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HEALTH CARE SEEKING IN POOR URBAN SETTLEMENTS

IN SYLHET CITY CORPORATION, 2013

A quantitative survey

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Acronyms

ANC	Antenatal Checkup
BDHS	Bangladesh Demographic and Health Survey
FP	Family Planning
HIES	Household Income and Expenditure Survey
ICPC	International Classification of Primary Care
IUD	Intra Uterine Device
LMIC	Low & Middle Income Countries
MNCH	Maternal Neonatal and Child Health
MR	Menstrual Regulation
PPI	Progress out of Poverty Index
SCC	Sylhet City Corporation
WHO	World Health Organization

Findings Overview

Population and household characteristics & characteristics of survey respondents

In Sylhet City Corporation (SCC), average household size in poor urban settlements was 4.8 members, slightly higher than the national average for urban areas. The study population also was younger than the national average, a likely consequence of the relatively higher fertility rate in Sylhet Division. Eighty percent of women reported age of marriage to be 19 years or less, and 60% reported having their first birth before the age of 20. The sex ratio was 95 female per 100 male which is the reverse of the national ratio of 0.95 male/female, and suggests a persistent female disadvantage.

Electricity and mobile phones were almost ubiquitous, 98% for men and 86% for women, although more men had access to mobile phones around the clock. Very few, roughly 12%, of those who possessed mobile phones, used them for health purposes.

Median household income in Sylhet's poor urban settlements was 9000 taka (USD 141) per month which is surpassed by a median consumption of 13,000 taka. These findings suggest that fifty percent of households may be experiencing chronic debt. The majority of households living in these settlements had a 30% likelihood of living under USD 1.25/day as per the Progress out of Poverty Index (PPI) scale. However, were a health crisis to occur, even households at a moderate risk of poverty could be pushed into poverty.

Among survey respondents approximately 42% had no education and only three-fifth had any education, with a 33% primary level education. Slightly more women than men had completed primary and secondary education, but more men completed higher secondary studies. Only 20% of women were employed compared to 80% of men. Women typically worked as housemaids and men were involved in rickshaw pulling, service jobs, and small business.

Knowledge and perceptions about health care service providers

Residents of poor urban settlements knew about surrounding health services from their own experience and by word of mouth from family/friends/neighbors. Few women also reported community health workers as a source of information on available health service providers.

They determined quality of healthcare providers based on considerations of affordability (either low cost or free treatment) and treatment by qualified doctors. One-third of respondents noted good behavior of healthcare providers as evidence of good service, and one-fifth emphasized the importance of a provider's patience in listening to their problems. Half of them believed government hospitals provided quality services followed by doctor's chambers and private hospitals.

Health problems and care seeking behavior

The prevalence of health problems was slightly higher in women than in men for both acute and chronic conditions. More than one third of children under 5 and people aged 65 and above were suffering from some kind of a health problem in the last 2 weeks (acute) from the survey. As for chronic health

problems, prevalence increased with age, starting in the 30-39 year old age group. Nearly 2 out of 3 people in the oldest age group reported chronic health problems of some nature. The overall prevalence of acute health problems across the study population was 27%, and 26% for chronic conditions.

Acute Health Problems

Across all age and sex groups, the most common types of acute health problems reported were of a general/unspecified kind, such as fever and weakness, and respiratory symptoms. Women complained more of neurological, musculoskeletal, and psychological health problems than men. Respiratory symptoms were more of a problem in men than women. Other than the prevalent symptoms already mentioned, children were reported to frequently suffer from skin and nutritional problems.

Three fourths of people suffering from acute health problems sought treatment; this included self-treatment/home remedy. Rates of seeking care were nearly the same for both males and females. However more women reported seeking care multiple times. Those not seeking treatment felt that the health condition would resolve spontaneously.

By far care seeking from pharmacies was the most widespread, followed by government hospitals, doctor's chambers, and private clinics/hospitals. Public hospitals were frequented by men more than by women whereas more women went to Doctor's chambers and NGO clinics than men. In choosing a health facility, proximity to their place of residence played the most important role. Other factors that were considered in making decisions about where to seek care included whether or not the provider was perceived to have special skills, gave effective treatment, or provided low cost services.

The average waiting time was the lowest, around 6 minutes, in pharmacies followed by NGO clinics. The slowest service was reported in government hospitals where it typically takes 42 minutes on an average to get services. More than half of the respondents said that they were fully satisfied with their treatment and one-third of respondents were moderately satisfied. Overall, people who went to private clinics were more inclined (80%) to go to the same facility in future. Seventy five percent of those who visited a private doctor's office (doctor's chamber) said they would do so again.

Within SCC, a comparatively smaller city, the average time taken to reach a facility was less than 20 minutes and was mostly covered by foot or by rickshaw. Median cost for all subgroups was under 200 taka (USD 2.60), with most money spent on diagnostic tests (up to 600 taka) followed by drugs/medicines and consultation fees. To pay for the costs of healthcare, most respondents spent their household wages, suggesting high levels of out of pocket expenditures.

Chronic Health Problems

Shortness of breath or dyspnoea was the most frequently reported chronic health problem and was more prominent in men, children and older age groups, although lower back pain was the most prevalent complaint (13.5%) in the older group. Respondents had been experiencing these symptoms for a mean duration of 41 months. On average, women were affected by chronic health problems 6 months longer than men, and also complained more about functional difficulty in daily activities from

these conditions. In children, severe functional disability was quite rare, but 40% of all children up to 14 years experienced mild to moderate restriction in their daily activities.

People suffering from chronic health problems were more likely to seek treatment than those who were suffering acute health problems. Almost 90% of respondents sought treatment at some point or other and most of them went to a provider at least once a month.

Three out of five people sought treatment from qualified (MBBS) doctors and 26% visited a pharmacist or a village doctor. The criteria on which their choice was based were effective treatment, low cost, proximity to home, and qualified doctors in that order. Among those receiving treatment, lack of money was frequently mentioned.

The mean monthly expenditure for chronic health problems was 445 taka (USD 6), and was the highest among people aged 65 and above who paid up to 1200 taka. The median cost for healthcare during their most recent visit to a healthcare provider was 400 taka, with older age groups spending somewhere between 500 and 700 taka. Cost of drugs, tests and consultation fees added a considerable amount to their expenses, with people aged 65 and above spending a median of 600 taka for drugs alone.

As for acute cases, costs for health care were made from regular household wages. However males reported spending household wages more than females. Women reported paying for their treatment with donations from neighbors more often than men.

Family planning and care seeking around pregnancy and delivery

Family Planning

Around 70% of all married women, pregnant or not, had ever used some sort of contraceptive. Common reasons for discontinuation of a particular method ranged from side effects, switching to another method, difficultly obtaining certain forms of contraception (injectable, IUD) or wanting children. However at the time of the survey, only 66% of non-pregnant women were using some form of contraception, with the greatest reported use in the 25-34 age group.

The most frequently currently used contraceptive method were pills followed by injectables. These were either obtained from pharmacies or NGO clinics. Condoms were not commonly used. Reasons for not currently using any FP method were cessation of menstruation (for reasons not specified), infrequent or no intercourse, planning a pregnancy, and postpartum amenorrhea.

One in seven married female respondents reported having terminated an unplanned pregnancy at some point in their lives. Almost half of respondents who ended an unplanned pregnancy reported using MR, followed by an abortion (28.3%), and herbal medicine (12.3%).

Pregnancy & delivery

Eighty percent of all women interviewed for the pregnancy and delivery module were married by the age of 19, and almost 60% delivered their first child by this age. Out of every 10 babies delivered, there was one stillborn. Twelve percent of women miscarried or experienced spontaneous abortions.

Of all the women who delivered in the previous year, only 65% wanted to conceive and the rest either wanted to space the birth or did not want any more children indicating an unmet need for FP. More than 80% of women reported getting a checkup during their gestational period at least once to assure foetal wellness, confirm pregnancy or because they felt sick. Most women went to NGO clinics followed by private and government hospitals.

Virtually all women had made some plans for their delivery although most were only about the place of delivery, with 60% planning to deliver at home. Only three in ten women reported saving money for their childbirth. Despite intentions to deliver at home, some 50% delivered in a facility such as government hospital, NGO clinic and delivery centres of BRAC MANOSHI. Traditional birth attendants or a relative attended almost half of all deliveries (49%), and doctors, nurses, and skilled birth attendants attended 39% of the deliveries. The place of delivery/provider was chosen on the basis of multiple factors such as proximity provider friendliness, and cost.

One-fifth of the women delivered by caesarean section due to a previous history of C-section, malpresentation of the foetus, and premature rupture of the amniotic membrane. However, 95% of all the women would not choose a C-section over normal delivery. Many women reported complications after their delivery, mostly pain and fever, but around 15% also suffered from infections and anemia.

The assessment of cost of delivery included cost of transportation, actual cost of the procedure, bed fee, if any, and any unofficial payments. Normal institutional deliveries cost 2,400 BD taka (approximately USD 31) on an average, and women who delivered via C-section paid a mean amount of 17,000 BD taka. To meet these expenses some women (40%) reported having to utilize household savings or requested donations from a neighbor.

Chapter 1. Introduction

1.1 Background

Rapid, unplanned urbanization is a major concern in Bangladesh. Today, 80% of the world's big cities are located in developing countries and 60% of their inhabitants are "slum dwellers' living in poor urban settlements (1-3). Many poor urban settlements are considered 'illegal', without an official address and are denied basic entitlements, including the right to access water, sanitation, education, and healthcare (4). The urban population of Bangladesh now makes up 28.4% of the total population (5), and within urban areas, approximately 35% live poor urban settlements. This proportion is increasing due to the continued influx of migrants from rural areas seeking opportunity, or escaping poverty (over 1000 per day in the capital, Dhaka). In 2012, the annual urbanization rate was 3.3% (6). If it continues at this rate, the United Nations estimates that by 2050, 52% (101.4 million) of the total population will reside in urban areas (7). While much is written about Dhaka as an emerging 'mega-city', the challenges of urbanization and poverty that accompanies rapid, unplanned and unregulated urban growth, manifested in poor health and sanitation practices, are insufficiently discussed. Beyond Dhaka city, the fastest growing megacity in the world, Bangladesh's other metropolitan areas also struggle with growing urban poverty, as the following exploration of northeastern Bangladeshi city of Sylhet will demonstrate.

Sylhet is urbanizing and also underperforming in health: Sylhet City has a population of 647,583 (estimated in 2010), of which 27% are slum dwellers (8). Like the rest of the country, Sylhet is urbanizing but Sylhet division continues to have the poorest health indicators in Bangladesh. Higher mortality for both mother and child, and poor utilization of healthcare services still exist in Sylhet Division. However, although there have been previous studies on health seeking behaviour in rural and urban populations of Bangladesh (9-13), there is little information available for Sylhet Division, and a particular dearth of information on the urban poor residing in Sylhet City. National surveys carried out in Bangladesh identify that a significant number of women experience complications during pregnancy and childbirth, however, only a small proportion report that they sought care from a medically trained provider in a health facility (14-16). Preliminary findings from the most recent BDHS in 2011 reports that just 21 per cent of women in Sylhet Division delivered in a health facility, lower than the national average of 29 per cent (14). Medically trained personnel in Sylhet attend a slightly higher number of births (24%), however, this too is lower than the national figure of 32%. These numbers represent the experience of Sylhet's population overall and do not begin to explain the experience of Sylhet's urban poor.

There is little documentation regarding urban health and poverty in Sylhet. Indeed, research from Dhaka suggests what it might be like for those living there. **First, it is clear that the urban health advantage is not equitably experienced in Bangladesh.** Indeed, the situation in urban poor settlements is often worse than in rural and non- poor settlements urban areas (17). For example, the mortality rate in Bangladesh for children under the age of five is 65 per 1,000 live births but in urban poor settlements (e.g., slums) it is approximately 81 (18). Similarly, neonatal and infant mortalities are higher in urban poor settlements than in rural areas. Inequities are even greater within urban areas: the neonatal mortality rate is 44 per 1,000 live births for urban poor settlements, and only 20 per 1,000 live births in

non-poor settlements areas; the infant mortality rate is 63 per 1,000 live births in urban poor settlements compared to about 30 per 1,000 live births in urban non poor settlements areas (16, 18). Moreover, two separate child mortality patterns have been identified in Bangladesh: one for urban natives and another for rural-urban migrants, with higher under-five mortality among the latter group (19).

Environmental conditions may exacerbate poor health in urban slums. Urban slum dwellers are exposed to adverse environmental conditions such as overcrowding, poor quality drinking water and sanitation, and lack of waste removal. Difficult living conditions and poor access to services in poor settlements have resulted in limited health care use and hygiene awareness, lack of knowledge of the origins of illness, inadequate food habits and breast feeding practices, and low acceptance of vaccination (20, 21). A review of health services for people who live in informal settlements in Dhaka city found that only 7.3% have access to a public health clinic (4). The confluence of these conditions in poor settlements significantly impacts the effectiveness of both general and sexual and reproductive health programmes to serve the urban poor.

In light of the poor health statistics and poor environmental conditions in which many of the urban poor live, **it is critical that health services be accessible**. Despite being located in physical proximity to skilled care facilities, nearly 80% of deliveries in poor settlements are conducted by neighbours or relatives in the home, and only 13% of births are assisted by skilled attendants. Antenatal care (ANC) coverage is 55% in poor settlements, much lower than the 74% found in urban non-poor settlement areas. Immunization coverage in urban poor settlements is also lower than the national and non-poor settlements averages (22).

Barriers to health seeking are multi-faceted. In a study in Dhaka's urban slums, Hussain and Hoque (10) illustrated some economic and socio-cultural factors that impact the use of traditional and modern delivery care. Factors that influenced use of traditional delivery care included: low household income, high cost of care in hospital, illiteracy, large family size, reliance on traditional systems of care, lack of knowledge about modern facilities, social taboos and traditional beliefs and little access to media and family planning programmes (23).

What do we know about health-seeking in Sylhet? Existing literature provides some insight into health-seeking in Sylhet, but gaps exist – particularly for the urban population. Kalim et al. (2007) found that women in rural Sylhet were more inclined to call a health service provider, whether medically or traditionally trained, to their home rather than to be transported to a facility (18). Similarly, Moran et al. (2007) outlined three health-seeking behaviours commonly seen relating to obstetric complications in Sylhet District; (i) sending a family member to purchase treatment to administer in the home; (ii) sending for a provider to treat the woman in the home; and (iii) taking the woman outside the home to a facility or provider's office (12). With informal providers currently making up 95% of the total health workforce in Bangladesh (24), the issues around providing adequate coverage for sexual and reproductive health needs in urban slum populations are even more complex.

1.2 Justification

This report considers health seeking patterns among the urban poor of Sylhet City and seeks to fill gaps in knowledge about the behaviours of all demographic groups, including adolescents and older men and women. Information available on health seeking behaviour among the urban poor has previously focused on maternal and neonatal morbidities and mortality. There is a relative lack of specific knowledge on the behaviour of adolescents in poor settlements in relation to accessing family planning or reproductive health services. There is also limited evidence on the health seeking behaviour and needs of older men and women beyond the reproductive age. Thus, the objectives of this study are as follows:

1.3 Objectives

- To explore age and gender differences in health care seeking among the urban poor in Sylhet;
- To identify where and from whom the urban poor seek treatment;
- To describe factors influencing choice of treatment;
- To explore perceived quality of care and its influence on health seeking behavior;
- To identify barriers to formal care seeking.

1.4 Methods

1.4.1 Study design

To fulfill these objectives, the research team employed a two-stage cluster sampling approach to identify poor urban households. Respondents in different age/sex categories were selected to create age/sex homogenous groups. Structured questionnaires were developed to ask questions about health seeking among these groups.

1.4.2 Sample selection and size

Study participants were selected using a two-stage cluster sample of poor households (HHs). The research team identified these households using secondary data from the BRAC *Manoshi* program, which identifies poor households using specific targeting criteria, and separates them into three geographic zones under their three branch offices. The program updates this list quarterly through a program-specific census.

Within these 3 zones, 189 designated community health workers (CHW) are assigned to approximately 200 HHs each. Each 200 HH catchment area was considered a cluster. Clusters were randomly selected (30 clusters out of 189 of the survey with 10 clusters in each zone). Each HH had 5 members, on average (25), resulting in a total population of 30,000. Later in the survey, 9 additional clusters were added to the sample in light of insufficient available respondents in certain age categories.

