FHS RESEARCH brief

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Health Seeking Behaviour in Chakaria

This research brief focuses on the health-seeking behaviour of the people in Chakaria, a rural area in Bangladesh. Information was collected from 1,000 households during February 2007 on the type of illnesses the villagers suffered from during the two weeks preceding the survey and their associated health seeking behavior. The study examined gender variations in illness reporting, treatment seeking behaviour and decision-making regarding treatment sought. Findings show that in Chakaria home remedy is commonly practiced for almost all diseases and is the second most frequently used treatment option. This report also focuses on the role of the informal healthcare providers, particularly the village doctors in the healthcare system. The village doctors were identified as key actors in the provision of healthcare in the area providing 65% of the services, irrespective of the type of disease. Use of health services, especially from the MBBS doctors, on the other hand, was as low as 14%.

Community survey in Chakaria

In Chakaria, 43.5% of the 6,183 individuals included in the community survey reported suffering from some kind of illness during the 14 days preceding the survey. Among the 2,688 patients who reported any illness, information on health-seeking behaviour was collected for one randomly selected patient per household.

Findings

Illnesses reported

Cold and fever accounted for 58% of the reported diseases, possibly caused by a seasonal wave of viral fever and cold during the time of the survey. Musculo-skeletal diseases accounted for

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8.8%, gastro-intestinal tract diseases 8.5%, neurological diseases 5.4%, and respiratory tract and diarrhoeal diseases each were 4.4%. Among young patients aged less than 10 years, diseases were reported more for boys than girls. Conversely, between the ages of 10 and 60, diseases were reported more by females compared to males.

Disease pattern	
Diseases (n=767)	%
Cold/Fever	57.6
Musculo-skeletal diseases	8.8
Gastro-intestinal tract diseases	8.5
Neurological diseases	5.4
Respiratory tract diseases	4.4
Diarrhoeal diseases	4.4
Skin and soft tissue diseases	2.7
Cardiovascular diseases	2.6
Infectious diseases	1.9
Eye problems	1.5
Kidney and urinary tract diseases	0.3
Hepatobilliary diseases	0.3
Cancer	0.1
Other	1.4
Total	100

Treatment sought

Data show 47% of 767 individuals reporting any sickness sought some kind of treatment for their illness, be it home remedy or seeking care from a health care provider. The rest did not seek any treatment due to various reasons.

The majority, 64.7%, of the patients who sought treatment, consulted either a village doctor or a drug seller at some point of treatment. 46.1% of the patients sought treatment exclusively from the village doctors or drug sellers. On the other hand, consultation with an MBBS doctor in combination with other types of health care providers was as low as 14.2% and the percent of patients consulting only MBBS doctors for the whole duration of illness was even lower at 9.4%. 11.7% sought homeopathic treatment at some stage of their illness, 2.5% depended on spiritual/traditional healers and 5.6% of the patients depended solely on home remedy.

The notable reasons for the ill not seeking treatment were:

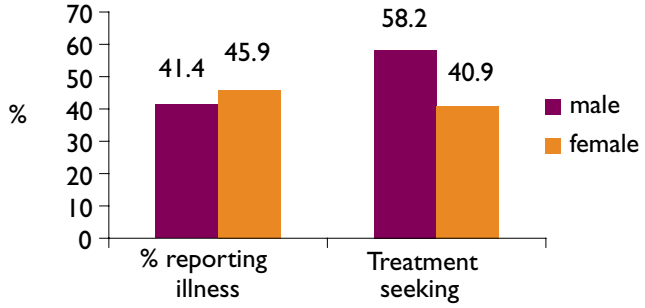
- Felt that the disease did not require any treatment.
- Possessed insufficient money to consult a health care provider.

Gender and treatment seeking behaviour

A clear gender difference was observed in treatment seeking behaviour. Although females reported diseases more than males, treatment seeking was significantly higher for males compared to females and this was true for almost all age groups.

In terms of deciding to consult a health care provider, 52.3% of the adult patients (aged over 18 years) made the decision by themselves. However, a clear gender differential was observed in the decision making process with only 43% of the adult female patients taking the decision by themselves compared to 71% of the male patients deciding to consult a healthcare provider on their own. Husbands were the decision makers for 43% of the female patients. These data highlight the fact that the decisions related to the health needs of a woman are dominated by the people living around her, in most cases by her husband.

