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Original Research Article

The variation of health seeking behaviour in urban households: an assessment on two selected residential areas in Sylhet

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ABSTRACT

Background: The study of health seeking behavior is a useful research for developing society like Bangladesh. Many factors such as socio-demographic, socio-cultural, socio-economic and health service system influence health seeking behavior. This study assessed the health seeking behavior among the households' areas in Sylhet city.
Methods: This study has used multistage cluster sampling method for data collection. Using multistage cluster sampling, 150 were selected. A household survey questionnaire was used to collect data. Information about socio-demographic characteristics, socio-economic factors, socio-cultural factors by residential areas, and their influences on seeking health care have been gathered. Chi-square and uni-variate analysis has been applied in this study.
Results: The association between socio-economic status and the status of residential area has a significant relationship. The p value (0.005) indicates most of the socio-demographic factors except sanitary system associated with the status of residential households. The association among income range, total expenditure, medical expense, income interfere by perceiving illness, health insurance, main source of health care, reason for choosing specific source of health care and the pattern of health seeking behavior of the residential areas are statistically significant. Uni-variate analysis is an interaction between residence and reason for choosing specific health care on main source of health care among the households of the residential areas under this study (p=0.001).
Conclusions: Understanding of health seeking behaviour is essential to provide need-based health care services to the population. Many factors like gender, age, type of illness influence the health seeking behaviour.

Keywords: Health seeking behaviour, Urban household, Residential areas, Bangladesh

INTRODUCTION

The government of Bangladesh has a constitutional obligation to ensure the minimum health opportunity to all citizens which is also considered as fundamental right of human being.[1] Health, like education, is among the basic capabilities that gives value to human life.[2] However, a large number of the people in Bangladesh, particularly in rural areas, remain with little access to health care facilities.[3] Health seeking behavior refers to decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness. Health seeking behavior determines how different classes of people use health services from the health professionals and the health service organizations. A number of factors that determine health seeking behavior are: physical, socio-economic, cultural and political.[4,5]

Empirical studies from Bangladesh and few other developing countries found that socio-economic condition is highly considerable factors in health seeking behavior.[6] Socio-demographic factors, such as age is a factor which

varies the health care seeking behavior from person to person. A study found that age was significantly associated with visiting modern health care facility.[7] Another study on the health-seeking behaviour of the people in Chakaria, a rural area in Bangladesh shows that half of the people (47.1%) reporting any sickness during the 14 days preceding the survey had sought treatment for their illnesses.[8] However, treatment seeking was not equitable throughout the community. Socioeconomic indicators were the single most pervasive determinant of health-seeking behavior among the study population, overriding age and sex, and in case of health-care expenditure, types of illness as well.[9]

In low-income countries such as Bangladesh, the less than optimum use of services could be due to low levels of health literacy where health literacy helps individuals to make effective use of available health services. The quality of medical treatment was associated with urbanity and type of disease.[10] A study shows that seeking medical treatment from any provider in the last one year was higher in the rural than urban patients.[10] The major finding of a study conducted in three divisions of Bangladesh was that a household's relative poverty status, as reflected by wealth quintiles, was a major determinant in health-seeking behavior.[11] Mothers in the highest wealth quintile were significantly more likely to use modern trained providers for antenatal care, birth attendance, post natal care and child health care than those in the poorest quintile.[11] Study also found that both formal education and relative wealth were positively associated with the utilization of maternal and child health services.[11]

The effectiveness of a health system depends on the availability and accessibility of services in a form which the people are able to understand, accept and utilize.[12] However, a large number of the people in Bangladesh, particularly in rural areas, remain with little access to health care facilities.[12] Urban area has private health facilities, therefore urban population get relatively quality health care which is completely absent for rural population. The factors that contribute to poor accessibility of health care in developing countries are illiteracy, poverty, poor funding of the health sector, inadequate water and poor sanitation facilities.[13] Within rural areas of Bangladesh, where overall poverty is greater and access to health care more difficult, wealth differentials in utilization remain pronounced.[11] There were others barriers such as lack of access to quality service and information regarding quality service which deters the use of service.[11] This study examines some significant health service determinants such as socio-economic, socio-cultural and demographic factors which are correlated with health seeking behavior of households. Some examples include gender, age, education, access to health, income, social taboos, traditional beliefs and modern health care system.[14]