Eligibility to participate was determined based on sex, age, and specific health experiences or care seeking behaviors (Table 1). Field teams visited each HH in each cluster and gave each HH a unique identifier number. Within each HH, HH members' age, sex, experience of any illness in the last three months and whether the illness was acute or chronic, was recorded. All household members above 14 years of age with acute or chronic health problems, with the exception of acoustically, visually, speech,

and mentally disabled persons, were eligible to be interviewed and were included in the sampling frame. Mothers of children under 15 were interviewed as their guardians. Teams created sampling frames based on age, sex and module-specific lists of all possible eligible respondents, from which respondents were randomly selected.

Sample size for each group was deduced using existing population statistics from the Bangladesh Urban Health Survey (BUHS), 2006. Sample Statistics on the prevalence of serious illness were used to calculate sample size in most groups (16). For children under 5, however, the prevalence of care seeking for Acute Respiratory Infection (ARI) was used to calculate the sample size from the same source. Because no pertinent data was available for children and adolescents aged 6-14, 50 percent was employed to give the maximum sample size.

For Family Planning and Pregnancy and Delivery modules calculations were made separately using contraceptive prevalence rates and rate of care seeking for maternal complications, respectively. For the latter module (Pregnancy and Delivery), care seeking for maternal complications yielded the largest sample size compared to rate of facility delivery, or delivery by skilled attendant, and was therefore applied.

The following table (Table 1.1) shows the sample sizes calculated using the formula $n= z^2 pq/d^2$. The prevalence of serious illness was used for men and women to calculate the sample size in these 2 groups. Proportions of men and women in each of age group of interest i.e. 15-49 and 50 years and above were then applied on the computed number to find the sample size in those groups. For example, the calculated sample size for men was 396. In BUHS 75% of the men who had serious illness were between the ages of 15-49. Hence, our sample size for this group was 75% of 396 i.e. 296. This allowed us to investigate the prevalence of health problems and seeking pattern for each group.

In each group, 50% of the sample received the chronic illness questionnaire and the other 50% received the acute illness questionnaire. Extending the previous example, among the 300 men aged 15-49 in the sample, 150 were interviewed for acute health problems and 150 were interviewed for chronic health problems.

Table 1.1 Sample size calculation

Respondents	Indicator	(Z/d)2	p	q= (1-p)	n	Deff (1.5%)	10% non-response rate
Men	*Serious illness in previous year*	1536.6	0.2	0.8	240	360.4	396
	15-49 yrs (75%)						**295**
	50 years and above (25%)						**75**
Child	ARI care seeking (under 5)	1536.6	0.4	0.6	372	557.6	**613**
	6 to 14	1536.6	0.5	0.5	384	576.2	**634**
Women	*Serious illness in previous year*	1536.6	0.3	0.8	261	391.6	431
	15-49 yrs (72%)						**312**
	50 years and above (28%)						**86**
	Care seeking for maternal complications	1536.6	0.5	0.5	384	575.3	**633**
	CPR in 15 -49 yrs	1536.6	0.5	0.5	383	573.9	**631**
Total							**3280**

In the table above, the numbers in bold were added to find the total sample size. The total sample size thus calculated was 3280. However, the actual interviews performed exceeded this number as for each module, the calculated size was equally divided across each cluster.

1.4.3 Data collection instrument

Questions in the study instrument were designed to be comparable to existing healthcare seeking behavior items from the Bangladesh Urban Health Survey, Bangladesh Demographic and Health Survey, Households Income and Expenditure survey and Smiling Sun survey. The survey instrument also included a slightly modified version of the play-performance scale developed by Lanksy et al (26) to assess perceived severity of children's health problems by parents. The Progress of Poverty Index ® (PPI) tool [1] by Grameen Foundation was used to assess HH socio-economic status.

The final questionnaire featured six modules (Annex 1). Table 1.2 displays questionnaire modules, types of respondents and descriptions. Once the questionnaire was prepared it was digitized using MySQL, which generated automated skip patterns. The digital questionnaire was uploaded into Samsung Galaxy Tab 3. Digital data collection was expected to reduce human errors in following skip patterns and reduce study duration by excluding the data entry phase during which errors often occur. Additionally, the GIS functionality of the tabs enables us to link the data from this study with a facility mapping effort, and perform additional analyses such as calculating actual distance of the sample from a given health facility.

[1] More information at http://www.progressoutofpoverty.org/

Table 1.2: Different modules of the survey instrument

Sl.	Module name	Respondents	Description
1	Household	Household head/ adult with knowledge of the household matters	Basic information (age, sex, education, employment status, relationship with the head) on all regular members of the household; household characteristics only required in PPI and some household possessions. Housing characteristics as such was not recorded.
2	Healthcare seeking for acute health problems	Adult males, adult females, elderly male, elderly female, under 5 children, children aged 6-14 years	Types of health problems suffered in the previous 2 weeks and related healthcare seeking patterns. For child groups, mothers of the selected children are interviewed.
3	Healthcare seeking chronic health problems	Adult males, adult females, elderly male, elderly female, under 5 children, children aged 6-14 years	Types of health problems respondents are currently suffering that have lasted 3 months or more and related care seeking patterns. For child groups, mothers of the selected children are interviewed.
4	Family planning	Married women 15-49 years of age	Contraceptive use behavior of married couples of reproductive age. Only women are interviewed.
5	Pregnancy and delivery	Married women 15-49 years who have given child birth in the past one year from survey	Care seeking pattern during pregnancy and childbirth. To avoid recall bias only women with children under 1 year of age are interviewed.
6	Individual respondent	All respondents in 2,3,4,5, except children	Detailed background information of each respondent.

1.4.4 Data collection & entry

A field team of 50 staff was responsible for data collection, including 44 research assistants and 6 supervisors. Investigators organized a rigorous 14-day training session consisting of two parts: 1) Understanding the objectives and questions of the survey instrument and 2) Developing skills in operating tablet computers for the purpose of data collection. Following training, the field team conducted pre-tests in Gazipur for 2 days. Feedback was collected and the questionnaire was modified accordingly.

Data collection started with household listing commencing on the last week of June 2013 that took 3 weeks to complete. Twenty-two teams (2 persons per team) conducted the interviews. Supervisor responsibilities included helping teams to build rapport with the community, monitoring interviews, reviewing filled questionnaires for mistakes and inconsistencies, and communicating with the principal investigators. When inconsistencies were identified, field teams were asked to contact the respondent and recheck the details. When respondents were absent, field teams revisited or established a mutually agreeable time for the visit via telephone. Once the supervisors were satisfied with the collected data

they were transferred to a central database for data storage. A total of 3600 interviews were completed by November 2013.

The completed questionnaires were uploaded to a central server from where an in-house data management team processed them through editing, coding of open-ended questions and editing inconsistencies. Data cleaning and analysis was done using SPSS v.20 and STATA 10.

Figure 1 Our team at work

1.4.5 Challenges in fieldwork

Several factors impeded data collection:

- High levels of migration made it difficult to find some respondents.
- Eid holidays disrupted data collection as respondents returned to their villages for holidays.
- Respondents were hesitant to sign the informed consent form. This concern related to insufficient understanding of why a signature was necessary. It did not reflect a fear of answering questions.
- Strikes (hartals) limited field teams' mobility.
- Tablets did not support GIS to the desired accuracy.

1.4.6 Data analysis

After cleaning, the data set was transferred from SPSS to STATA v.12. For the purpose of this report simple descriptive, univariate analysis is employed. Each result is accompanied by a 95% confidence interval to indicate accuracy.

Progress out of Poverty Index ® (PPI) scores, a proxy for SES, were collapsed into quintiles and averaged. The proportion of households in each quintile was calculated, as well as the proportion falling under 2 poverty lines i.e. national upper and USD 1.25/day lines.

Data has been weighted to reflect the likelihood of selection at each stage of sampling (see below). All statistics, henceforth, represent the weighted data. Missing values are not presented in cross-tab analysis as they were low (<2% for each variable) unless indicated otherwise.

Weighting process:

Sampling weights are adjustment factors applied to each case to adjust for differences in the probability of selection and interview between cases in a sample. Due to the non-proportional allocation of sample and the differences in response rate in our study, sampling weights were required for analysis to ensure the representativeness of the survey result at the national level.

The study used a two-stage cluster sampling; sampling weight was calculated based on the sampling probability separately for each sampling stage and cluster. The following notations were used:

Let,
P_1: The first stage sampling probability of selection for each sampled cluster
P_2: The second stage sampling probability of selection for each individual in each of the sampled cluster.
a= number individual/household in each cluster
b= total individuals/households in all clusters
c= number individuals/household sampled pre cluster
d= number sampled clusters (39)

Here,

$P_1 = \frac{(a \times d)}{b}$ and $P_2 = \frac{c}{a}$

So the overall selection probability of each cluster was the product of the two stages of selection probabilities: $P = P_1 \times P_2$

The sampling weight:

$W = \frac{1}{P}$

A spreadsheet containing all sampling parameters and selection probability was prepared to facilitate the calculation of the sampling weight adjusted for household and individual non-responses (here non responses rate is 1) to get the final sampling weight for each household, male and female in the sample.

Chapter 2. Population and household characteristics

Key Findings:

- Average household size was 4.8 members
- Almost 90% were male headed households
- Average income per household was 11000 BDT (~USD 141)
- Only 60% of households owned a television
- 86% of households owned a mobile phone
- Health-related expenditures comprised 11% of overall mean household expenditure
- 26% of all households in the poor urban settlements were living below the upper national poverty line and 36.5% were living below $1.25 per day
- One-third of under-5 children and aged people above 65 years report suffering from acute health problems
- 66% of the population aged 65 years and above report chronic health problems of some nature

This chapter gives an overview of the study population's demographic characteristics including age and sex and socioeconomic characteristics. Socioeconomic status has been defined in terms of the assessment of household assets such as electricity, TV, radio, mobile phone, vehicle etc., and the Progress out of Poverty Index ® (PPI) scoring system (see Data Analysis section).

A household has been defined as a group of people, related or unrelated, who share the same dwelling unit and meals. Shared accommodations such as hostels/mess were also included. Household members are those who have been living in the dwelling for more than 2 weeks. If any member has been away for more than six months at a stretch they have been excluded during listing.

2.1 Household population

A total of 7,742 households and 37,101 members were listed in the 39 clusters. Weighted values are 41,564 and 199,794 respectively. Those living in shared accommodation (mess) constituted less than 2% of the total population and hence are not analyzed separately (Figure 2).

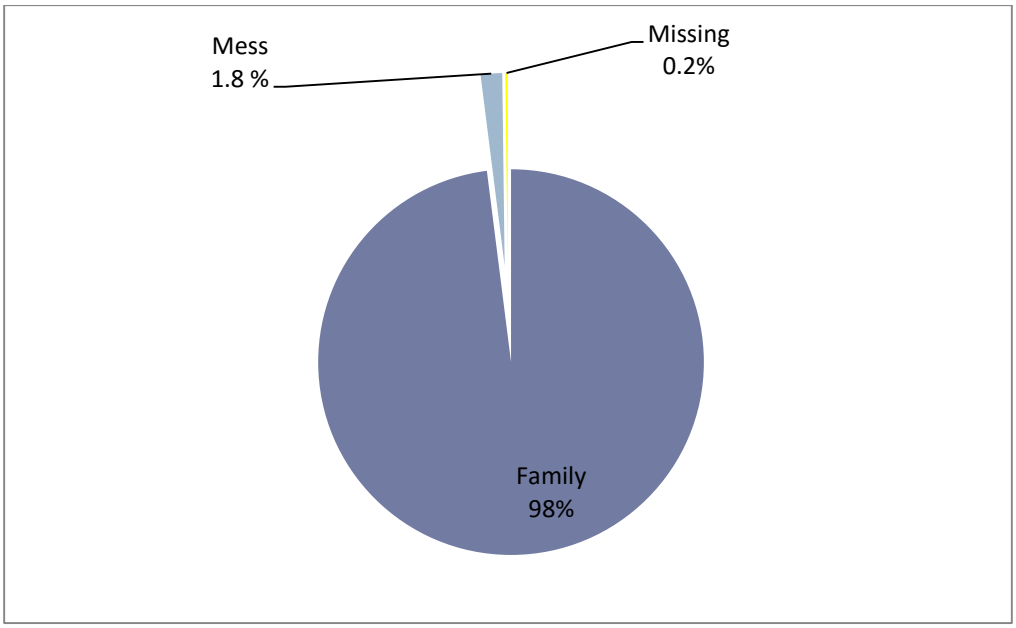

Figure 2 Types of households in the poor urban settlements of Sylhet City Corporation

Among all the individuals listed, 51% were male and 49% were female (or 95 female per 100 male). Thirty-eight percent of the population was under 15 years of age; 50% was comprised of those aged 15-49 and just 10% were 50 years and above (Table 2.1). Poor settlements of SCC had a younger population than the national average: nationally, 35.3% of the population was below the age of 15 in 2011 (27), while in our sample 38% were under the age of 15- unchanged from 2004 BDHS results (28), and suggestive of a persistently higher fertility rate in this area of Bangladesh.

As seen in Table 2.2, 89% of households are headed by men compared to the 11% by women which is similar to figures reported in BDHS 2011 (27). Almost 65% of households consisted of 3-5 members, with 4.8 members on average which is larger than 2011 figures from BDHS for both rural (4.7) and urban (4.4) areas (27).

Table 2.1 Household population by age and sex

Age	Male			Female			Total		
	a	B	c	a	b	c	a	b	c
under-5(59m)	12.1	12,429	2,334	12.3	11,963	2,269	12.2	24,393	4,603
5-14 Years	25.7	26,319	4,986	25.8	25,166	4,708	25.8	51,485	9,694
15-19 Years	9.6	9,832	1,839	9.6	9,389	1,741	9.6	19,221	3,580
20-24	8.0	8,222	1,514	11.0	10,749	1,976	9.5	18,971	3,490
25-29	9.3	9,558	1,768	10.5	10,214	1,875	9.9	19,772	3,643
30-39	15.0	15,374	2,833	13.6	13,288	2,442	14.3	28,662	5,275
40-49	9.7	9,907	1,813	7.8	7,630	1,425	8.8	17,538	3,238
50-64	7.6	7,741	1,421	6.8	6,593	1,176	7.2	14,333	2,597
65 & above	2.9	2,955	540	2.5	2,465	441	2.7	5,420	981
Total	100	102,337	19,048	100.0	97,457	18,053	100.0	199,795	37,101

a- Weighted Percentage, b- Weighted Number, c- Unweighted Number

Table 2.2 Household composition: sex of household head and size of household

Characteristics	Weighted percentage [95% CI]	Weighted number	Unweighted number
Household head			
Male	88.6 [87.9, 90.0]	36,807	6,856
Female	10.7 [10.0, 12.1]	4,472	833
Missing	0.7 [0.5, 0.9]	285	53
Number of members			
1	1.4 [1.1, 1.8]	592	109
2	7.1 [6.3, 7.9]	2,941	550
3	16.4 [15.4, 17.5]	6,817	1,280
4	24.2 [22.8, 25.7]	10,050	1,836
5	20.5 [19.4, 21.6]	8,492	1,595
6	14.0 [13.2, 14.8]	5808	1,099
7	7.4 [6.8, 8.0]	3,058	569
8	3.9 [3.4, 4.5]	1,627	307
9+	5.2 [4.3, 6.2]	2,140	389
Missing	0.1 [0.1, 0.2]	39	8
Total	100	41,564	7742
Mean size of households	4.8		

Tables 2.3 a & b provide information on the marital status of the survey population. Marital patterns reflect national statistics. More women at younger age were married than men; nearly 30% of women aged 15-19 were currently married and 77% aged 20-24 were ever married, whereas a substantial proportion of men were married only at the ages of 25-29. This is also the case nationally as husbands are generally older than wives (27). In the 30-39 year old age group, more than 90% of the population were currently married, however, unlike men, this proportion declined among women in older age groups as more women were widowed. Although negligible, more proportions of women reported being separated, divorced or widowed at all ages than men.