Reporting of illnesses and treatment seeking by sex



Illness reporting and treatment seeking by SES

A significantly higher proportion of people from the lowest asset quintile reported being ill (47.3 %) compared to that in the highest quintile (42 %). There was no significant difference in the proportion of patients seeking treatment among the various asset quintiles. Reporting of gastro-intestinal diseases was a little higher among the poor compared to the rich. The rich reported musculo-skeletal diseases more than the poor. Reporting of other diseases did not vary much by socioeconomic status. The choice of healthcare provider did not differ significantly by asset quintile.

First line of care and first health care provider

The majority of the patients (50.3%) who reported being ill chose village doctors or drug sellers as their first line of care, followed by home remedies (among 23.3%), MBBS doctors (10.6%), homeopaths (8%), and spiritual/traditional healers (1.1%).

Of the 767 patients surveyed, 44.4% consulted a health care provider outside the home. Of these, village doctors were

consulted by most (66.7%), followed by MBBS (12.1%) and homeopathic doctors (12.1%) and a few people consulted paramedics or traditional healers.

Some home remedies

Cold and fever: Warm compress, self-medication, putting on warm clothing, oil massage, taking a mixture of oil and onion, balm massage, pouring water on head, following previous prescription for a similar disease, using herbal medicine, drinking hot water, body massage, taking a lot of fluid, putting oil on head, wiping the body.

Gastro-intestinal diseases: Oil massage, hot water bath, self medication, warm compress, following previous prescription for a similar disease, using herbal medicine, body massage, drinking spiritual water, putting on warm clothing, warm compress, eating sour foods.

Respiratory tract disease: Oil massage, self-medication, following previous prescription for a similar disease, herbal medicine, drinking hot water, wiping the body.

Neurological diseases: Self-medication, balm massage, warm compress, pouring water on head, following previous prescription for a similar disease, drinking a lot of fluid, head massage with oil, wrapping the hand with a piece of cloth.

Diarrhoeal diseases: Self-medication, drinking sherbet.

Around 90% of the 340 patients were either satisfied or satisfied to some extent with the quality of treatment that they received from their first health care provider, while the rest were not. Most first visited private qualified or unqualified providers, pharmacies or had house calls for care. Less than 5% of patients had first contact with a healthcare provider at a government health facility.

Reasons behind the choice of the first healthcare provider are:

- Belief that patient is receiving quality care
- Proximity to home
- Provider gives treatment at low cost or on credit
- Good behaviour of health care provider
- Lack of choices of healthcare providers practicing nearby

Referral practice and choice of second health care provider

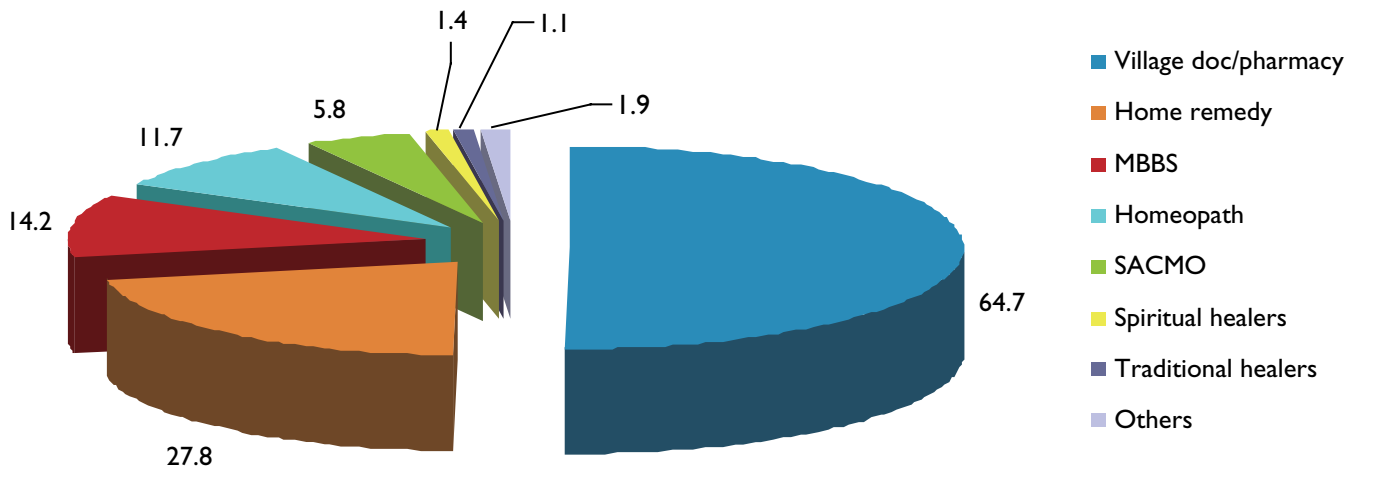
Only 1.5% of the patients were referred for further consultation by the first healthcare provider, although 15% felt that their condition had remained unchanged or deteriorated after treatment.