METHODS

This study has used mixed research approach because both qualitative and quantitative data have been collected from September to October 2018 and analyzed for understanding the various factors such as socio-demographic, socio-economic, health systems and their relationships with health seeking behavior of Sylhet city dwellers. This study selects two residential areas purposively e.g., Uposhohor under ward 22 and Nabab road under ward 10 located in Sylhet City Corporation on the basis of socio-economic status of city dwellers. Data from two different socio-economic areas enables this research to get new insights on health seeking behaviors which may meets the objectives of this study.

Sampling and selection criteria

The multistage cluster sampling method has been chosen to collect primary data from the large population with different socio-economic background. Data have been collected from different clusters. As sampling, the population of the Sylhet city will be divided into 27 clusters according to the geographical locations (wards). The specific number of sample has been selected randomly from two randomly selected clusters. From the above mentioned two residential areas of Sylhet City, 150 respondents from 150 households have been selected using multistage cluster sampling using the following formula-

$$n = \frac{z^2}{e^2} \times p \times q$$

Instruments

A survey questionnaire has been used for collecting data on socio-economic factors and health seeking behavior. This study has been collected data from the respondents on socio-economic background and health seeking patterns and preferences, and the causes of inequalities in health service delivery in the Sylhet city dwellers.

Data analysis

Survey data have been analyzed using SPSS Version 20. Descriptive statistics are used to describe the characteristics of sample data by using SPSS program and inferential statistics allow the researchers to examine casual relationships. Inferential statistical tools including chi-square and univariate analysis have been applied in this study using SPSS software.

RESULTS

The health seeking behavior is varies from area to area. It totally depends on the health care facilities and different kinds of factors.

Socio-demographic information by residential areas

The Table 1 shows that the education levels of the households in the Uposohor area shows higher percentage compared to the Nababroad. For example, the educational levels of households under this study were degree or above (18.7%) and HSC (11.3%) in the Uposohor area where the education levels of households in Nababroad were degree or above (12%) and HSC (4%) respectively. Both residential areas have more or less healthy sanitary system. The association between socio-economic status and the status of residential area has a significant relationship. Most of the household's head employed in the private sectors in both residential areas. The p-value indicates most of the socio-demographic factors except sanitary system associated with the status of residential households (Table 1).

Economic factors and health seeking behavior according to the residential areas

In the Uposohor area (Table 2), most of the respondents, 27.3% households belong to income range (30,000-60,000 BDT taka) while the most of the respondents (22%) among the households of Nababroad under the study belong to income range (18,000-30,000 BDT). Likely the income range, the expenditure for maximum number of both residential households fall into 30,000-60,000 BDT taka (27.3%) and 18,000-30,000 BDT (22%) in the Uposohor and Nababroad respectively. In the Uposohor, the maximum number of households under this study spent the amount of above 30.000 BDT (37.2%) while only 10.7 % of the respondents in Nababroad area spent same amount of taka for their monthly expense.

Table 1: Socio-demographic information by residential areas.

Socio-demographic factors	Health status of residential areas			P value
	Residential area		Total N (%)	
Education	Uposohor N (%)	Nababroad N (%)		
Primary	7 (4.7)	25 (16.7)	32 (21.3)	0.000
SSC	23 (15.3)	15 (10.0)	38 (25.3)	
HSC	17 (11.3)	6 (4.0)	23 (15.3)	
Degree or above	28 (18.7)	18 (12.0)	46 (30.7)	
No education	0 (0.0)	11 (7.3)	11 (7.3)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Household own fans				
One	1 (0.7)	13 (8.7)	14 (9.3)	0.001
Two or more	74 (49.3)	62 (41.3)	136 (90.7)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Household own cultivate agricultural land				
Yes	7 (4.7)	30 (20.0)	37 (24.7)	0.000
No	68 (45.3)	45 (30.0)	113 (75.3)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Proper sanitary system				
Yes	61 (40.7)	64 (42.7)	125 (83.3)	0.331
No	14 (9.3)	11 (7.3)	25 (16.7)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Computer				
Yes	38 (25.3)	20 (13.3)	58 (38.7)	0.002
No	37 (24.7)	55 (36.7)	92 (61.3)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Television				
Yes	47 (31.3)	68 (45.3)	115 (76.7)	0.000
No	28 (18.7%)	7 (4.7)	35 (23.3)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Employment sectors				
Private	67 (44.7)	41 (27.3)	108 (72.0)	0.000
Public	8 (5.3)	34 (22.7)	42 (28.0)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	