Table 2.3-a Marital status of the household population in SCC poor urban settlements (male)

Age	Currently married	Separated	Divorced	Widowed	Unmarried	Total no.
under 5	--	--	--	--	100	12,429
5-14	--	--	--	--	100	26,319
15-19	2.1 [1.4,3.4]	0.1 [0.0,0.5]	0.3 [0.1,1.1]	0.1 [0.0,0.7]	97.3 [95.9,98.2]	9,832
20-24	29.5 [25.3,34.0]	0.3 [0.1,0.8]	0.2 [0.1,0.7]	--	70.1 [65.6,74.2]	8,222
25-29	67.2 [63.2,71.0]	0.3 [0.1,0.7]	0.3 [0.1,0.7]	0.2 [0.1,0.6]	32.0 [28.3,36.0]	9,558
30-39	91.8 [89.8,93.4]	0.3 [0.2,0.7]	0.2 [0.1,0.4]	0.1 [0.0,0.3]	7.6 [6.0,9.6]	15,374
40-49	96.8 [95.9,97.5]	0.3 [0.1,0.8]	0.1 [0.0,0.6]	0.5 [0.3,1.0]	2.3 [1.6,3.2]	9,907
50-64	96.4 [95.1,97.4]	0.3 [0.1,0.9]	0.2 [0.0,0.7]	2.6 [1.6,4.0]	0.5 [0.3,1.1]	7,741
65 & above	92.6 [89.4,94.9]	1.0 [0.4,2.5]	--	6.1 [4.1,8.9]	0.4 [0.1,1.3]	2,955
Total	42.0 [41.1,42.9]	0.2 [0.1,0.3]	0.1 [0.1,0.2]	0.5 [0.3,0.6]	57.2 [56.4,58.1]	102,337

Table 2.3-b Marital status of the household population in SCC poor urban settlements (female)

Age	Currently Married	Separated	Divorced	Widowed	Unmarried	Total #
under 5	--	--	--	--	100	11,963
5-14	--	--	--	--	100	25,166
15-19	28.2 [24.2,32.6]	1.1 [0.6, 2.1]	0.4 [0.2, 0.8]	0.1 [0.0, 0.5]	70.2 [65.5 74.5]	9,389
20-24	74.1 [69.6,78.1]	2.3 [1.6, 3.3]	0.7 [0.3, 1.4]	0.3 [0.1, 0.7]	22.7[18.7, 27.3]	10,749
25-29	90.3 [88.3, 91.9]	2.7 [1.9, 3.7]	0.5 [0.3, 1.0]	1.1 [0.6, 1.9]	5.5 [4.1, 7.3]	10,214
30-39	90.7 [89.0, 92.3]	3.1 [2.4, 4.0]	0.7 [0.4, 1.2]	3.7 [2.8, 4.9]	1.8 [1.2, 2.6]	13,288
40-49	78.7 [75.8, 81.4]	4.9 [3.3, 7.2]	1.4 [0.9, 2.4]	13.7[11.8, 16]	1.2 [0.7, 2.1]	7,631
50-64	55.0 [51.6, 58.3]	3.9 [2.7, 5.6]	0.4 [0.1, 1.2]	39.7[37.0,42.4]	1.1 [0.6, 2.2]	6,593
65 & above	19.7 [13.1 28.5]	1.1 [0.5, 2.6]	--	76.9[67.9,84.0]	2.3 [1.0,5.2]	2,465
Total	43.1 [42.3 43.9]	1.7 [1.4, 2.1]	0.4 [0.3, 0.5]	6.4 [5.7, 7.1]	48.4[47.4,49.4]	97,458

Table 2.4 presents the health status of individuals from 7,742 listed households in the 39 clusters selected for study. Analysis was done on weighted data. Although not designed to estimate the prevalence of disease, the listing level data provides an indication of the proportion of people reporting health problems for 2 weeks or more. The rate of reported health problems was seen to be slightly higher in women than in men for both acute and chronic conditions. More than one third of children under 5 and people aged 65 and above reported some kind of a health problem in the 2 weeks preceding the survey. This is close to the scenario in Dhaka slums where 38% of the under 5 children were found to be suffering from fever even after an MNCH intervention program of five years (29).

Chronic health problems were more common with increasing age, and nearly 2 out of 3 people in the oldest age group reported experiencing chronic health problems of some nature.

Table 2.4 Percentage of people with acute and chronic health problems in SCC poor urban settlements

Background characteristics	Health problems		Total number
	Last 14 days [95% CI]	3 months or more [95% CI]	
Sex			
Male	25.6	23.3	19,048
Female	28.1	29.3	18,053
Age			
under 5	39.8	11.5	4,603
5-14	21.2	11.2	9,694
15-19	20.0	15.9	3,580
20-24	24.0	21.9	3,490
25-29	25.9	29.7	3,643
30-39	27.8	38.4	5,275
40-49	30.5	47.9	3,238
50-64	30.9	56.6	2,597
65 and above	31.4	65.7	981
Total	26.8	26.2	37,101

2.2 Household assets and socioeconomic status

The relationship between household durable goods and health is well established in the literature (27). Analysis of weighted asset data was performed on 2709 households. Table 2.5 shows that electricity was almost universally present. Televisions were present in 6 out of 10 households, while radios were less commonly found. Eighty-six percent of sampled households possessed mobile phones. Only 11% of households possessed personal transport, such as bicycles and rickshaws/vans, and only a few had automobiles.

Table 2.5 Percent distribution of households by household possessions* (n= 41,570)

Possessions	Household		
	Weighted Percentage	Weighted number	Unweighted number
Electricity	97.6	40,580	2,647
Radio	3.2	1,309	85
Television	58.9	24,491	1,568
Mobile	86.1	35,775	2,310
Refrigerator	15.9	6,609	393
Bicycle	11.7	4,876	301
Motorcycle	3.3	1,362	79
Car or truck	0.7	294	16
Rickshaw or van	11.3	4,701	303
DVD player	13.6	5,651	356

*multiple responses

Information on overall household monthly income (including wage/salary, rent, and remittance) and consumption data was recorded to ascertain the economic status and living standard of the urban poor in SCC. Figure 3 shows the mean and median income of the households. Average household income among residents of poor urban settlements was nearly 11,000 taka and the median income was 9000 taka. This is equivalent to a mean of USD 141 per household per month or USD 4.70 per day and, considering an average of 4.8 members per household (see the next subsection), is equivalent to USD 0.98 (~1) per capita/day.

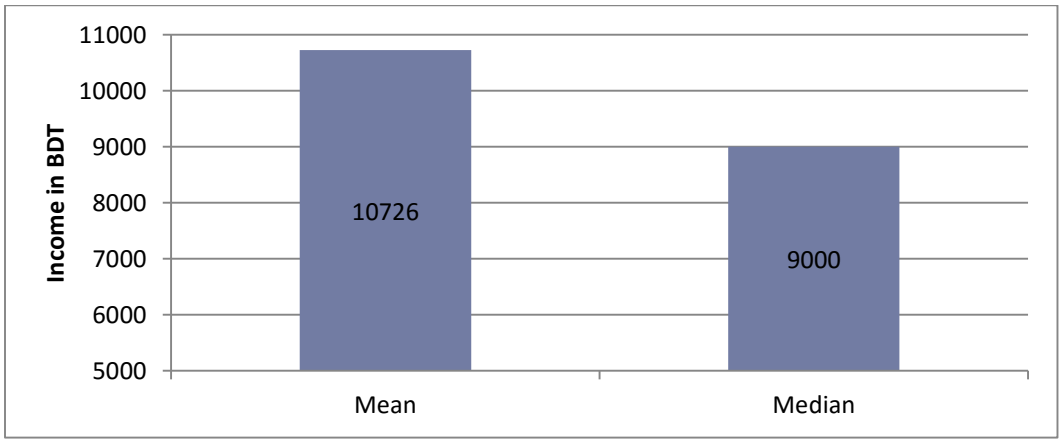

Figure 3 Monthly income of the surveyed households (n=41,570)

However income alone does not provide a good measure of living standard especially for the poor as it is subject to seasonal variation (30). Information was collected on various categories of expenditure a household generally makes according to the typical timeframe of each expenditure i.e. daily for food, weekly for transport and mobile bills, monthly for rent, utilities, and education, or year for clothing, furniture, miscellaneous events such as weddings, health emergencies, then standardized into monthly expenses.

Table 2.6 shows the distribution of monthly household expenditure by category. The denominator for the mean and median for each item came from the households who reported expenses in that category and the overall expenditure is for all the expenses mentioned by all the households. The total median expenditure is slightly higher than the median income of the urban poor in SCC suggesting that over half of these households are in a situation of chronic debt. The highest expenditures were made on food, which constitute half of total household expenditure. Almost half of the households were repaying loans at a monthly rate of 3400 taka on an average. Expenditure on health comprised 11% of the overall mean expenditure or 8% of their median expenditure.

Table 2.6 Monthly household expenditure in BDT in SCC poor urban settlements

Expenditure composition	Mean	Median	Total households
Transport	1,483	1,200	27,648
Food	7,659	6,400	41,570
Loan	3,392	2,000	19,476
Education	1,179	700	23,672
Health (regular)	696	500	36,145
Health (incidental)*	1,022	535	37,494
Utility	867	600	21,797
Mobile	532	400	36,065
Clothing	540	416	40,310
Miscellaneous	837	300	25,137
Overall expenditure	15,472	12,983	41,570
% household expenditure on health	11.1%	7.9%	41,570

*Information for last one year was taken and converted to monthly expenses.

The Progress out of Poverty Index (PPI)[2] is a simple low cost poverty measurement tool that computes the likelihood that a household is living below the poverty line based on a few key indicators that together comprise a country specific scorecard.

Various levels of poverty were apparent in poor urban settlements in Sylhet City Corporation (SCC). A total of 2772 households scored between 0 and 19 on the PPI scorecard (Table 2.7) suggesting that 76% of households had a likelihood of falling under the national poverty line and 86% lived on less than $1.25 per day. Around 50% of households (12,042) had a moderate likelihood of falling under the national poverty line and a daily expenditure of below $1.25. Ten percent of households (11,239) had scores between 60 to 100, and a 10% odds of ending up below the poverty line. The Poverty Rate was calculated by averaging all poverty likelihoods, revealing that 26% of all poor urban households were living below the upper national poverty line and 36.5% were living below $1.25 per day.

[2] More information at http://www.progressoutofpoverty.org/

Table 2.7 Percent of households in each PPI score categories and likelihood of falling below poverty line of the households

PPI Score categories	No. of households (a)	Poverty likelihood			
		National Upper poverty line (%) (b)	Total household under the upper poverty (a*b/100)	$1.25/day 2005 PPP (%) (c)	Total household under $1.25/ (a*c/100)
0-19	2,772	75.6	2,096	85.8	2,378
20-39	12,042	46.3	55,756	61.5	7,406
40-59	15,512	17.9	2,777	29.4	4,560
60-79	9,587	3.8	3,647	8.2	786
80-100	1,652	0.3	5.0	1.7	28
Total	41,565		10,817		15,159
Poverty rate (% hholds below the poverty line)			26%		36.5%

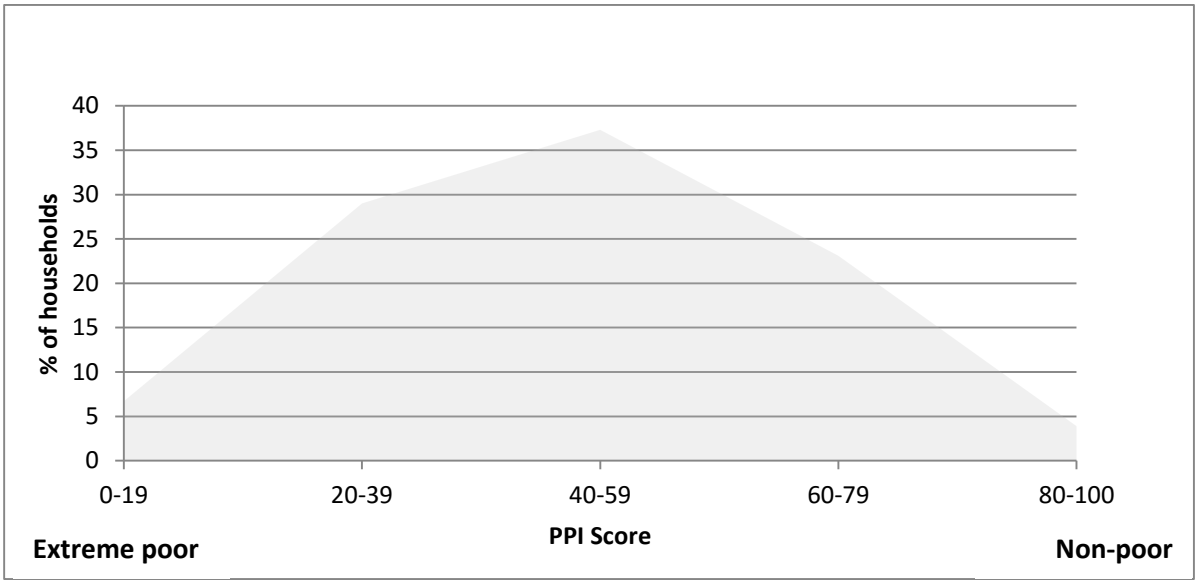

Figure 4 Percentage of households by PPI Score

The chart above (figure 4) shows how households in poor urban settlements are distributed on the PPI scale from 0 to 100. The majority of households scored between 40-59 which corresponds to 18% to 30% probability of poverty. This essentially shows not all residents of poor urban settlements are in abject poverty. It remains, however, that these sit on the borderline, and might easily be pushed below the poverty line were a catastrophic health event to occur.

Chapter 3. Survey Respondents

Key Findings:

- Only 33% of all respondents had primary level and 25% had secondary or higher level education
- Over 40% had no education. Slightly more proportion of men were illiterate compared to women but more men completed secondary level
- Above 80% of men were working at the time of the survey, with rickshaw pulling and service constituting the most common forms of employment
- Far fewer women were employed (20%), and mostly as housemaids
- People knew about nearby health facilities from their own experience or from neighbors.
- Nearly half of the respondents regularly watched television
- 66% of the respondents had access to mobile phones 24/7, but access was less for women than men
- Only 10% used mobile phones for health advice

This chapter provides information on respondents for all the modules except for children aged 0-14 years (acute and chronic). Since mothers acted as respondents for their children, it was possible that one woman could be selected for two interviews, one for herself and one for her child. Therefore, to avoid duplication, we excluded respondent information when analyzing child health related modules.

3.1 Characteristics of survey respondents

A total of 2,368 (36,216 when weighted), 445 males and 1,923 females, were interviewed for various modules. There were more females respondents due to additional women-specific modules on family planning and pregnancy.

Basic characteristics of respondents are presented in Table 3.1. Over 80%, of the respondents were currently married. There were more never married men (15%) than women (2%). Forty-four percent men and 41% women had no education, which is higher than the national level for poor urban residents reported in the latest Urban Health Survey (31), and only 33% of all respondents had primary level education. However, more men continued their education to the secondary level than women. Most were Muslim and a quarter of them were Hindu. Only 20% of women were employed compared to 80% of men. More details on employment are presented in the next subsection.

Table 3.1 Background characteristics of respondents

	Male			Female			Total		
	Weighted Percentage	Weighted Number	Unweighted Number	Weighted Percentage	Weighted Number	Unweighted Number	Weighted Percentage	Weighted Number	Unweighted Number
Marital status									
Currently Married	81.9	5,514	361	89.2	26,300	1,715	87.8	31,814	2,076
Separated	--	--	--	0.6	177	12	0.5	177	12
Deserted	--	--	--	0.5	147	10	0.4	147	10
Divorced	0.1	7	1	0.3	88	6	0.3	95	7
Widowed	1.5	101	8	6.6	1,946	127	5.6	2,047	135
Remarried	1.3	88	6	0.6	177	12	0.7	265	18
Never married	15.2	1,023	69	2.2	649	42	4.6	1,672	111
Education									
None	44.4	2,988	198	41.3	12,168	825	41.8	15,156	1,023
Primary	30.4	2,044	134	33.4	9,846	635	32.8	11,890	769
Secondary	19.4	1,305	92	22.1	6,517	408	21.6	7,822	500
Higher Secondary	4.4	299	16	2.5	750	45	2.9	1,049	61
Graduation	1.1	72	4	0.7	203	10	0.8	275	14
Post-Graduation	0.4	25	1	--	--	--	0.1	25	1
Religion									
Islam	84.6	5,699	384	83.1	24,512	1,639	83.4	30,211	2,023
Hinduism	15.0	1,010	59	16.7	4,923	280	16.4	5,933	339
Buddhism	--	--	--	0.0	11.3	1	0.0	11	1
Christian	0.4	23.5	2	0.1	38	3	0.2	62	5
Employment									
No	16.6	1,118	80	80.4	23,693	1,533	68.5	24,811	1,613
Yes	83.4	5,615	365	19.6	5,791	390	31.5	11,406	755
Total	100	6,733	445	100	29,484	1,923	100	36,217	2,368

3.2 Employment and occupation

Questions on employment were asked in a manner that captured both primary and secondary occupation (Table 3.2). Female participation in the labor force was minimal with only 20% reported doing work of some nature. The unemployment rate was almost 20% higher than recent statistics on slum women reported in the Urban Health Survey (31). This could be due to the fact that Sylhet is a more conservative region of Bangladesh. Eighty percent of men were working at the time of the survey and 5% were engaged in more than one job.

