedic, and biomedical systems to optimize patient care. Collaborative frameworks, including referral networks between traditional healers and biomedical facilities, can enhance the effectiveness and safety of treatments. Shared knowledge platforms can allow practitioners to coordinate care, address potential interactions between herbal and pharmaceutical treatments, and provide holistic management of chronic conditions.

Biomedical practitioners should receive training in **cultural competence** to understand local beliefs, values, and health-seeking behaviors. Awareness of patients' reliance on traditional and Ayurvedic treatments allows providers to communicate more effectively, respect cultural practices, and guide patients safely. Cultural sensitivity training can reduce mistrust, improve adherence, and facilitate patient-centered care in pluralistic settings.

Health policy should formally acknowledge the coexistence of multiple medical systems. Policies that recognize and support the role of traditional and Ayurvedic practitioners through regulation, collaboration, and training can enhance patient trust and community engagement. Inclusive policies should also consider affordability, accessibility, and

social determinants of health, ensuring equitable access to all forms of care. Public health programs should leverage the influence of family, elders, and community leaders to enhance outreach and adoption of preventive measures.

Educational campaigns should emphasize safe practices when combining treatments, awareness of potential drug-herb interactions, and the importance of timely biomedical consultation for acute or chronic conditions. Engaging families and community leaders in health education can strengthen adoption of best practices while respecting cultural traditions. Addressing geographic and economic barriers is critical. Expanding rural healthcare facilities, providing transportation support, and subsidizing essential medications can reduce dependence solely on local traditional remedies when biomedical care is needed. Simultaneously, integration strategies should preserve the cultural and spiritual significance of traditional healing.

Conclusion

This study examined healthcare decision-making in the Batticaloa District within a context of medical pluralism, where indigenous medicine, Ayurvedic practices, and biomedical healthcare coexist. Adopting a medical anthropological perspective, the research explored how cultural beliefs, social relationships, healthcare accessibility, and economic considerations influence patients' treatment choices. The findings demonstrate that healthcare decision-making is a multidimensional process shaped by the interaction of cultural, social, and practical factors rather than by biomedical considerations alone.

A major finding of the study is that cultural beliefs significantly influence perceptions of illness and treatment selection. Participants often interpreted illness through spiritual, social, and moral frameworks in addition to biomedical explanations. Conditions associated with spiritual imbalance, supernatural influences, or culturally recognized causes were frequently addressed through indigenous healing practices, Ayurvedic treatments, or spiritual interventions. Biomedical healthcare was generally preferred for illnesses perceived as requiring diagnostic investigation, emergency treatment, or specialized medical care. These findings indicate that patients assign different forms of legitimacy and effectiveness to different medical systems depending on the nature of the illness.

The study also identified the important role of family and community networks in healthcare decision-making. Treatment choices were rarely made in isolation; instead, relatives, elders, and community members often influenced decisions regarding the type of treatment sought and the selection of healthcare providers. This reflects the collective nature of healthcare decision-making within the socio-cultural context of Batticaloa.

Another significant finding is the continued presence of medical pluralism in everyday healthcare practices. Patients actively navigated between traditional, Ayurvedic, and biomedical systems according to their healthcare needs, treatment experiences, and available resources. Rather than viewing these systems as competing alternatives, participants often regarded them as complementary approaches that addressed different dimensions of health and well-being. Accessibility, affordability, and geographical proximity further influenced the selection and sequencing of healthcare services, particularly among rural populations.

From a medical anthropological perspective, the study contributes to a deeper understanding of how culture shapes health-seeking behaviour in pluralistic healthcare environments. The findings reinforce the argument that illness and healing are culturally constructed experiences and that healthcare choices must be understood within broader social and cultural contexts. By documenting the lived experiences of patients in Batticaloa District, this research adds to the growing body of knowledge on medical pluralism and culturally informed healthcare practices in Sri Lanka.

The study also carries important implications for healthcare policy and practice. Policymakers should recognize the continued relevance of indigenous medicine, Ayurveda, and spiritual healing traditions within local communities. Healthcare policies that acknowledge and accommodate medical pluralism can enhance public trust, improve healthcare accessibility, and support more effective service delivery. Greater collaboration between traditional healers, Ayurvedic practitioners, and biomedical professionals may contribute to a more integrated and patient-centred healthcare system.

Furthermore, the findings have particular relevance for rural healthcare delivery. Strengthening healthcare services in rural communities requires an understanding of local cultural values, treatment preferences, and existing healthcare networks. Culturally responsive healthcare programmes, community-based health education initiatives, and improved communication between different healthcare sectors can help bridge gaps between traditional and modern medical systems while promoting better health outcomes.

In conclusion, healthcare decision-making in Batticaloa District reflects the complex interaction of culture, society, and healthcare systems. The study highlights that effective healthcare delivery requires not only scientific and clinical competence but also sensitivity to cultural beliefs, social relationships, and local realities. Recognizing and respecting these factors can contribute to the development of more inclusive, culturally appropriate, and sustainable healthcare policies and practices. Ultimately, this research demonstrates that integrating cultural understanding into healthcare planning is essential

for improving patient satisfaction, healthcare utilization, and overall community well-being in Sri Lanka.

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