Source: Field data, collected from Uposohor and Nababroad, September-October 2018, Sylhet City.

Table 2: Socio-economic factors by residential areas.

Socio-economic factors	Pattern of health seeking behavior of residential areas		Total N (%)	P value
	Uposhor N (%)	Nababroad N (%)		
Total income of the household in a month				
60,000+	9 (6.0)	3 (2.0)	12 (8.0)	
30,000-60,000	41 (27.3)	18 (12.0)	59 (39.3)	
18,000-30,000	17 (11.3)	33 (22.0)	50 (33.3)	0
6000-11,000	8 (5.3)	17 (11.3)	25 (16.7)	
3000-6000	0 (0.0)	4 (2.7)	4 (2.7)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Total expenditure in a month				
Less than 10,00	1 (0.7)	4 (2.7)	5 (3.3)	
10,000	5 (3.3)	20 (13.3)	25 (16.7)	
20,000	7 (4.7)	24 (16.0)	31 (20.7)	0
30,000	6 (4.0)	11 (7.3)	17 (11.3)	
Above 30,000	56 (37.3)	16 (10.7)	72 (48.0)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Medical expense in a month				
Less than 500 taka	11 (7.3)	14 (9.3)	25 (16.7)	
TK 500-1000	8 (5.3)	21 (14.0)	29 (19.3)	
TK 2000-5000	23 (15.3)	32 (21.3)	55 (36.7)	0
TK 5000-10,000	20 (13.3)	4 (2.7)	24 (16.0)	
TK above 10,000	13 (8.7)	4 (2.7)	17 (11.3)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Income interfere by perceiving illness				
Yes	50 (33.3)	25 (16.7%)	75 (50.0)	
No	25 (16.7)	50 (33.3%)	75 (50.0)	0
Total	75 (50.0)	75 (50.0%)	150 (100.0)	
Health insurance cover the costs of the medical care and health services				
Yes	9 (6.0)	1 (0.7)	10 (6.7)	
No	27 (18.0)	0 (0.0)	27 (18.0)	0
No scheme	39 (26.0)	74 (49.3)	113 (75.3)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Main Source of Health care				
Private clinic	65 (43.3)	29 (19.3)	94 (62.7)	
Public Hospital	6 (4.0)	46 (30.7)	52 (34.7)	
Pharmacy	3 (2.0)	0 (0.0)	3 (2.0)	0
Traditional Healer	1 (0.7)	0 (0.0)	1 (0.7)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Reasons for choosing specific source of health service				
Better Service	39 (26.0)	47 (31.3)	86 (57.3)	
Proximity	24 (16.0)	8 (5.3)	32 (21.3)	
Free Medicine	6 (4.0)	16 (10.7)	22 (14.7)	0.003
A good behavior	6 (4.0)	4 (2.7)	10 (6.7)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	

Source: Field data, collected from Uposohor and Nababroad, September-October 2018, Sylhet City.