Table 3.2 Employment and job status of survey respondents

Status	Male			Female			Total		
	a	b	c	a	b	c	a	b	c
Employment									
Unemployed	16.6 [13.5,20.3]	1,118	80	80.4 [76.9,83.4]	23,693	1,533	68.5 [65.7,71.2]	24,811	1,613
Employed	83.4 [79.7,86.5]	5,614	365	19.6 [16.6,23.1]	5,791	390	31.5 [28.8,34.3]	11,405	755
Total	100	6,733	445	100	29,484	1,923	100	36,217	2,368
Number of Jobs									
1	95.7 [93.1,97.4]	5,374	346	87.1 [79.0,92.3]	5,043	348	91.3 [87.7,94.0]	10,417	694
>1	4.3 [2.6,6.9]	240	19	12.9 [7.7,21.0]	748	42	8.7 [6.0,12.3]	988	61
Total	100	5,614	445	100	5,791	390	100	11,405	755

a: Weighted percentage (CI] ,b: Weighted number, c: Unweighted number

Table 3.3 Characteristics of respondents employed at the time of the survey

Background characteristics	Male					Female				
	a [95% CI]	b	c	d	e	a [95% CI]	b	c	d	e
Age										
15-19	81.9 [67.2,90.9]	585	41	715	50	18.1 [11.0,28.1]	386	23	2,137	150
20-24	88.4 [68.3,96.4]	424	27	480	30	10.8 [7.8,14.7]	690	48	6,414	422
25-29	91.3 [83.6,95.6]	1,407	88	1,541	99	19.4 [15.0,24.7]	2,161	144	11,143	719
30-39	92.2 [85.5,96.0]	1,449	93	1,572	102	29.6 [24.0,35.8]	1,602	109	5,412	350
40-49	93.8 [85.7,97.5]	998	65	1,064	71	26.2 [18.4,35.8]	627	45	2,396	152
50-64	70.1 [52.9,83.0]	506	35	723	51	18.3 [11.0,28.8]	217	15	1,186	77
65 and above	38.2 [23.9,55.0]	245	16	639	42	13.5 [5.7,28.8]	107	6	796	53
Education										
None	82.5 [76.5,87.2]	2,464	160	2,044	198	26.3 [22.0,31.0]	3,201	217	12,168	825
Primary	85.6 [80.0,89.8]	1,749	113	2,044	134	14.7 [11.8,18.2]	1,448	103	9,846	635
Secondary	79.8 [69.3,87.4]	1,042	73	1,305	92	13.6 [9.63,19.0]	889	55	6,517	408
Higher Secondary	87.7 [58.4,97.3]	262	14	299	16	25.5 [16.0,38.2]	192	12	750	45
Graduation	100	72	4	72	4	30.4 [9.5,64.5]	62	3	203	10
Post-Graduation	100	25	1	25	1	--	--	--	--	
Total	83.4 [79.7,86.5]	5,614	365	6,733	445	19.6 [16.6,23.1]	5,791	390	29,484	1,923

a: Weighted percentage ,b: Weighted number employed, c: Unweighted number employed, d:Total Weighted, e:Total Unweighted

The nature of work by gender is displayed in table 3.4. Men were mostly engaged in rickshaw pulling, service, and small business. Around 13% were skilled laborers and another 10% owned a medium scale

business. Women, on the other hand, reported working as housemaids most of the time, followed by service and day laborer. A few women also reported being involved in some kind of small business.

Table 3.4 Primary Occupation of the respondents with 95% CI

Profession	Male [95% CI] (n=5614)	Female [95% CI] (n=5791)	Total [95% CI] (n=11405)
Night guard/security guard/peon/housemaid (bua)	3.5 [1.8,6.7]	46.2 [38.0,54.7]	25.2 [19.4,32]
Rickshaw/van puller	18.7 [14.2,24.3]	--	9.3 [6.9,12.5]
Service (contractual/fixed)	15.6 [11.4,20.9]	17.5 [11.6,25.6]	16.6 [12.6,21.4]
Small business (handicraft, tea stall owner, hawker)	14.4 [10.0,20.4]	9.9 [6.5,14.9]	12.1 [9.0,16.2]
Skilled labor (mason/painter/electrician)	13.2 [9.5,18.0]	4.9 [2.9,8.4]	9.0 [6.5,12.5]
Business (grocery, stationary, electronics, cosmetics, cloth store, pharmacy, land lord)	10.2 [6.8,15.0]	1.9 [0.7,5.3]	6.0 [3.8,9.3]
Day labor	8.6 [5.8,12.4]	10.6 [6.7,16.3]	9.6 [6.9,13.2]
Motorized transport worker (bus/truck/taxi/CNG/easy bike, etc)	7.2 [5.1,10.1]	--	3.5 [2.4,5.1]
Student	4.6 [2.9,7.3]	5.1 [3.3,7.9]	4.9 [3.6,6.5]
Sales man/woman	1.8 [0.8,4.1]	0.8 [0.3,2.3]	1.3 [0.6,2.7]
Garments/factory/hotel worker	0.7 [0.2,2.8]	1.3 [0.4,3.7]	1.0 [0.4,2.3]
Agriculture/farming/fisherman/boat man	0.7 [0.2,2.9]	--	0.3 [0.1,1.4]
Other	0.7 [0.2,2.3]	1.7 [0.6,4.3]	1.2 [0.5,2.8]

3.3 Knowledge and perceptions about health care service providers

Respondents were asked about their knowledge regarding formal health facilities or providers within 1 km of their residence. Around 66% men and women knew about surrounding health care providers and mostly based on “their own experience”. Word of mouth from family/friends/neighbors was the source of information for over 70% of respondents. More women than men (8% vs. 20%), reported heath workers as a source of knowledge (Table 3.5).

Table 3.5 Source of knowledge on formal health service providers with 95% CI*

Knowledge about formal Provider	Male [95% CI] n=6,733	Female [95% CI] n=29,484	Total [95% CI] n=36,216
Yes	66.8 [56.9,75.4]	65.5 [57.1,73]	65.7 [57.7,73]
No	33.2 [24.6,43.1]	34.5 [27,42.9]	34.3 [27,42.3]
Source of knowledge	Male [95% CI] n=4,496	Female [95% CI] n=19,307	Total [95% CI] n=23,803
Own experience	69 [58.6,77.7]	47.7 [39.5,55.9]	51.7 [44,59.3]
Neighbors	44.3 [35.7,53.3]	44.5 [37.1,52.2]	44.5 [37.8,51.4]
Family/friends	35.5 [25,47.6]	44.9 [37.3,52.8]	43.1 [35.6,51]
Signboard	20.4 [13.3,30]	12.4 [9.1,16.7]	13.9 [10.1,18.8]
Health workers	9.7 [6.1,15.1]	20.3 [14.7,27.2]	18.3 [13.5,24.3]
Pharmacist	1.4 [0.5,4.2]	1.1 [0.6,2.1]	1.2 [0.6,2.2]
Print media (Newspaper)	0	0.6 [0.2,1.6]	0.5 [0.2,1.3]
Electronic media (TV, Radio, etc.)	0	0.3 [0.1,1.1]	0.3 [0.1,0.9]
Other	0.5 [0.1,3.5]	0.2 [0.1,0.7]	0.3 [0.1,0.7]

*multiple responses

Respondents were asked to define what they perceived to be the attributes of good quality healthcare. For both male and female respondents, the most important factors were availability of qualified doctors and low cost treatment. One-third of respondents believed good behavior of healthcare providers means good service and one-fifth emphasized the importance of a provider's patience in listening to their problems. Twenty-four hour service by doctors and availability of medicines, short waiting time, and emergency services were also perceived as indicators of good quality care.

Respondents felt that the highest quality healthcare services could be found in government hospitals, followed by doctor's chambers[3], or private hospitals. NGO clinics were rarely mentioned, with more women mentioning them than men (Table 3.6).

Table 3.6 Perceptions of quality health care and places to obtain them*

Perception	Male [95% CI] n=6733	Female [95% CI] n=29484	Total [95% CI] n= 36217
Criteria for quality health care			
Availability of qualified doctors	59.5 [53.0,65.8]	50.0 [45.0,55.0]	52.2 [47.5,56.9]
Treatment at low or free of cost	50.1 [42.9,57.3]	48.2 [42.3,54.2]	48.6 [42.8,54.6]
Good behavior of providers	36.3 [30.0,43.0]	37.3 [32.7,42.1]	37.1 [32.8,41.6]
Listens to problems with patience	21.3 [17.4,25.9]	21.8 [17.8,26.4]	21.7 [18.3,25.6]
Availability of medicines and doctors 24 hours	11.8 [8.4,16.5]	10.6 [8.0,13.9]	10.9 [8.5,13.8]
Short waiting time	10.5 [7.5,14.5]	13.6 [10.2,18]	12.9 [10.0,16.4]
Emergency services	7.8 [5.3,11.2]	11.3 [8.0,15.9]	10.5 [7.8,14.0]
Neat and clean environment	6.0 [3.8,9.5]	5.6 [4.1,7.6]	5.7 [4.3,7.5]
Appropriate treatment	2.4 [1.2,4.5]	5.3 [3.3,8.3]	4.6 [2.9,7.3]
Don't know	3.5 [1.9,6.2]	3.9 [2.6,5.9]	3.8 [2.6,5.7]
Other	7.7 [4.0,14.3]	4.5 [3.3,6.2]	5.2 [3.5,7.7]
Quality healthcare provider			
Government hospital	52.1 [44.6,59.5]	49.4 [44.6,54.1]	50.0 [45.0,54.9]
Doctor's chamber (MBBS doctor/qualified doctor)	49.9 [43.5,56.4]	38.2 [33.6,43.0]	40.9 [36.9,45.0]
Private clinic / hospital	33.8 [28.8,39.2]	28.8 [24.1,34.1]	30.0 [25.6,34.7]
Pharmacy/drug seller/village doctor	10.4 [7.5,14.2]	8.9 [6.8,11.7]	9.3 [7.2,11.9]
NGO clinic	2.7 [1.5,4.8]	8.9 [6.4,12.3]	7.5 [5.4,10.4]
Homeopath doctor	1.3 [0.6,2.8]	1.7 [1.0,2.8]	1.6 [1.0,2.5]
Traditional healer	0.7 [0.2,2.3]	0.3 [0.1,0.8]	0.4 [0.2,0.8]
Community Health Worker (SS/SK/CSB etc.)	0.2 [0.0,1.2]	0.2 [0.1,.5]	0.2 [0.1,0.5]
Don't know	0.5 [0.2,1.8]	1.5 [1.1,2.2]	1.3 [0.9,1.9]
Other	0.6 [0.2,1.6]	0.4 [0.2,0.8]	0.4 [0.2,0.8]

*multiple responses

[3] Private practice by doctor's not attached with any larger institute like hospital or clinic

3.4 Access to media and cell phones

Use of media and various modes of communication provide insight on how messages are disseminated in communities. Table 3.7 displays the use of paper or electronic media in poor urban settlements in SCC. By and large, more men used media than women. Television was the most regularly accessed source of information, followed by magazines/newspapers and finally, radio. Only 44% men and 25% women reported reading magazines/newspaper and the majority of reading was labeled infrequent. Just 11% men and 3% women read print media daily. More than 50% men and women watched TV everyday mostly at night.

Table 3.7 Proportions of the urban poor with access to different media and their frequency of use

Media	Male [95% CI] n= 6733	Female [95% CI] n= 29,484	Total [95% CI] n=36,217
Frequency of reading magazine			
Everyday	10.5 [8.1,13.5]	2.5 [1.4,4.4]	4.3 [3.1,6.0]
At least once a week	1.4 [0.7,2.6]	1.7 [1.0,2.7]	1.6[1.0,2.4]
Infrequently	22.2 [19.2,25.5]	21.1 [18.4,24.0]	21.3 [19.0,23.8]
Never	66.0 [62.2,69.5]	74.8 [71.4,77.9]	72.8 [69.6,75.7]
How often do you listen to the radio?			
Every day	3.5 [2.1,5.7]	0.9 [0.6,1.5]	1.5 [1.1,2.2]
At least once a week	1.5 [0.8,2.7]	0.6 [0.3,1.12]	0.8 [0.5,1.3]
Infrequently	6.5 [4.6,9.0]	6.6 [4.63,9.45	6.6 [4.8,9.0]
Never	88.6 [85.2,91.3]	91.8 [89.0,93.9]	91.0 [88.6,93.0]
When do you usually listen to radio?			
Morning	3.9 [1.3,10.8]	10.0 [5.6,17.3]	8.2 [4.8,13.8]
Afternoon	7.7 [2.9,18.5]	10.9 [6.9,16.9]	9.9 [6.3,15.4]
Evening	24.0 [15.2,35.7]	29.5 [18.5,43.7]	27.9 [18.5,39.7]
Night	64.5 [51.6,75.6]	49.5 [38.6,60.5]	53.9 [44.5,63.1]
How often do you watch television?			
Everyday	55.2 [49.7,60.5]	51.8 [47.7,55.9]	52.6 [48.7,56.5]
At least once a week	3.9 [2.4,6.2]	4.1 [2.9,5.9]	4.1 [2.9,5.7]
Infrequently	24.9 [21.3,29.0]	24.1 [21.5,26.9]	24.3 [21.9,26.8]
Never	16 [12.3,20.6]	19.9 [16.8,23.5]	19.0 [16.0,22.5]
When do you usually watch television?			
Morning	1.3 [0.6,2.7]	2.1 [1.3,3.3]	1.9 [1.3,2.8]
Afternoon	3.4 [1.5,7.6]	5.9 [4.3,8.2]	5.4 [3.8,7.5]
Evening	15.8 [11.7,21.0]	28.0 [24.0,32.4]	25.1 [21.3,29.2]
Night	79.5 [73.6,84.4]	64.0 [59.7,68.1]	67.7 [63.5,71.6]
Total	100	100	100

Almost 90% of respondents possessed mobile phones. Overall 66% of respondents (though more men than women) had access to a mobile phone 24 hours daily (Table 3.8). Only 10% of the respondents, (slightly more women than men) had ever used mobile phones to obtain advice regarding health issues. Among those who used mobile phones for health advice, almost all reported it being very helpful.

Table 3.8 Possession of mobile phones and use for health purposes

Mobile phone use	Male [95% CI]	Female [95% CI]	Total [95% CI]
Possession of mobile phones	n=6733	n=29,484	n= 36,217
No	10.0 [7.2,13.9]	12.9 [10.3,16.0]	12.2 [9.9,15.0]
Yes	90.0 [86.1,92.8]	87.1 [84.0,89.7]	87.8 [85.0,90.1]
24 hours access to a mobile phone	**n=6733**	**n=29,484**	**n= 36,217**
No	21.8 [17.3,27.0]	38.3 [32.9,44.1]	34.5 [29.8,39.6]
Yes	78.2 [73.0,82.7]	61.7 [55.9,67.1]	65.5 [60.4,70.2]
Communication for health purposes	**n=6733**	**n=29,484**	**n= 36,217**
No	89.2[86.0,91.7]	87.9 [85.6,89.8]	88.2 [86.2,89.9]
Yes	10.8 [8.3,14.0]	12.1 [10.2,14.4]	11.8 [10.1,13.8]
Satisfaction from health advice	**n=727**	**n=3568**	**n=4295**
Very helpful	96.5 [90.5,98.8]	95.0 [89.9,97.6]	95.4 [91.5,97.5]
Somewhat helpful	3.5 [1.2,9.4]	4.9 [2.4,10.1]	4.6 [2.5,8.5]
Total	100	100	100

People who reported using mobile phones for health advice did so to consult doctors (49%), other family members (15%), and local pharmacists (13%). Only 2.5% had ever called a mobile health line. More women called doctors, community health workers, and health lines than men. Men typically made calls to local pharmacists and other family members for health advice (Table 3.9).