About 9% of the patients consulted a second healthcare provider, the majority of whom took this step of their own accord. The choice of the second health care provider was similar to that of the first with over 48% of the patients choosing village doctors. Patients chose the second healthcare provider for similar reasons as for the first healthcare provider. Most thought that their second provider would give them healthcare of a better quality.

Disease specific preference for various health care providers

Disease (n=360)	Type of health care provider	%
Cold/Fever	Village doctors/Pharmacy	77.0
	Home remedy	24.6
	Homeopathic doctors	8.7
	MBBS	8.3
	Paramedics/SACMO	5.2
	Kabiraj	0.4
	Pir/Fakir (spiritual healer)	0
Musculo-skeletal diseases	Home remedy	56.7
	Village doctors/Pharmacy	53.3
	MBBS	16.7
	Homeopathic doctors	13.3
	Paramedics/SACMO	3.3
	Pir/Fakir (spiritual healer)	3.3
	Kabiraj	0
Gastro intestinal diseases	Village doctors/Pharmacy	63.3
	Homeopathic doctors	20
	MBBS	16.7
	Home remedy	10
	Paramedics/SACMO	3.3
	Kabiraj	3.3
	Pir/Fakir (spiritual healer)	3.3
Neurological diseases	Village doctors/Pharmacy	68.8
	Home remedy	31.3
	MBBS	25
	Paramedics/SACMO	6.3
	Pir/Fakir (spiritual healer)	6.3
	Homeopathic doctors	0
	Kabiraj	0
Respiratory tract diseases	Village doctors/Pharmacy	59.3
	Home remedy	29.6
	MBBS	25.9
	Homeopathic doctors	7.4
	Paramedics/SACMO	7.4
	Pir/Fakir (spiritual healer)	3.7
	Kabiraj	0

Type of healthcare provider consulted



Implications

The findings in this report help to shed light on the demand and supply side of the health market in Chakaria. The providers and clients are the two major players of health markets. According to the study, of the 6,183 individuals included in the survey around 2,700 people suffered from some kind of illness within a 14-day time period. Assuming this to be the prevalence rate in Chakaria, this would mean that in any one day for a population of over 421,000 there would be about 13,200 people suffering from an illness. On the other hand, at the providers end, there are only 39 MBBS doctors and 328 village doctors practicing in Chakaria at present. If for instance, all the 13,200 patients decide to consult a qualified health care provider, specifically an MBBS, on the same day then the existing pool of qualified providers within Chakaria will not suffice. This means a provider will then have to treat around 340 patients per day to ensure universal coverage, which is quite unrealistic. In an ideal situation where a provider takes a patient load of 30 per day, a minimum of 450 providers will be required to fulfill this demand. All these point-out the prevailing provider inadequacy in the health market of Chakaria and the necessity to increase the number of skilled/qualified providers in the area. However, increasing the number of MBBS doctors almost 12 fold overnight does not seem feasible. An alternate solution to the problem could be to make use of the available pool of not so skilled providers, particularly the village doctors. The health seeking pattern identified in this chapter shows that the village doctors are the most popular providers in the area. Thus, ensuring an acceptable level of qualification among these providers through targeted training programmes can in turn ensure quality health care for the majority of the villagers.

Pharmacy in Chakaria

FHS research briefs on Bangladesh activities are published by the country team of the Future Health Systems Research Programme Consortium at ICDDR,B, Dhaka, Bangladesh. For further information on Future Health Systems research in Bangladesh, contact Abbas Bhuiya, Leader, Bangladesh country team, Future Health Systems at: abbas@icddrb.org. To subscribe: **www.icddrb.org/fhs/resbriefs** or contact: Rumesa Rowen Aziz at rraziz@icddrb.org.

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