It is noticeable in Table 2 that the most of households in the Uposohor area under this study spent the amount between 2000 to 5000 (15.3%) and between 5000 to 10,000 BDT taka (13.3%) where the maximum number of households in the Nababroad spent the amount 500-1000 (14%) and 2000-5000 (21.3%) for their medical expense. Although the average income is higher in the Uposohor area, the respondents (33.3%) of that area said the income level was insufficient while 16.7% respondent's income was insufficient and interfered their seeking health care. In both residential areas, only a few 6.7 % had the health insurance scheme under this study. In the Uposohor area, the main source of health service was private clinic (43.3%) among the respondents while majority of the

respondents (30.7%) used the public hospital as their main source of health care in the Nababroad area. The reason for choosing specific source health care was better service in both residential areas among the respondents of the households in the Sylhet city, 26% in the Uposohor and 31.3% in the Nababroad. The association among income range, total expenditure, medical expense, income interfere by perceiving illness, health insurance, main source of health care, reason for choosing specific source of health care and the pattern of health seeking behavior of the residential areas are statistically significant which is shown in the Table 2.

Socio-cultural factors according to residential areas under study

Both in the two residential areas shown in Table 3, the majority of the respondents choose alternative health care as their priority in Uposhor (37.3%) and Nababroad (46.7%). The barriers mostly visible in health care reported by respondents are feel shyness to express (9.3%) and mistreatment the health problem by physician (9.3%).

It is surprising that most of the respondents (more than half of the households) in both residential areas did not face any barrier for seeking treatment from health centres. Maximum number of respondents of the respondents (39.3%) said the attitude of health service providers affect the health seeking behavior in the Uposohor area while the 35.3% of the households in the Nababroad under this study said that the attitude of heath service providers did not affect their health seeking behavior.

The association among the priority in choosing health care, perception of bio-medical treatment, barriers facing in seeking treatment, patient's dignity, the health provider's attitude and the patterns of the seeking behavior of the residential area are statistically significant (Table 3).

Table 3: Socio-cultural factors according to residential areas under study.

Socio-cultural factors	Pattern of health seeking behavior of residential areas		Total N (%)	P value
	Uposohor N (%)	Nababroad N (%)		
Priority in choosing health care				
Traditional	19 (12.7)	5 (3.3)	24 (16.0)	
Alternative	56 (37.3)	70 (46.7)	126 (84.0)	
Total	75 (0.0)	75 (50.0)	150 (100.0)	
Perception about bio-medical treatment				
Useful	41 (27.3)	20 (13.3)	61 (40.7)	
Expensive	15 (10.0)	47 (31.3)	62 (41.3)	
Need improvement	19 (12.7)	8 (5.3)	27 (18.0)	0
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Barriers faced in seeking treatment from health sector				
Conservative	11 (7.3)	4 (2.7)	15 (10.0)	
Feel Shyness to express	14 (9.3)	7 (4.7)	21 (14.0)	
Insecurity	6 (4.0)	2 (1.3)	8 (5.3)	
Mistreatment the health problem by physician	7 (4.7)	14 (9.3)	21 (14.0)	0
No problem	37 (24.7)	48 (32.0)	85 (56.7)	
Total	75 (50.0)	75 (50.0)	150 (100.0)	
Have the doctors treated you or all the patients with dignity?				
Yes	58 (38.7)	73 (48.7)	131 (87.3)	
No	17 (11.3)	2 (1.3)	19 (12.7)	0
Total	75 (50.0)	75(50.0)	150 (100.0)	
Health service providers attitude affect health seeking behavior				
Yes	59 (39.3)	22 (14.7)	81 (54.0)	
No	16 (10.7)	53 (35.3)	69 (46.0)	0
Total	75 (50.0)	75 (50.0)	150 (100.0)	

Source: Field data, collected from Uposohor and Nababroad, September-October 2018, Sylhet City.

Table 4: Health service system according to the residential areas.