Table 3.9 Source of health advice received via mobile phone

Source	Male [95% CI] n=727	Female [95% CI] n=3568	Total [95% CI] n=4295
A doctor	44.9 [30.1,60.7]	49.7 [42.0,57.4]	48.7 [41.6,55.9]
Other family members	20.7 [9.4,39.7]	12.8 [8.1,19.8]	14.5 [9.5,21.3]
Local pharmacist	17.4 [7.4,35.5]	11.8 [8.0,16.9]	12.9 [8.8,18.5]
Spouse	5.1 [1.2,19.3]	5.0 [2.1,11.7]	5.0 [2.0,12.0]
Community Health Worker (SK)	5.9 [2.1,15.8]	13.2 [8.5,20.2]	11.7 [7.5,17.8]
Friends	4.5 [1.2,16.1]	1.7 [0.5,5.2]	2.3 [1.0,5.1]
Mobile health line	1.6 [0.3,6.3]	2.5 [1.1,5.4]	2.2 [1.0,4.8]
Colleagues	--	0.3 [0.0,2.5]	0.3 [0.3,1.9]
Other acquaintances	--	0.9 [0.2,4.34]	0.8 [0.1,3.4]
Others	--	1.9 [0.8,4.6]	1.6 [0.9,5.1]
Total	100	100	100

Chapter 4. Acute Health Problems

Key Findings:

- Fever and cough were the most common complaints across all age groups
- A greater proportion of men had respiratory complaints than women
- Neurological and musculoskeletal related symptoms were more common in women than men
- On average, 76% of the respondents sought some sort of care for their acute health problem; People aged 65 and above did so the least
- Important reasons for not seeking care were no need (thought would resolve spontaneously), not severe, and no money
- Approximately 45% of all respondents visited a pharmacy for care followed by government hospitals
- NGO and other private clinics were least frequented
- Proximity, special skills, effective treatment, and low cost emerged as key criteria in choosing a provider
- Respondents received the quickest service from pharmacies and the slowest from government hospitals
- On average 60% people said they were fully satisfied with the healthcare received and would visit the same provider the next time. However, for those attending private clinics and doctor chambers, 75% expressed satisfaction
- Interestingly women were more prone to reporting greater satisfaction but less likely to see the same provider again
- The topmost reason for not returning to the same provider was ineffective treatment
- The most common modes of travelling to health facilities were foot and rickshaw
- A mean time of 19 minutes was needed to reach a health facility
- The average expenditure for a health episode was between 150-200 BDT including transport cost
- Healthcare costs were mostly met from household wages

This section covers any acute health problem experienced by different age groups over the two weeks prior to completing the survey questionnaire. The recall window was intentionally short to reduce any recall bias regarding health events or related information. Respondents who answered ‘yes’ to the filter question “Have you experienced any health problem/illness/disability in the last two weeks?” and no to “Have you been experiencing health problem/illness/disability for 3 months or more?” were eligible to be interviewed for this module. Mothers provided information about children aged 0-14 years. A total of 1,187 cases were available for analysis; a weighted denominator of 75,930. Table 4.1 shows the number

of surveyed respondents based on our sample size calculation for each age group. Analyses show proportions with in each age group for each outcome variable.

Table 4.1 Number of surveyed respondents reporting acute health problems

Background characteristics	Number	Percent of cases
Sex		
Male	581	48.9
Female	606	51.1
Age		
under 5	333	28.1
6-14	330	27.8
15-19	71	6
20-24	50	4.2
25-29	61	5.1
30-39	102	8.6
40-49	79	6.7
50-64	121	10.2
65 & above	40	3.4
Total	1187	100

4.1 Background characteristics of cases and types of health problems

Respondents described their health problems and symptoms experienced in the previous 2 weeks. These qualitative data were recorded and later coded by doctors in the study team using the International Classification of Primary Care (ICPC) codes developed by the WONCA International Classification Committee[4]. The ICPC is a classification method for primary care encounters accepted by WHO within its WHO Family of International Classifications.

Table 4.2 displays the types of acute health problems mentioned. Categories included: general and unspecified (86%) that included fever, pain, and weakness etc.; Respiratory (62%); Neurological (24%), and Digestive (23%). Women complained more of neurological, musculoskeletal, and psychological health problems than men. Respiratory symptoms were more frequently reported in men than women. Other than the prevalent symptoms mentioned, children also suffered from skin and nutritional problems. The proportion of respondents indicating cardiovascular problems increased with age. Women of younger ages suffered from reproductive health problems (menstrual and breast) more than older women while older men complained more about male sexual health problems (swelling).

[4] World Health Organization. *International Classification of Primary Care, Second edition (ICPC-2).*Geneva

The majority of respondents indicated that they experienced acute health problems falling in the 'general' and 'respiratory' categories. Table 4.3 displays the most frequently described symptoms within those categories. Seven percent of those complaining of 'general' health problems reported experiencing fever. Children suffered from fevers and cough/congestion more than other groups. Around 60-70% of children up to 14 years of age who were ill had fever in the last 2 weeks. General weakness and pain were more common in older age groups. Other symptoms that were recorded but not shown here were unspecific chest pain, abdominal pain, heartburn, constipation, rectal bleeding, eye complaint/injury, some skin disease etc.

Table 4.2 Perceived symptoms/health problems by localization experienced in last two weeks*

Background Characteristics	Disease Category																Total number
Sex	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
Male	87.6	67.8	16.7	21.5	0.2	3.9	2.6	0.7	7.9	1.0	7.4	6.5	0.7	--	--	0.7	43,872
Female	84.5	56.5	31.1	23.6	0.5	4.6	1.8	3.8	11.9	3.1	6.8	5.9	1.3	0.5	2.3	--	31,519
Age																	
under 5	83.5	63.7	6.1	24.1	0.5	1.9	4.1	0.3	4.9	1.9	9.2	6.8	0.8	--	0.3	0.3	19,101
5-14	80.3	59.2	15.4	22.5	--	5.6	1.4	1.4	8.5	--	4.2	8.5	--	--	1.4	--	26,320
15-19	68.0	40.0	40.8	22.0	--	4.0	2.0	4.0	12 .0	6.0	2.0	6.0	6.0	2.0	8.0	--	4085
20-24	86.9	49.2	44.0	19.7	--	8.2	1.6	3.3	11.5	1.6	3.3	1.6	1.6	0.0	6.6	--	2960
25-29	91.2	37.3	47.5	22.5	--	4.9	1.9	2.9	16.7	0.9	2.9	6.9	1.9	0.9	2.9	--	3766
30-39	82.3	43.0	46.1	17.7	--	7.6	--	5.1	25.3	2.5	2.5	1.3	2.5	1.3	1.3	--	5877
40-49	93.3	36.7	29.1	15.0	1.7	5.8	--	7.5	20.8	3.3	6.7	7.5	--	--	--	0.8	4251
50-64	92.5	37.5	41.7	25.0	--	5.0	--	10.0	27.5	5.0	2.5	2.5	--	--	--	5.0	6747
65 and above	92.5	37.5	25.0	25.0	--	5 .0	--	10 0	27.5	5.0	2.5	2.5	--	--	--	5.0	2284
Total	86.0	62.1	24.0	22.6	0.3	4.3	2.2	2.3	9.9	2.1	7.1	6.2	1 .0	0.3	1.2	0.3	75,391

A- General and unspecified; B- Respiratory; C- Neurological, D- Digestive; E- Blood and Immune mechanism, F- Eye, G- Ear, H- Cardiovascular, I- Musculoskeletal, J- Psychological, K- Skin, L- Endocrine/Metabolic and Nutritional, M- Urological, N- Pregnancy, Childbearing, Family Planning; O- Genital (female); P- Genital (male)

Table 4.3 Most common perceived general and respiratory symptoms/health problems by symptom name experienced in last 2 weeks*

Background characteristics	General and unspecified			Total number	Respiratory		Total number
	Fever	General weakness/ tiredness	General pain/ multiple sites		Cough	Sneezing/ nasal congestion	
Sex							
Male	62.8	8.6	6.5	32,406	30.5	31.0	22,177
Female	52.2	13.2	7.4	21,705	24.5	23.3	13,822
Age							
under 5	72.4	4.1	1.7	15,561	41.5	43.5	13,425
5-14	64.0	7.9	4.1	18,661	27.1	29.5	11,979
15-19	54.9	11.3	7.0	2,575	28.2	28.2	1,904
20-24	30.0	22.0	8.0	1,527	14.0	16.0	998
25-29	52.5	8.2	13.1	2,676	18.0	19.7	1,110
30-39	43.1	21.6	8.8	4,242	12.7	16.7	2,176
40-49	39.2	16.5	13.9	2,821	21.5	11.4	1,630
50-64	45.8	16.7	17.5	4,400	20.0	12.5	1,990
65 and above	40.0	25.0	12.5	1,648	27.5	7.5	787
Total	**57.4**	**11.0**	**7.0**	54,111	**27.4**	**27.1**	35,999

* multiple responses

Seventy-five percent of those who reported acute health problems sought care. Table 4.4, which includes self-treatment as a form of care seeking, shows equal rates of seeking care comparing males and females. In the age groups 20-24 years and 40-49 years, care was sought by more than 80% of the respondents. Even among the group reporting lowest proportions of care seeking, over half sought care (66%). Women and those in the age group 20-29 reported seeking care multiple times. This was not the case with other groups who tended to report seeking care only once.

Those who did not seek care were questioned about their reasons for not seeking care. As depicted in Table 4.5, the majority of those who did not seek care reported that they felt the health problem would self-resolve. Others reported that it was not severe enough of a problem to seek care. Women claimed lack of money as a barrier to care-seeking more than men.

Table 4.4 Care-seeking behavior for health problems experienced in last 2 weeks

Background characteristics	Percent sought care	Total number	# times sought treatment for the health problem				Total number
			1	2	3	4 +	
Sex							
Male	77.6 [68.3,84.8]	43,872	79.0 [74.4,82.9]	16.3 [13.1,20.1]	3.4 [1.8,6.2]	1.3 [0.6,3.1]	34,058
Female	72.5 [66.5,77.8]	31,519	74.8 [66.6,81.6]	19.6 [13.5,27.7	2.8 [1.5,5.2]	2.7 [1.3,5.3]	22,854
Age							
under 5	77.3 [32.2,60.4]	19,101	74.2 [65.3,81.5]	20.5 [14.5,28.1]	2.6 [0.8,7.6]	2.8 [1.0,7.4]	14,759
5-14	76.5 [27.1,59.2]	26,320	83.1 [77.4,87.6]	15.6 [11.1,21.3]	0.8 [0.3,2.1]	0.6 [0.1,2.6]	20,123
15-19	72.0 [27.5,50.7]	4,085	70.5 [53.6,83.2]	23.7 [12.8,39.7]	3.8 [0.5,23.4]	1.9 [0.3,13.1]	2,943
20-24	80.8 [20.9,53.6]	2,960	69.6 [53.2,82.2]	22.8 [11.6,40.0]	6.4 [1.9,20.1]	1.1 [0.2,8.3]	2,393
25-29	79.8 [16.9,42.8]	3,766	66.7 [39.7,85.9]	13.8 [6.3,27.8]	16.3 [2.3,61.5]	3.2 [0.7,14.1]	3,007
30-39	68.5 [16.2,34.5]	5,877	72.4 [55.2,84.7]	21.6 [10.0,40.5]	5.3 [1.6,16.0]	0.8 [0.2,5.3]	4,024
40-49	81.1 [20.5,42.3]	4,251	74.7 [59.0,85.8]	20 [10.4,34.9]	3.4 [1.1,10.3]	1.9 [0.4,7.9]	3,448
50-64	69.7 [31.3,44.8]	6,747	80.8 [67.6,89.4]	12.2 [6.1,22.8]	3.7 [0.9,14.7]	3.3 [0.8,12.8]	4,700
65 and above	66.3 [27.5,53.4]	2,284	86.4 [67.3,95.1]	6.3 [1.3,25.3]	--	7.3 [1.7,26.7]	1,515
Total	75.5 [68.8,81.1]	75,391	77.3 [72.0,81.9]	17.6 [13.5,22.7]	3.2 [1.9,5.2]	1.9 [1.0,3.4]	56,912

Table 4.5 Reasons for not seeking care during health problem/disability*

Background characteristics	Thought would resolve by itself	Not severe	Lack of money	No one to accompany	Others	Total
Sex						
Male	59.3[48.5,69.2]	44.1 [34.1,54.6]	36.0 [24.0,52.9]	0.6 [0.7,3.9]	6.6[3.0,13.8]	9,814
Female	48.7 [37.7,59.8]	35.8 [27.3,45.4]	46.8 [34.8,62.3]	2.1 [0.5,7.86]	6.3[2.8,13.9]	8,665
Age						
under 5	63.0[50.4,74.1]	41.4[27.7,56.6]	27.0 [16.0,41.7]	--	7.8[1.6,30.1]	4,342
5-14	52.9 [40.0,65.5]	33.0 [21.0,47.6]	41.7 [27.2,63.1]	0.9 [0.1,6.4]	14.1[3.4,43.6]	6,197
15-19	65.0[41.9,82.7]	48.6 [23.5,74.5]	20.1 [7.9,48.1]	--	6.0[1.4,22.9]	1,142
20-24	37.2 [11.4,73.2]	21.8 [5.6,56.6]	82.5 [31.3,86.9]	21.9 [3.1,71.4]	9.8[1.3,48.1]	567
25-29	24.5 [9.4,50.4]	22.7 [6.9,54]	72.4[30.2,130.9]	--	5.3[1.4,18.1]	759
30-39	58.1 [38.9,75.2]	46.7 [32.3,61.6]	58.1 [33.6,93.6]	--	10.8[1.5,48.3]	1,853
40-49	65.2 [37.9,85.2]	51.1 [25.7,76.0]	20.7 [5.8,69.1]	--	3.8[1.2,11.3]	802
50-64	47.0 [30.9,63.7]	57.5 [34.6,77.5]	45.1 [25.2,76.5]	2.8 [0.4,16.9]	7.3 [3.0,16.7]	2,047
65 and above	41.3 [19.6,67.0]	38.0 [14.4,69.1]	54.0 [22.0,111.6]	--	7.8 [1.6,30.1]	770
Total	54.3 [45.6,62.8]	40.2 [32.1,49.0]	41.1 [31.0,53.7]	1.3 [0.4,3.9]	6.5 [3.7,11.2]	18,479

*multiple responses. Others include: Not curable, unfriendly staff, religious or cultural belief, don't know where to go, don't like medicine, lack of time, availability of previous drug.

All respondents, whether they sought care or not, were asked about how decisions to seek care (or not) were made. Specifically, respondents answered questions about the identity of the 'decision-maker' responsible for deciding to seek care or not. Multiple answers were accepted. The decision to seek care was clearly not only an individual decision. In all categories (with the exception of children) some proportion of respondents reported that decision was their own. Among women, spouses made decisions about their care seeking more often than they did themselves, while older adults appeared to rely on others (presumably their children) to make decisions about care seeking.

Table 4.6 Decision maker regarding care seeking for perceived health problems *

Background characteristics	Self	Spouse	Parent	Other family members	Mother-in-law	Father-in-law	Others
Sex							
Male	22.3 [17.0,28.8]	5.6 [3.3,9.6]	66.9 [61.6,71.9]	5.5 [2.9,10.1]	--	--	--
Female	16.1 [12.6,20.2]	22.2 [18.8,26.0]	49.1 [44.6,53.7]	12.3 [9.6,15.6]	0.9 [0.3,2.6]	0.3 [0.1,1.2]	0.5 [0.1,1.7]
Age							
under 5	--	--	90.1 [83.6,94.2]	5.9 [2.7,12.4]	--	--	--
5-14	--	--	94.3 [91.3,96.3]	5.1 [3.0,8.6]	--	--	--
15-19	29.7 [18.1,44.6]	15.8 [8.36,27.9]	45.2 [34.0,57.0]	15.0 [6.7,30.0]	1.5 [0.2,10.8]	0.9 [0.1,7.0]	
20-24	37.3 [25.6,50.7]	40.5 [25.7,57.3]	18.4 [8.5,35.3]	4.7 [1.2,17.5]	4.2 [0.6,24.6]	--	4.3 [1.0,16.4]
25-29	55.1 [38.6,70.5]	36.8 [22.5,54.0	8.5 [3.1,21.4]	2.0 [0.5,8.2]	--	--	--
30-39	60.5 [48.9,71.1]	39.7 [28.5,52.0]	1.9 [0.6,6.0]	1.5 [0.4,6.3]	1.5 [0.2,10.9]	0.9 [0.1,7.1]	--
40-49	54.3 [43.5,64.8]	37.5 [28.6,47.2]	--	4.5 [1.6,11.5]	0.6 [0.1,4.5]	--	--
50-64	52.5 [39.0,65.6]	28.7 [18.2,42.0]	--	22.4 [14.3,33.3]	--	--	0.4 [0.1,3.3]
65 and above	46.7 [34.3,59.5]	5.9 [1.6,19.6]	--	51.1 [39.4,62.7]	--	--	--
Total	19.7 [16.2,23.8]	12.5 [9.8,16.0]	59.5 [54.6,64.2]	8.3 [6.6,10.4]	0.4 [0.1,1.2]	0.5 [0.2,1.3]	0.2 [0.1,0.8]

*multiple responses

4.2 Choice of provider

Respondents who sought care were asked further detailed questions about their recent care seeking experience. A series of questions provided information about respondent' visits, including multiple treatments when appropriate. Since only 23% of respondents sought care multiple times, most of the information presented in this section describes first visits, unless otherwise indicated.

Table 4.7 shows the choice of facility by the respondents in their first and last visits. Regardless of age, and sex, the first point of contact for care was a pharmacy in more than 40% of the cases. Patients also went to government hospitals (24%), doctor's chambers (17%), and private clinics/hospitals (7%). Public

hospitals were frequented by men more than by women whereas more women went to Doctor's chambers and NGO clinics than men. Self-treatment or home remedy was minimally reported and only a few respondents went to traditional healers, homeopaths, and spiritual healers. Not much variation was seen across the age groups except for children under 5, who were most likely to be taken either to a hospital or a doctor's chamber than to a pharmacy. A higher proportion of respondents above 65 years went to doctor's chambers than any other group.

Overall, pharmacies are visited more than other 'facilities'. This was the case in 'last visits' also. For last visits, more men and children went to a pharmacy than their first visit. Women and other age groups diversified into other facilities like government hospital or doctor's chambers.

Table 4.7 Type of facility visited for healthcare the first and last time

Background characteristics	Pharmacy	Government hospital	Doctor's chamber	Private clinic / hospital	Self-treatment	NGO clinic	Others	Total number
Sex				**First Time**				
Male	44.5[27.9,62.4]	28.0 [14.3,47.5]	14.6 [8.7,23.5]	7.1 [4.5,11.0]	2.2 [1.1,4.4]	0.5[0.1,1.9]	3.1[1.0,10.8]	32,789
Female	48.8 [41.4,56.3]	18.3 [12.7,25.7]	19.2 [13.2,27.1]	6.8 [3.8,11.9]	2.6 [1.3,5.1]	2.3 [1.2,4.6]	1.9 [0.5,8.1]	21,585
Age								
under 5	39.6 [26.5,54.4]	24.7 [15.8,36.5]	25.1 [15.6,37.8]	4.4 [1.9,9.6]	1.8 [0.6,4.9]	0.5[0.1,3.5]	3.9 [1.2,13.5]	14,134
5-14	45.6 [28.6,63.7]	32.6 [17.6,52.1]	10.8 [7.0,16.2]	7.9 [4.7,13.1]	0.8 [0.2,2.9]	1.2 [0.3,5.2]	1.1 [0.2,7.2]	19,258
15-19	43.6 [26.7,62.2]	19.6 [9.7,35.8]	19.3 [5.9,47.4]	12.9 [4.5,31.4]	0.9 [0.1,6.9]	--	3.6 [0.7,17.3]	2,883
20-24	36.1 [22.6,52.2]	21.0 [9.6,40.1]	20.3 [9.0,39.8]	10.4 [2.9,30.8]	2.6 [0.3,17.0]	4.5 [1.1,16.3]	5.1 [0.7,31.6]	2,367
25-29	50.0 [29.7,70.2]	26.5 [7.8,60.8]	11.7[3.9,30.0]	4.7 [1.4,15.0]	4.9 [1.2,18.4]	--	2.2 [0.3,15.5]	2,947
30-39	58.6 [43.7,72.2]	12.7 [5.8,25.6]	11.2 [4.6,24.8]	5.6 [1.9,15.3]	6.3 [1.8,19.5]	3.1 [0.7,13.5]	2.4 [0.6,9.9]	3,527
40-49	60.3 [46.0,73.0]	13.4 [5.9,27.7]	11.5 [5.5,22.4]	4.8 [1.3,15.6]	6.1[1.6,23.8]	2.1 [0.5,9.0]	1.3 [0.2,9.1]	3,304
50-64	55.9 [44.1,67.1]	9.9 [4.0,22.2]	16.0 [8.9,27.3]	7.8 [3.3,17.1]	4.0 [1.4,11.0]	1.6 [0.2,10.6]	4.9 [0.9,24.1]	4,439
65 and above	41.7 [26.3,58.9]	11.8 [3.2,35.1]	30.0 [11.6,58.3]	12.6 [3.3,37.9]	--	2.1 [0.3,14.1]	1.8 [0.2,12.6]	1,515
Total	46.2 [34.1,58.8]	24.1 [13.9,38.5]	16.5 [10.9,24.0]	7.0 [4.6,10.6]	2.3 [1.4,3.9]	1.3 [0.6,2.7]	2.6 [1.0,7.6]	54,374
Sex				**Last Time**				
Male	58.9[50.6,66.7]	16.6 [7.1,34.1]	10.2 [4.9,19.7]	9.3[3.2,24.3]	1.4 [0.3,6.4]	--	3.6[0.9,16.3]	5,975
Female	37.5[25.7,51.1]	20.4 [11.8,32.8]	17.1[10.9,25.9]	10.6 [5.3,20.2]	--	3.4 [0.7,14.9]	10.9[2.7,47.1]	5,211
Age								
under 5	58.0 [38.6,75.2]	13.6 [6.5,26.3]	19.6 [8.5,39.0]	4.4 [0.6,26.3]	--	--	4.4 [1.5,12.5]	3,492
5-14	55.2 [34.9,73.9]	23.0 [9.9,44.9]	--	10.1 [3.5,25.9]	2.2 [0.3,15.3]	5.9 [0.9,31.6]	3.5 [0.8,13.7]	2,479
15-19	36.8 [13.4,68.7]	8.5 [1.1,44.6]	27.9 [7.1,66.1]	17.0 [3.8,51.4]	--	--	9.9 [1.2,48.9]	811
20-24	24.6 [8.3,54.0]	29.3 [8.9,63.8]	10.9 [2.6,36.4]	35.2 [10.4,71.7]	--	--	--	689
25-29	20.5 [4.8,56.7]	58.5 [17.2,90.5]	12.2 [1.3,59.8]	2.6 [0.3,20.6]	--	--	6.3[0.6,41.0]	1,020
30-39	61.2 [34.6,82.4]	3.4 [0.4 ,23.7]	12.4 [3.3,37.3]	10.7 [2.5,36.2]	3.9 [0.5,25.0]	3.8 [0.6,21.3]	4.5[0.5,29.1]	787
40-49	57.5 [34.7,77.5]	5.4 [0.9,27.9]	22.6[7.3,52.2]	6.7 [1.5,25.2]	--	--	--	873
50-64	41.9 [20.2,67.4]	3.3 [0.4,21.3]	7.6 [1.6,29.7]	17.4 [4.8,46.9]	--	--	29.8 [3.8,49.2]	903
65 and above	31.2 [7.1,73.0]	27.9 [2.8,83.7]	20.0 [5.1,53.8]	--	--	--	20.9 [2.0,77.1]	132
Total	48.9 [41.9,56.0]	18.4 [10.4,30.5]	13.4 [8.5,20.6]	9.9 [4.83,19.3]	0.8[0.2,3.4]	1.6 [0.3,7.6]	6.2 [2.0,8.9]	11,186

Others include: Neighbor, Door step service, Traditional healer, homeopath, herbal, mobile health, hujur/religious healer.

In most cases, health information was not sought from medical professionals but rather respondents reported relying on self-knowledge or the knowledge of family members to determine where to seek care (Figure 5). Variation among age groups was minimal, so findings are presented for the total sample. Almost 90% of respondents knew where to seek care from previous experience. Other sources of information were their spouse, family members, and neighbors. The 'other acquaintances' category included friends and colleagues. Referral from doctors was mentioned, but in a minority of cases.

Figure 6 displays data describing respondents' criteria for choosing a facility. Multiple responses were allowed. There was little variation in responses between men and women. Proximity emerged as the chief criterion influencing the decision for choosing a certain facility/provider. People also went to providers whom they believed had some special skills or gave effective treatment. Special skills came up during pre-test by which respondents meant homeopathic/ayurvedic/spiritual and similar skills and effective treatment implies that they had, from a previous encounter, found the treatment to cure or heal them. Respondents with multiple visits mentioned cleanliness as a criterion, but not in the first visit. Cost was also considered as important in choosing a facility. Some other negligible reasons cited (not shown here) were friendly providers, recommended by others, privacy maintained, qualified doctors, emergency service, availability of female doctors, etc.

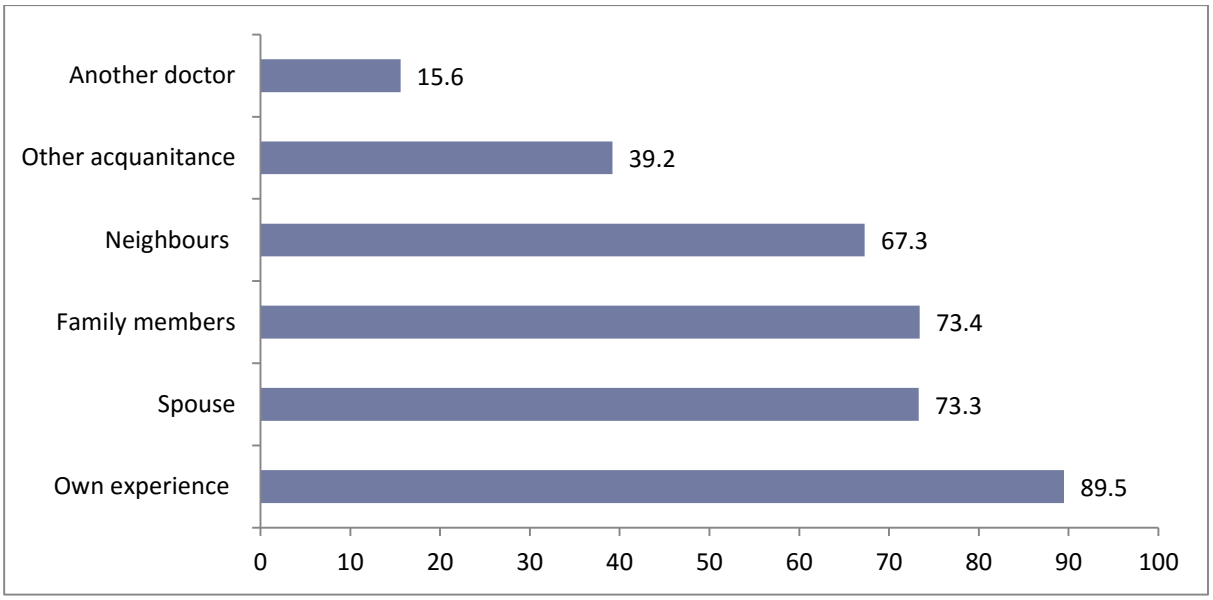

Figure 2 Source of information on the place of healthcare chosen in the first visit (n=54374) (multiple responses)

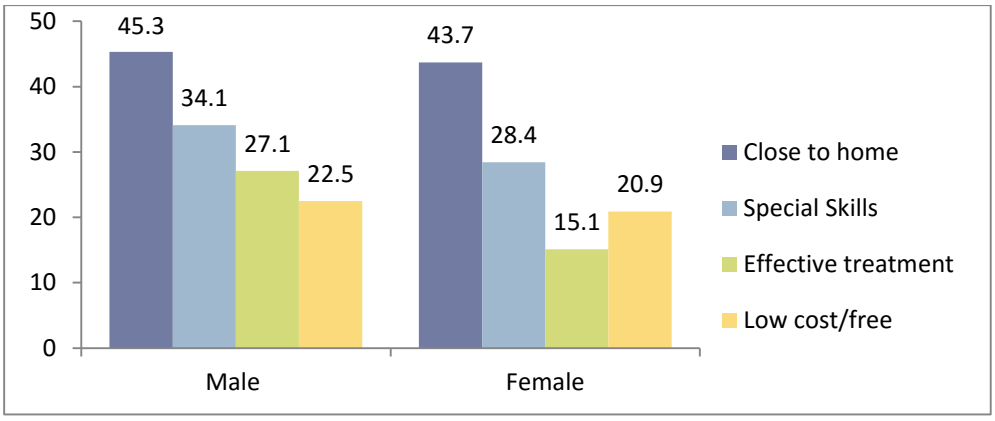

Figure 3 Four most important factors in choosing a facility or a provider (n=54374)

Most medicines were purchased from pharmacies, with only 17% obtained from government hospitals. A higher proportion of men reported accessing medicines at government hospitals than women. Other less prevalent sources of medicines included NGO clinics, private clinics, traditional healers and homeopath chambers. Our findings confirm the common knowledge that, although medicines at hospitals are supposed to be free most respondents reported accessing medicines at pharmacies – and paying for them.

Table 4.8 Place of getting medications for treatment*

Background characteristics	Pharmacy	Govt. Hospital	NGO clinic	Private Clinic/ Hospital	Other[1]	Total number
Sex						
Male	74.6 [64.6,82.5]	19.7 [10.6,33.5]	0.1 [0.0,0.8]	1.2 [0.4,3.7]	2.5 [1.4,9.2]	34,058
Female	77.7 [72.5,82.2]	13.8 [10.0,18.7]	1.1 [11.2,20.4]	1.8[0.8,4.1]	2.6 [0.9,8.4]	22,854
Age						
under 5	71.1 [60.9,79.6]	19.3 [10.4,33.0]	--	2.6 [1.0,6.6]	2.5 [0.4,14.9]	14,759
5-14	74.6 [66.4,81.4]	21.4 [14.0,31.3]	0.8 [0.1,5.8]	0.8 [0.2,3.3]	1.4 [1.0,6.9]	20,123
15-19	76.2 [58.3,88.0]	12.1 [4.7,27.7]	--	--	2.8 [0.4,19.2]	2,943
20-24	85.6 [68.2,94.2]	11.6 [4.4,27.1]	--	1.2 [0.2,8.6]	1.7 [0.2,10.7]	2,393
25-29	67.3 [36.1,88.3]	27.8 [8.2,62.5]	--	--	4.8 [1.1,19.3]	3,007
30-39	83.1 [67.5,92.1]	10.6 [4.1,24.5]	--	--	2.6 [0.3,18.6]	4,024
40-49	80.4 [67.3,89.1]	14.7 [6.5,30.0]	--	--	4.9 [0.9,23.5]	3,448
50-64	85.2 [74.0,92.0]	0.7 [0.0,5.4]	1.8 [0.2,11.5]	4.8[1.4,15.3]	5.3 [1.5,18.4]	4,700
65 and above	82.5 [60.9,93.5]	11.6 [2.9,36.6]	2.1 [0.3,14.1]	1.8 [0.2,12]	2.1 [0.3,14.1]	1,515
Total	75.8 [68.9,81.6]	17.3 [10.5,27.3]	0.5 [0.1,1.8]	1.5 [0.7,3.1]	2.5 [1.3,6.9]	56,912

*multiple responses

[1]Other: Homeopath chamber, traditional healer, don't know

4.3 Patient experience

Long waiting time can be a deterrent to health care seeking (32, 33). Table 4.9 provides data on the average time needed for the respondents to receive healthcare once they reached the facility. The slowest service was reported to be provided in government hospitals where it typically took an average of 42 minutes to get services but could reach up to 50 minutes for women. Long wait times at government hospitals were also reported by HIES 2010, as were longer wait times in rural versus urban areas (34 minutes) (34). Among poor urban respondents, the least time taken to attend a patient was at pharmacies, followed by NGO clinics, although relatively few mentioned using NGO services (see table 4.7)

Table 4.9 Mean waiting time in minutes to receive health care after reaching a provider

Background characteristics	Government hospital	Private clinic/ hospital	Doctor's chamber	NGO clinic	Pharmacy	Others	Total number
Sex							
Male	38.4	33.9	34.8	6.4	5.8	17.4	28,976
Female	50.3	37.3	26.2	9.8	8.0	20.7	18,924
Age							
under 5	43.7	44.4	30.2	--	9.9	8.6	12,124
5-14	39.7	33.0	31.1	3.5	5.9	--	17,415
15-19	46.8	22.8	27.6	--	5.7	4.5	2,717
20-24	28.2	25.6	47.6	9.4	6.2	--	2,048
25-29	27.5	39.8	27.1	--	3.3	--	2,610
30-39	70.9	16.8	29.0	10.0	5.1	42.8	2,939
40-49	71.8	37.3	17.0	10.0	5.1	7.0	2,797
50-64	39.6	40.9	36.0	10.0	6.1	2.8	3,864
65 and above	34.5	58.7	30.1	--	14.2	--	1,386
Total	42.0	35.1	30.7	8.8	6.7	18.2	47,900

Others: Traditional healer, homeopath, herbal, mobile health, hujur/religious, free service facility.