Health service system	Choice of health care of residential areas		Total
	Uposohor N (%)	Nababroad N (%)	
The distance of health service providers or facilities available from the respondent's home			
Less than 1 kilometer	7 (4.7)	67 (44.7)	74 (49.3)
1-2 kilometer	64 (42.7)	8 (5.3)	72 (48.0)
2-3 Kilometer	3 (2.0)	0 (0.0)	3 (2.0)
5+ Kilometer	1 (0.7)	0 (0.0)	1 (0.7)
Total	75 (50.0)	75 (50.0)	150 (100.0)
The distance affect the clients attendance in a health facility			
Yes	52 (34.0)	10 (6.7)	62 (41.3)
No	24 (16)	65 (43.3)	88 (58.7)
Total	75 (50.0)	75 (50.0)	150 (100.0)
P-value			0
The transport availability affect the choice of health treatment			
Yes	48 (32.0)	7 (4.7)	55 (36.7)
No	27 (18.0)	68 (45.3)	95 (63.3)
Total	75 (50.0)	75 (50.0)	150 (100.0)
P-value			0
Are there are any health service providers available within 10-15 mintues of walking distance from your home?			
Govt. hospital/ clinic	4 (2.7)	72 (48.0)	76 (50.7)
NGO	6 (4.0)	0 (0.0)	6 (4.0)
Private Hospital/ clinic/ Doctors Chamber	63 (42.0)	3 (2.0)	66 (44.0)
Traditional/ Spiritual healers	2 (1.3)	0 (0.0)	2 (1.3)
Total	75 (50.0)	75 (50.0)	150 (100.0)
Do the skilled health workers available in your locality of health facility?			
Yes	45 (30.0)	68 (45.3)	113 (75.3)
No	30 (20.0)	7 (4.7)	37 (24.7)
Total	75 (50.0)	75 (50.0)	150 (100.0)
P-value			0
Were the medical resources sufficient in the health facility during your treatment?			
Moderately	12 (8.0)	3 (2.0)	15 (10.0)
Little	39 (26.0)	11 (7.3)	50 (33.3)
Sufficient	24 (16.0)	61 (40.7)	85 (56.7)
Total	75 (50.0)	75 (50.0)	150 (100.0)
P-value			0
Was there easy access to physician during treatment?			
Yes	51 (34.0)	54 (36.0)	105 (70.0)
No	24 (16.0)	21 (14.0)	45 (30.0)
Total	75 (50.0)	75 (50.0)	150 (100.0)
Does proximity of health centre have any effects to make easy the access to your health care?			
Yes	60 (40.0)	58 (38.7)	118 (78.7)
No	15 (10.0)	17 (11.3)	32 (21.3)
Total	75 (50.0)	75 (50.0)	150 (100.0)

Source: Field data, collected from Uposohor and Nababroad, September-October 2018, Sylhet City.

Health service system according to the residential areas

From the field survey (Table 4), it is found that 44.7 % of the households under this study claimed that the distance of health service providers or facilities from their home is less than 1 kilometer in Nababroad while the second highest number of the respondents (42.7%) said that the distance of the health service providers or facilities is 1-2 kilometer. The association between the effect of distance on client's attendance and the health seeking behavior of the residential areas is statistically significant at the level of p=0.000. Most of the respondents (32%) in the Uposohor area said that transport availability affects the choice of health care while 45.3 % of the respondents in the Nababroad area under this study reported that the transport availability did not affect their choice of health

care. The p value=0.000 indicates that the transport availability has a significant relationship with the health seeking behavior of the residential areas. In the Uposohor area, 42% of the respondents said that private Hospital/ clinic/doctor's chamber are available within the 10-15 minutes walking distance while the maximum number of the respondents (48%) among the households of the Nababroad said that the government hospital/clinics are available within 10-15 minutes walking distance. Most of the respondents (30%) and (45.3%) respectively in Uposohor and Nababroad reported that the skilled health worker are available in their locality of health facility. 26% of the respondents in the Uposohor area reported that the medical resources are little in the health facility during their treatment where most of the respondents (40.7%) of the households of Nababroad stated that the medical resources are sufficient in their health facility during their treatment. The association among skilled health worker and medical resources and the health seeking behavior of the residential areas are statistically significant at the level p=0.000. Most of respondents (34%) of the Uposhor area in Sylhet city said that they had easy access to the physician during their treatment while 36% respondents among households of Nababroad stated that they had easy access to physician during their treatment. At the same time, 40% of the households of the Uposohor area in Sylhet city under this study said that the proximity of health centre have huge effects to make easy the access to their health care while 38.7% of the respondents among the households of Nababroad said that the proximity of health centre have a number of effects to make easy the access to their health centre.

Table 5: Factors affecting health seeking behavior according to the residential areas.