Questions on perceived quality of care were asked of respondents who reported seeking care for health problems in the recent past. Two aspects of quality of care were assessed. The first aspect concerned the respondent's perception of care. This was assessed by asking whether the provider spent enough time with the respondent, whether the provider explained the health condition and whether the provider gave the respondent/patient a sense of how to treat the health problem in an understandable manner. More than 80% of respondents believed that providers met these criteria. In general female respondents felt slightly more positive than males towards their experiences with providers. The second component of 'quality' was satisfaction. The majority of respondents (60% of cases) said that they were fully satisfied with their treatment. One-third of respondents were only moderately satisfied. Very few said that they were not satisfied at all. Satisfaction levels were the highest in the 65 years and above age group. Client perceptions and satisfaction did not vary greatly in second or third visits to facilities and thus, are not displayed.

However this data should be assessed together with the qualitative information we have on satisfaction. There has been concern around proper explanation of diseases and appropriate medication in case of pharmacies and disrespectful behavior in government facilities. Such high levels of satisfaction in the quantitative survey may imply over compliance and discomfort in criticizing health care providers.

Table 4.9 Perception and satisfaction of the respondents regarding behavior of the provider during treatment in the first visit

	Perception [95% CI]				Satisfaction [95% CI]			
Background characteristics	Spent enough time	Problem properly explained	Treatment properly explained	Total number	Fully satisfied	Somewhat satisfied	Not satisfied	Total number
Sex								
Male	85.4 [71.1,93.3]	78.2 [68,85.8]	85.5 [71.6,93.3]	33,350	58.7[51.1,65.9]	35.2[27.9,43.3]	6.1 [4.3,9.1]	31,668
Female	91.6 [87.5,94.4]	80.8 [75,85.6]	86.5 [78.4,91.9]	22,294	63.0 [54,71.2]	33.6 25.6,42.7]	3.4 [1.6,6.9]	20,898
Age								
under 5	89.8 [79.1,95.4]	85.5[75.5,91.9]	83.9 [63.1,94.1]	14,503	68.6[60.5,75.8]	28.2[21.1,36.6]	3.1 [2.8, 3.4]	13,777
5-14	80.1 [62.4,90.8]	76.5 [67.0,83.9]	82.6 [73.3,89.2]	19,966	61.6[52.6,69.9]	31.4[23.1,41.2]	6.9[4.3,11.1]	19,010
15-19	96.4 [85.2,99.2]	71.8[58.1,82.4]	97.3 [80.5,99.7]	2,914	54.3 39.5,68.5]	40.9[27.4,56.0]	4.7 [1.3,15.5]	2,826
20-24	93.5 [77.0,98.4]	82.9[65.6,92.5]	87.9 [55.3,97.7]	2,333	66.2[46.5,81.5]	27.0[14.2,45.3]	6.8 [1.6,25.1]	2,307
25-29	94.7 [77.4,98.9]	62.8 32.6,85.5]	86.8 [63.0,96.2]	2,861	51.9 29.5,73.5]	40.5[19.0,66.4]	7.6 [2.1,24.2]	2,801
30-39	91.1 [81.4,96.0]	80.7 65.5,90.2]	90.3 [68.0,97.6]	3,804	35.6[24.4,48.7]	59.4[45.2,72.3]	4.9 [1.5,15.3]	3,306
40-49	94.5 [84.1,98.2]	73.4 59.5,83.8]	87.8 [57.5,97.5]	3,227	48.3[34.2,62.7]	49.2[35.4,63.1]	2.5 [0.6,10.1]	3,027
50-64	94.2 [86.0,97.7]	82.2[65.3,91.8]	93.4 [61.7,99.2]	4,523	59.5[43.7,73.5]	37.7[24.1,53.6]	2.8 [0.6,12.3]	3,998
65 and above	93.7 [80.8,98.1]	95.7[82.8,99.0]	100	1,514	69.3[43.1,87.0]	29.0[12.3,54.3]	1.8 [0.2,12.0]	1,514
Total	79.2 [71.6,85.3]	85.9[74.8,92.5]	86.0 [75.0,92.6]	55,644	60.4[53.1,67.3]	34.6[27.6,42.3]	5.0 [3.5,7.2]	52,566

In order to further assess respondents' assessment of quality, those who had visited a healthcare provider were asked whether they would visit the provider again in the future.

Overall people who went to private clinics were more inclined (80%) to go to the same facility in the future. Seventy five percent of those who visited a private doctor's office (doctor's chamber) said they would do so again. Interestingly, though females reported higher levels of satisfaction in prior questions, fewer women than men said they would visit the same provider again– particularly in the case of non-pharmacists.

Table 4.10 Willingness to choose the same provider for future health problems (n represents the number of people who went to that particular facility)

Background characteristics	Pharmacy % [n]	Government hospital % [n]	Private clinic / hospital % [n]	Doctor's chamber % [n]	Total % [n]
Sex					
Male	57.8 [8428]	69.7 [6385]	87.7 [2049]	83.7 [4013]	66.1 [21,659]
Female	57.0 [6014]	58.6 [2315]	68.3 [1003]	64.1 [2659]	58 .0[12,520]
Age					
under 5	63.1 [4085]	68.9 [3142]	63.9 [399]	72.9 [2676]	66.7 [10,796]
5-14	58.1 [4551]	67.7 [3508]	87.3 [1339]	79.4 [1558]	65.6 [11,269]
15-19	53.9 [678]	83.8 [474]	82.7 [307]	100 [556]	73.5 [2119]
20-24	52.6 [450]	46.0 [229]	87.8 [217]	79.3 [382]	58.6 [1387]
25-29	66.0 [971]	93.8 [734]	100 [138]	100 [344]	74.2 [2187]
30-39	63.6 [1314]	58.9 [264]	81.0 [161]	64.0 [253]	58.8 [2072]
40-49	44.3 [882]	40.8 [181]	100 [158]	63.3 [240]	45.1 [1489]
50-64	41.8 [1036]	30.0 [131]	62.8 [216]	45.9 [327]	41.3 [1834]
65 and above	75.3 [476]	20.7 [37]	61.3 [117]	73.7 [335]	67.6 [1023]
Total	57.5 [14,443]	66.3 [8700]	80.2 [3052]	74.6 [6672]	62.9 [34,179]

Respondents who expressed they would NOT return to the same provider were asked why. The most frequently provided reason was that the treatment had not been useful. Some other reasons cited were unfriendliness, lack of cleanliness, long waiting time, unavailability of medicines, and distance.

Table 4.11 Reasons for not visiting this provider for next health problem with 95% CI*

Background characteristics	Not useful%	Not friendly%	Not clean%	Long waiting time%	Medicines unavailable %	Too far%	Other%	Total number
Sex								
Male	75.6 [47.8,91.3]	8.7 [2.3,27.4]	6.7 [1.4,26.4]	3.4 [0.4,24.5]	--	6.2 [0.7,37.6]	5.9 [0.7,36.6]	12,399
Female	54.2 [27.7,78.4]	11.7 [3.1,35.7]	--	--	7.1 [1.6,27.2]	6.3 [1.3,24.9]	28.0 [12.0,52.6]	10,334
Age								
under 5	70.3 [28.2,93.5]	10.9 [1.7,46.6]	7.0 [0.7,45.7]	6.6 [0.6,44.2]	--	3.9 [0.3,30.8]	7.9 [1.3,36.9]	5,336
5-14	78.4 [47.0,93.7]	--	--	--	7.2 [1.2,33.9]		14.3 [4.9,35.3]	7,481
15-19	--	100	100	--	--	--	--	823
20-24	85.3 [34.0,98.5]	14.7 [1.5,66.0]	--	--	--	--	23.7 [2.6,78.2]	1,006
25-29	100	--	--	--	--	--	--	820
30-39	55.5 [12.5,91.6]	9.1 [0.9,52.1]	--	--	9.1 [0.9,52.1]	--	35.4 [4.7,85.8]	1,952
40-49	100	--	--	--	--	--	--	1,959
50-64	44.2 [11.9,82.4]	21.0 [2.6,72.8]	--	--	--	10.8 [1.2,54.7]	24.0 [3.0,76.0]	2,865
65 and above	--	--	--	--	--	100	--	491
Total	67.0 [49.1,81.1]	9.9 [3.9,23.1]	4.0 [0.9,16.5]	2.0 [0.2,14.4]	2.9 [0.6,12.5]	6.2 [1.4,21.9]	14.8 [6.7,28.0]	22,733

*multiple responses

Others: unfriendliness, uncleanliness, unavailability of medicines, distance

4.4 Travel and expenses related to receiving healthcare

In poor urban settlements, data suggest that respondents prefer to visit facilities that are close to home. Respondents were initially asked about transportation to facilities as an entry point in gauging level of difficulty in accessing facilities. Those who spoke about self-treatment were not asked these questions.

Universally, across all age groups and sexes, similar modes of transportation were used to access facilities. Around 50% of respondents traveled by foot, approximately 35% traveled by rickshaw, and less than 10% by auto-rickshaws (CNG or battery driven). A very small proportion traveled by car, bus, ambulance, motorcycle, bicycle, boat, and train.

Table 4.12 Main mode of transport to health facility for first visit with 95% CI

Background characteristics	Foot	Rickshaw/van	CNG/ easy bike	Others[1]	Missing	Total number
Sex						
Male	51.5[37.4,65.3]	36.1[19.7,56.5]	3.5 [1.6,7.6]	2.4 [0.5,12.9]	6.5 [3.6,11.4]	33,350
Female	50.9[42.5,59.1]	34.4[27.9,41.5]	3.9 [2.0,7.8]	2.6 [0.7,11.5]	8.2 [5.6,11.8]	22,294
Age						
under 5	52.9[41.2,64.4]	37.9[24.6,53.3]	6.1 [2.9,12.3]	2.8 [0.6,15.1]	6.5 [3.6,11.5]	14,503
5-14	54.6[35.2,72.7]	40.1[21.3,62.3]	2.9 [0.8,9.6]	2.3 [0.4,13.2]	6.9 [3.9,12.1]	19,966
15-19	52.8[35.7,69.2]	37.0[24.3,51.8]	3.6 [0.8,15.5]	6.5 [0.9,40.2]	2.1 [0.3,14.1]	2,914
20-24	50.9[32.3,69.3]	38.3[22.0,57.8]	9.1 [2.0,33.1]	1.6 [0.2,10.6]	1.1 [0.1,8.1]	2,333
25-29	56.9[32.1,78.6]	42.1[20.4,67.4]	--	1.0 [0.1,7.7]	2.1 [0.3,13.5]	2,861
30-39	56.9[32.1,78.6]	42.1[20.4,67.4]	--	1.4 [0.2,10.0]	13.4 [6.6,25.4]	3,804
40-49	62.8[44.5,78.0]	31.8[17.1,51.3]	--	5.0 [0.8,28.3]	8.6 [4.3,16.7]	3,227
50-64	62.0[45.4,76.3]	30.6[19.5,44.6]	--	0.9 [0.1,6.6]	14.6 [7.2,27.1]	4,523
65 and above	47.5[23.7,72.5]	47.4[23.1,73.0]	5.1 [0.6,31.3]	--	4.5 [0.7,25.2]	1,514
Total	51.2[40.7,61.7]	35.4[23.4,49.6]	3.7 [2.0,6.8]	2.5 [0.7,9.0]	7.2 [5.0,10.1]	55,644

[1]Others: Bus, Car, Ambulance, Motorbike, Bicycle, Boat, Train.

Questions regarding the time for travel concerned: a) how long the respondent had to wait to get the transport and b) how long the actual journey to the health facility took. The mean amount of time reported spent waiting to get transport was 5 minutes for all age groups. It took an average 13 minutes to reach facilities once transport had been accessed. Thus, the total duration for one-way travel to the health facility for respondents was 18.8 minutes. Younger and older age groups required slightly more time than adults; most probably because these groups had a greater tendency to walk to a facility.

Table 4.13 Duration (mean) for one way travel to the health facility in minutes with 95% CI

Background characteristics	To get transport	To reach facility (Journey time)	Total travel time
Sex			
Male	5.6 [4.1,7.2]	12.8 [11.0,14.5]	18.6 [15.8,21.3]
Female	4.5 [3.4,5.6]	13.9 [11.9,15.9]	19.1 [16.2,21.9]
Age			
under 5	5.1 [3.4,6.9]	13.4 [10.8,16.1]	18.2 [15.0,21.4]
5-14	5.1 [3.9,6.4]	14.3 [12.2,16.5]	20.1 [17.0,23.2]
15-19	4.7 [0.5,8.9]	13.3 [8.3,18.2]	18.6 [9.5,27.7]
20-24	5.7 [1.3,10.2]	12.8 [8.7,16.9]	18.4 [10.8,26.0]
25-29	4.1 [1.1,7.0]	9.8 [7.9,11.8]	13.7 [10.1,17.4]
30-39	8.2 [0.4,16.0]	10.0 [7.9,12.1]	19.3 [10.1,28.5]
40-49	3.4 [1.2,5.6]	9.9 [7.4,12.5]	14.2 [9.7,18.7]
50-64	5.1 [1.9,8.4]	13.6 [9.9,17.2]	20.7 [14.8,26.6]
65 and above	4.8 [1.4,8.3]	16.4 [9.9,22.9]	21.0 [11.8,30.3]
Total	5.2[3.9,6.4]	13.2 [11.8,14.7]	18.8 [16.5,21.1]

Expenses related to acute health conditions involving multiple visits were also examined. Cost information was collected according to various categories including transport, registration fees, consultation fees (or hospitalization fees in case of hospital admission), diagnostic tests, drugs, unofficial payments and package costs in cases where respondents were unable to breakdown their expenditure or who purchased a package of healthcare services offered by a facility. The median statistic for categories where at least ten observations were available (in each age and sex group) was considered to avoid extreme values and represent typical health expenditure for the slum communities in SCC. Findings were segregated by sex and age group in Table 4.14. All amounts were recorded in Bangladesh Taka (BDT).

While total median cost for all subgroups were under 200 taka, the greatest expenditure was on diagnostic tests (up to 600 taka,) followed by drugs/medicines and consultation fees. Consultation fees are not recorded for most subgroups probably due to self-treatment or treatment from pharmacy where no consultation fee is charged. Unofficial payments such as bribes or tips were reported by eleven respondents only, and are therefore not shown in the table.

Table 4.14 Median expenditure for healthcare around an episode of illness/health problem in BDT

Background characteristics	Transport	Registration fee	Consultation/ hospitalization Fee	Test	Drug	Package	Total
Sex							
Male	30	10	100	500	150	160	152
Female	40	20	200	580	150	275	190
Age							
under 5	40	10	100	250	175	--	200
5-14	40	10	175	500	150	250	150
15-19	40	15	--	--	200	--	180
20-24	40	25	--	--	150	--	240
25-29	40	20	--	--	142	--	150
30-39	30	10	--	--	150	--	180
40-49	30	20	--	--	160	--	185
50-64	40	20	300	--	150	--	185
65 & above	30	20	100	365	150	--	180
Overall	40	10	175	520	150	200	170

To pay for the costs of healthcare, most respondents spent from “out-of–pocket” or from household wages. Multiple sources of money were mobilized for each health care visit (Table 4.15). After household wages, respondents reported using savings, followed by donations or loans.

Table 4.15 Sources of meeting medical expenses with 95% CI

Background characteristics	Household wages	Household savings	Donation from neighbor/friend /relative	Loan from NGO/money lender	Others	Missing	Total no.
Sex							
Male	85.6[80.0,89.8]	4.9 [3.1,7.7]	0.7 [0.2,2.3]	0.5 [0.1,1.6]	1.7 [0.7,4.0]	8.7 [5.1,14.6]	34,058
Female	84.5[78.5,89.1]	4.1 [2.3,7.3]	2.1 [1.0,4.2]	0.9 [0.3,2.4]	2.3 [1.3, 4.0]	10.2 [6.4,15.7]	22,854
Age							
under 5	87.6 [80.6,92.4]	2.4 [1.0,5.7]	1.4 [0.5,3.9]	--	1.9 [0.7,4.9]	8.6 [5.2,13.8]	14,759
5-14	84.5[78.0,89.3]	6.3 [3.9,10.1]	0.9 [0.2,4.32]	0.3 [0.0,2.4]	2.3 [0.7,6.6]	8.5 [4.1,16.9]	20,123
15-19	86.3[58.3,96.6]	0.9 [0.1,6.8]	2.2 [0.3,13.7]		1.9 [0.3,13.1]	13.7 [3.4,21.7]	2,943
20-24	93.7 [80.8,98.1]	--	--	3.2[0.5,19.1]	2.5 [0.3,16.4]	3.8 [0.8,6.4]	2,393
25-29	84.2[66.3,93.5]	11.5 [4.23,27.6]	--	--	--	10.5 [3.7,16.6]	3,007
30-39	75.8[61.9,85.9]	3.3[1.24,8.7]	1.6 [0.4,6.6]	1.4 [0.3,5.6]	3.8 [1.4,9.8]	17.3 [9.3,19.8]	4,024
40-49	85.9[76.1,92.0]	7.7 [2.8,19.7]	0.9 [0.1,6.3]	1.4 [0.2,10.1]	3.3 [1.1,9.6]	6.6 [2.9,14.6]	3,448
50-64	82.7[74.2,88.9]	3.6 [0.9,13.2]	2.8[0.7,10.9]	1.9 [0.4,7.9]	--	10.7 [5.8,19.2]	4,700
65 % above	87.3[66.5,96.0]	3.5 [0.5,22.4]	3.9 [0.5,25.4]	1.8 [0.2,12.6]	--	5.2 [0.6,31.8]	1,515
Total	85.2[80.5,88.9]	4.6[3.2,6.5]	1.3 [0.6,2.6]	0.6 [0.3,1.4]	1.9[1.1,3.3]	9.3 [6.2,13.7]	56,912

*multiple responses

Others: Borrowing, selling household objects.