Characteristics	Residential area		Total
	Uposohor N (%)	Nababroad N (%)	
Who did you go for the health problem the last time?			
Self-treatment	6 (4.0)	4 (2.7)	10 (6.7)
Pharmacist/ Village Doctor	3 (2.0)	6 (4.0)	9 (6.0)
MBBS doctor	66 (44.3)	63 (42.3)	129 (86.6)
Community health worker	0 (0.0)	2(0.7)	1 (0.7)
Total	75 (50.3)	74 (49.7)	149 (100.0)
Why did you choose this provide/ facility?			
Close to home	12 (8.0)	19 (12.7)	31 (20.7)
Provider friendly	19 (12.7)	0 (0.0)	19 (12.7)
Low cost/ free	19 (12.7)	12 (8.0)	31 (20.7)
Medicines available	18 (12.0)	5 (3.3)	23 (15.3)
Qualified doctors (MBBS or specialist)	7 (4.7)	39 (26.0)	46 (30.7)
Total	75 (50.0)	75 (50.0)	150 (100.0)
P-value			0
How much did you spend total including transport costs, medical expenses, registration fees etc. for the last visit?			
Less than taka 500	3 (2.0)	21 (14.0)	24 (16.0)
500-1000 taka	10 (6.7)	16 (10.7)	26 (17.3)
1000-2000 taka	23 (15.3)	19 (12.7)	42 (28.0)
3000-5000 taka	19 (12.7)	5 (3.3)	24 (16.0)
5000+ taka	20 (13.3)	14 (9.3)	34 (22.7)
Total	75 (50.0)	75 (50.0)	150 (100.0)
P value			0
How did you pay for this?			
Savings	70 (46.7)	72 (48.0)	142 (94.7)
Donations from relatives or NGOs	3 (2.0)	3 (2.0)	6 (4.0)
Others	2 (1.3)	0 (0.0)	2 (1.3)
Total	75 (50.0)	75 (50.0)	150 (100.0)
Did your family practice self-medication to treat their health problems?			
Yes	58 (38.7)	63 (42.0)	121 (80.7)
No	17 (11.3)	12 (8.0)	29 (19.3)
Total	75 (50.0)	75 (50.0)	150 (100.0)

Source: Field data, collected from Uposohor and Nababroad, September-October 2018, Sylhet City.

Table 6: Tests of between-subjects effects (univariate analysis).

Source	Type III sum of squares	df	Mean square	F	Sig.
Corrected model	16.487a	7	2.355	10.548	0
Intercept	189.383	1	189.383	848.159	0
Reason for choosing speeific health care	8.564	3	2.855	12.784	0
Residential area	2.235	1	2.235	10.009	0.002
Reason_health care *Residence	3.723	3	1.241	5.558	0.001
Error	31.707	142	0.223		
Total	345	150			
Corrected total	48.193	149			

Source: Field data, collected from Uposohor and Nababroad, September-October 2018, Sylhet City.

Factors affecting health seeking behavior according to the residential areas

According to the Table 5, the households of two residential areas went to MBBS doctor for their last health problem in Nababroad (42.3%) and Uposohor (44.3%) under this study. In the Uposohor area, the households under this study choose this provider/facility are provider friendly (12.7%), low cost/free (12.7%), medicines available (12%) where in the Nababroad, the respondents reported that the reasons they choose this provider/facility are qualified doctors (MBBS or specialist) (26%) and close to home (12.7%). The association between reason of choosing this provider/facility and the health seeking behavior of the residential areas has a significant relationship. The maximum number of households (15.3%) in the Uposohor area spent between 1000-2000 taka only for the last visit including transport costs, medical expenses, registration fees etc. while the maximum number of respondents (14%) among the households in the Nababroad spent less than 500 taka for the last visit. The last expenditure has a relationship with the pattern of seeking behavior of the residential areas (Table 5).

Univariate analysis

A two-way ANOVA is used to understand whether there is an interaction between residence and reason for choosing specific health care on main source of health care among the households of the residential areas under this study, where residential area and reason for choosing specific source of health care are the independent variables, and main source of health care is an dependent variable.

The particular rows this study is interested in are the "Reason for choosing specific source of Health care" and "Residential area" rows in the Table 6. The two-way ANOVA was conducted that examined the effect of residential area and reason for choosing specific source of health care on main source of health service. There was a statistically significant interaction between the effects of residential area and reason of choosing specific source of health care on main source of health service, F=5.55, p=0.001.

DISCUSSION

The study findings showed that the education levels of the households in the Uposohor area shows higher percentage compared to Nababroad. Both residential areas have more or less healthy sanitary system. But the p value indicates most of the socio-demographic factors except sanitary system associated with the status of residential households. This findings are in agreement with a study by Engeda et al which reported socio-demographic such as age varies the health seeking behavior from person to person and significantly associated with health seeking behavior.[7]

In the Uposohor area, most of the respondents, 27.3% households belong to income range (30,000-60,000) while the most of the respondents (22%) among the households of Nababroad under the study belong to income range (18,000-30,000 BDT). Although the average income is higher in the Uposohor area, the respondents (33.3%) of that area said the income level was insufficient while 16.7% respondent's income was insufficient and interfered their seeking health care. This findings agreed with a study by Ahmed et al which reported that socio-economic indicators were the most pervasive determinants of health seeking behavior among the study population.[9]

This study observed that most of the respondents (more than half of the households) in both residential areas did not face any barrier for seeking treatment from health centres. In addition, majority of the respondents said the attitude of the health service providers affect the health seeking behavior in the Uposohor area while the majority of the households in the Nababroad under this study said that the attitude of health service providers did not affect their health seeking behavior. This is in an agreement with the study of Uddin et al who found that the quality of medical treatment was associated with urbanity. The association among the priority in choosing health care, perception of bio-medical treatment, barriers facing in seeking treatment, patient's dignity, the health provider's

attitude and patterns of the seeking behavior of the residential are statistically significant.[11,12] The association between distance affect and health seeking behavior of the residential area have a significant relationship at the level p=0.000.[12] Majority of the respondents in the Uposohor areas said that transport availability affect the choice of health care while 45.3% of the respondents in the Nababroad area under this study reported that the transport availability did not affect their choice of health care. The value p=0.000 indicates that the transport availability has a significant relationship with the health seeking behavior of the residential areas. These findings are supported by the study of Islam and Biswas which reported the effectiveness of a health system depends on the availability and accessibility of services in a form which the people are able to understand, accept and utilize.[12] The association among skilled health worker and medical resources and the health seeking behavior of the residential areas are statistically significant at the level p=0.000.[12,13]

This study found that the maximum number of households in the Uposohor area spent between 1000-2000 taka only for the last visit including transport costs, medical expenses, registration fees etc. while the maximum number of respondents among the households in Nababroad spent less than 500 taka for the last visit. This finding is an agreement with the study of Osman who reported that major factors contribute to poor accessibility of health care is poor funding of the health sector. The last expenditure has a significant relationship with the pattern of seeking behavior of the residential areas.[9]

The study also found that there was a statistically significant interaction between the effects of residential area and reason of choosing specific source of health care on main source of health services, p=0.001.[10]

CONCLUSION

Health care seeking behavior (HCSB) refers to decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness. Understanding of health seeking behavior (HSB) is essential to provide need based health care services to the population. Many factors like gender, age, type of illness, access to services and perceived quality of the services, influences the health seeking behavior. After all, health seeking behavior totally depends on the perception of the study population. The following recommendation extracted from the field data and feedback from the respondents-

As socio-economic factors is the main determinant in seeking health care, the culture of health insurance system should be established and Government should coverage this system in the health policy of Bangladesh to reduce the inequalities in health service and the access of poor communities to minimum standard of quality health care.

Health facilities for poor communities should be modernized and accessible. Besides this, the government should create income generating sources for the poor people so that they can access and afford the quality health care as income is the major restraint and determinant in health seeking behaviour.

The Sylhet city corporation should take initiative or propose government to establish urban health centre with modern equipment and resources and specialized hospital for ensuring participation of the poor people with minimum cost in quality health service and ensure health equality.

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