Chapter 5. Chronic Health Issues and Related Health Care Seeking

Key Findings:

- The mean duration of reported chronic health problems was 42 months or 3.5 years; this could be as long as 7 years
- Women in general complained of suffering for a longer duration than men
- Shortness of breath, pruritus/itching, headache, abdominal pain/cramp, fever were some of the more serious symptoms according to respondents
- Functional difficulty occurred in 66% percent of the age group 65 and above, which is a twofold increment from the preceding age group. More women reported greater functional difficulty than men
- Almost 90% people suffering from chronic health problems sought treatment
- Roughly 60% people saw an MBBS doctor in their last visit and 25% went to pharmacist/village doctors
- Pharmacies and Government hospitals remained the most visited facilities for chronic health problems
- Effective treatment emerged as the most important factor for selecting a facility/provider followed by cost of treatment
- For women, proximity and friendliness of the providers were the more important criteria whereas man valued qualified doctors more
- People experiencing chronic health problems had to spend approximately 450 taka per month
- The highest monthly medical expenditures were recorded among those aged 65 and older at 1200 tk
- In general, household wages were the main source of coping with healthcare costs. However, more women had to depend on donations from others than men.
- The most frequent reasons for not seeking care were: lack of money (58%), the perception that the health problem would resolve by itself (44%), and not severe enough to warrant treatment (38%)

This chapter reports on the health seeking behavior of those experiencing chronic health issues, defined here as health problems lasting three or more months in duration. In the case of children of 0-14 years, their mothers responded on their behalf. Analysis was conducted using weighted numbers on a total sample of 1,128 individuals. Table 5. 1 shows the number of respondents surveyed based on the sample size calculated for each age group.

Table 5.1 Number of respondents surveyed by age and sex

Background characteristics	Number	Percent of cases
Sex		
Male	532	47.0
Female	599	53.0
Age		
0-5	308	27.2
6-14	313	27.7
15-19	26	2.3
20-24	47	4.2
25-29	54	4.8
30-39	121	10.7
40-49	97	8.6
50-64	112	9.9
65 & above	53	4.7
Total	1131	100

5.1 Characteristics of health problems

Each respondent was asked to describe what symptoms/health problems they were experiencing that had lasted three months. WHO International Classification of Primary Care (ICPC) codes were used[5] to classify responses. The most frequently mentioned symptoms included: general and unspecified health problems (49%), respiratory problems (40%), digestive problems (34%), and musculoskeletal problems (28%). Symptoms were experienced in similar proportions (less than 5% difference) comparing men and women with the exception of respiratory problems, neurological problems, musculoskeletal problems, eye problems, and cardiovascular problems.

[5] World Health Organization. *International Classification of Primary Care, Second edition (ICPC-2).* Geneva

Table 5.2 Symptoms/health problems experiencing for 3 months or more by localization*

Background characteristics	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total number
Sex																
Male	50.9	45.0	16.5	33.4	21.8	10.6	5.5	9.5	5.1	6.1	2.5	3.0	0.8	0.8	0.6	38,491
Female	48.1	36.7	28.1	34.7	33.5	10.4	13.1	9.4	12.2	5.5	3.5	3 .0	4.9	0.3	0.2	33,911
Age																
Under 5	56.1	77.0	7.9	25.9	7.5	14.1	3.3	9.5	0.3	8.2	2.6	2.3	0.7	1.0	1.0	21,196
5-14	46.5	37.8	17.6	27.9	15.4	14.7	8.7	10.6	2.2	9	1.9	3.2	1.6	0.6	--	20,444
15-19	53.8	11.5	38.5	34.6	19.2	15.4	11.5	3.8	7.7	11.5	3.8	--	3.8	--	--	1,688
20-24	42.6	25.5	23.4	61.7	34.0	6.4	8.5	12.8	4.3	--	2.1	2.1	8.5	--	--	2,334
25-29	53.7	22.2	29.6	42.6	35.2	11.1	3.7	7.4	14.8	3.7	3.7	3.7	5.6	--	--	3,540
30-39	41.3	16.5	39.7	48.8	56.2	5.0	9.9	8.3	18.2	0.8	2.5	3.3	7.4	0.8	--	7,578
40-49	43.3	21.6	30.9	45.4	52.6	5.2	14.4	5.2	16.5	3.1	5.2	4.1	5.2	--	1.0	5,558
50-64	49.1	19.6	39.3	41.1	46.4	2.7	15.2	13.4	26.8	1.8	7.1	2.7	3.6	--	--	6,858
65 and above	56.6	24.5	35.8	15.1	62.3	5.7	34.0	5.7	24.5	1.9	0	5.7	0	--	--	3,206
Total	49.3	40.5	22.8	34.1	28.0	10.6	9.5	9.4	9.0	5.8	3.0	3.0	2.9	0.5	0.4	72,402

*multiple responses

A- General and unspecified; B- Respiratory; C- Neurological, D- Digestive; E- Musculoskeletal, F- Skin, G- Eye, H- Endocrine/Metabolic and Nutritional, I- Cardiovascular , J -Ear , K- Psychological, L- Urological, M- Genital (female), N- Genital (male), O - Pregnancy, Childbearing & Family Planning, Blood and Immune mechanism

Table 5.3 displays the duration of chronic symptoms as described by respondents. The average duration of chronic health issues rose incrementally with age; the highest was 85 months (7 years) in the '50-64 years' age group. Women experienced chronic illness 6 months more on an average (45 months) compared to men (39 months).

Table 5.3 Duration of illness among respondents with chronic health problems in months (mean)

Background characteristics	Mean duration in months	95% Confidence Interval		Total Number
		ub	Lb	
Sex				
Male	38.9	31.2	46.7	38,491
Female	45.2	37.1	53.3	33,911
Age				
Under 5	16.2	13.7	18.6	21,196
5-14	37.2	32.3	42.1	20,444
15-19	27.8	16.4	39.2	1,688
20-24	29.0	19.2	38.8	2,334
25-29	46.8	31.9	61.8	3,540
30-39	61.1	43.6	78.6	7,578
40-49	69.6	47.9	91.2	5,558
50-64	84.6	54.8	114.3	6,858
65 and above	68.4	46.0	90.7	3,206
Total	41.9	35.5	48.3	72,402

Respondents were asked to identify their most 'severe' symptom. Table 5.4 displays symptoms with highest frequency in each disease category. Shortness of breath or dyspnoea was the most frequently reported severe chronic health problem and was more prominent in men, children and older age groups. Older respondents also complained about lower back pain (13.5%). Skin problems, such as itching, were most common among younger age groups. Interestingly chest pain was considered relatively most severe in the 20-24 age group but less so in older age group of those 65 years and above. This could not be further explored due to the closed nature of the interview, however high levels in the young age group could be a result of any etiology of chest pain such as digestion or muscular pain. Other symptoms that were recorded but not shown here were allergy, visual disturbance, eye discharge, diarrhea, vomiting, jaundice, teeth symptom, high blood pressure, other cardiovascular symptoms, ear infection and pain, hand ache, neck ache and many more.

Table 5.4 Most severe symptom respondents experienced for 3 or more months

Background characteristics	a	b	c	d	e	f	g	h	i	Total n
Sex										
Male	13.7	8.3	3.6	4.9	5.7	3.2	3.8	4.7	3.8	38,491
Female	9.3	5.9	8.8	5.3	3.4	5.3	4.5	3.1	2.1	33,911
Age										
Under5	22.0	5.9	1.3	2.6	10.5	--	1.3	3.6	0.3	21,196
5-14	11.3	10.6	8.7	6.8	4.8	0.3	3.9	2.9	1.6	20,444
15-19	3.8	11.5	7.7	11.5	3.8	--	7.7	3.8	11.5	1,688
20-24	2.2	2.2	6.5	8.7	--	6.5	10.9	2.2	10.9	2,334
25-29	5.6	3.7	7.4	3.7	1.9	3.7	3.7	1.9	7.4	3,540
30-39	1.7	4.2	7.5	7.5	--	13.3	8.3	3.3	6.7	7,578
40-49	7.5	4.3	5.4	6.5	--	11.8	9.7	6.5	7.5	5,558
50-64	5.4	--	7.2	4.5	--	5.4	9.0	2.7	8.1	6,858
65 and above	11.5	5.8	3.8	--	--	13.5	3.8	3.8	1.9	3,206
Total	11.7	7.2	6	5.1	4.6	4.2	4.2	3.9	2.9	72,402

a-shortness of breath, b-pruritus/itching, c-headache, d-abdominal pain/cramp, e-fever, f- low back symptom, g-unspecified chest pain, h-arm symptom, i-heartburn

Respondents were asked about the cause of their chronic symptoms (Table 5.5). Multiple answers were accepted for this question. Approximately 36% of respondents in the age group of 65 years or more and 24% in the age group of 50-64 years stated that age was the main cause of their chronic ailment. Almost 37% of respondents did not know why they were suffering from symptoms. Other causes of illness were occupation (8% men, 3% women), living environment (14% men, 7% women) and accident (9% men, 7% women).

Researchers applied two different scales to assess the severity of reported conditions. An adapted version of the "Activities of Daily Living" (ADL) scale (which was also used in the BUHS, 2006) was applied on adults only. The ADL scale includes eight daily tasks such as feeding, walking, carrying heavy load, dressing, going to bathroom, bowing/squatting/kneeling, etc. that an individual should be able to perform in general. Based on feedback during pre-testing, a "perform household chores/attend school/work" category was added. The difficulty level for each task was recorded (easily/slight difficulty/much difficulty/cannot perform) and the scores combined to give a proxy for severity of illness. Table 5.6 presents this data.

Table 5.5 Perception on cause of the symptom/health problems experiencing for last three months or more*

Background characteristics	Age [95% CI]	Occupation [95% CI]	Accident [95% CI]	Environment [95% CI]	Don't Know [95% CI]	Others [95% CI]	Total number
Sex							
Male	2.5 [1.4,4.6]	8.0 [5.3, 12.0]	9.0 [5.6,14.3]	13.5 [9.2, 19.3]	36.7 [29.0, 45.1]	30.3 [25.1,36.1]	38,491
Female	8.5 [6.3,11.4]	3.1 [1.9, 5.0]	6.6 [4.7, 9.1]	7.0 [4.7, 10.4]	36.6 [31.9,41.6]	29.7 [24.4,35.6]	33,911
Age							
Under5	0.2 [0.0,1.8]	--	5.4 [2.6,10.9]	17.6 [12.7, 23.7]	38.9 [28.1, 51]	30.4 [21.9,40.5]	21,196
5-14	0.6 [0.1, 2.4]	--	8.6 [5.3,13.7]	15.4 [9.4, 24.3]	41.7 [34.1, 49.6]	28.4 [22.2,35.7]	20,444
15-19	--	--	16.7 [5.9,39.4]	6.6 [1.0, 33.6]	26.3 [12.0, 48.2]	40.6 [22.5,61.6]	1,688
20-24	--	10.9 [4.0,26.3]	12.1 [5.5,24.5]	2.4 [0.5,9.0]	39.7 [25.4, 55.9]	33.5 [19.2,51.7]	2,334
25-29	2.0 [0.3, 13.3]	12.1 [5.5,24.7]	23.9 [7.5,55.0]	3.2 [0.7, 13.6]	23.5 [13.2, 38.4]	31.2 [17.6,49.1]	3,540
30-39	6.0 [2.9, 12.2]	16.6 [8.8,29.3]	5.1 [2.5,10.3]	2.3 [0.5, 9.5]	29.2 [18.9, 42.1]	40.9 [31.4,51.1]	7,578
40-49	6.3 [3.0, 13.0]	13.2 [7.5,22.3]	9.7 [3.3,25.2]	0.6 [0.1, 4.5]	35.2 [26.4, 45.1]	28.6 [17.6,42.8]	5,558
50-64	24.3 [16.0, 35.1]	13.8 [7.4,24.2]	5.6 [2.5,12.0]	2.1 [0.6, 6.8]	35.6 [26.7,45.7]	22.5 [15.2,32.0]	6,858
65 and Above	35.8 [22.8,51.2]	8.3 [2.5,24.5]	2.9 [0.6,12.3]	2.5 [0.7, 7.9]	29.3 [16.5, 46.6]	21.5 [11.0,37.8]	3,206
Total	5.5 [3.9,8.0]	5.6 [3.6,8.5]	7.8 [5.2,11.7]	10.3 [7.0,14.9]	36.7 [30.5,43.4]	30.0 [24.8,35.9]	72,402

*Multiple responses possible

Others: not being breastfed, smoking, physical weakness, wrong treatment, using drugs, work at home, contagious, family history.

Higher proportions of females reported difficulty in their daily living activities compared to males -- 40% versus 21%. An incremental change across age groups was seen with a dramatic two-fold increase from ages 50-64 to 65 and above.

Table 5.6 Health related functional difficulty in adults due to chronic health problems

Background characteristics	Functional Difficulty [95% CI]	No functional difficulty [95% CI]	Total number
Sex			
Male	20.7 [14.8,28.3]	79.3 [71.7,85.2]	13,947
Female	40.4 [31.7,49.8]	59.6 [50.2,68.3]	16,815
Age			
15-19	16.5 [5.9,38.2]	83.5 [61.8,94.1]	1,688
20-24	17.0 [7.0,35.9]	83.0 [64.1,93.0]	2,334
25-29	23.5 [12.7,39.3]	76.5 [60.7,87.3]	3,540
30-39	24.3 [14.6,37.7]	75.7 [62.3,85.4]	7,578
40-49	30.5 [21.0,42.1]	69.5 [57.9,79.0]	5,558
50-64	34.0 [22.8,47.4]	66.0 [52.6,77.2]	6,858
65 and above	65.9 [44.9,82.0]	34.1 [18.0,55.1]	3,206
Total	31.4 [25.6,37.8]	68.6 [62.2,74.4]	30,762

A second scale modified the play performance scale developed by Lanksy (26) to assess severity of illness in children (Table 5.7). Lansky's (26) 10 category scale (a 100 point scale with 10 point calibration) was originally used on cancer patients under 16 years of age. For the purposes of this study, these were reduced to 5 categories to more easily assess the severity of health problems. According to parents' responses, almost 40% of all children, regardless of age and sex, experienced mild to moderate restriction in their daily activities. Forty percent of children did not need any special care. More severe functional restriction appear in the 0-5 age group as compared to children aged 6-14, although it might be expected that younger children would sleep more often and for longer periods.

Table 5.7 Functional status of children suffering from chronic health problems

Background characteristics	Lansky Scale					Total number
	No special care needed		Mild to moderate restriction	Moderate to severe restriction		
	Fully Active [95% CI]	Active but tires more quickly/ irritable/fussy [95% CI]	Not very active (sitting and lying around) /passive [95% CI]	Sleeping most of the time [95% CI]	Not interacting or responding to others [95% CI]	
Sex						
Male	11.2 [7.7,16.0]	37.0 [31,43.5]	40.0 [31.8,48.8]	5.3 [2.91,9.35]	6.5 [3.78,11.0]	24,544
Female	17.3 [10.5,27.2]	30.6 [24.9,36.8]	40.2 [33.8,46.9]	5.3 [2.97,9.39]	6.5 [4.02,10.2]	17,096
Age						
Under 5	10.2 [6.5,15.7]	37.8 [31.2,44.8]	38.7 [32.3,45.6]	5.9 [3.22,10.4]	7.3 [4.5,11.8]	21,196
5-14	17.4 [11.9,24.8]	30.7 [24.8,37.4]	41.5 [32.8,50.8]	4.7 [2.63,8.26]	5.6 [3.12,9.8]	20,444
Total	13.7 [9.92,18.6]	34.4 [30.6,38.4]	40.1 [34.0,46.5]	5.3 [3.5,7.93]	6.5 [4.29,9.7]	41,640

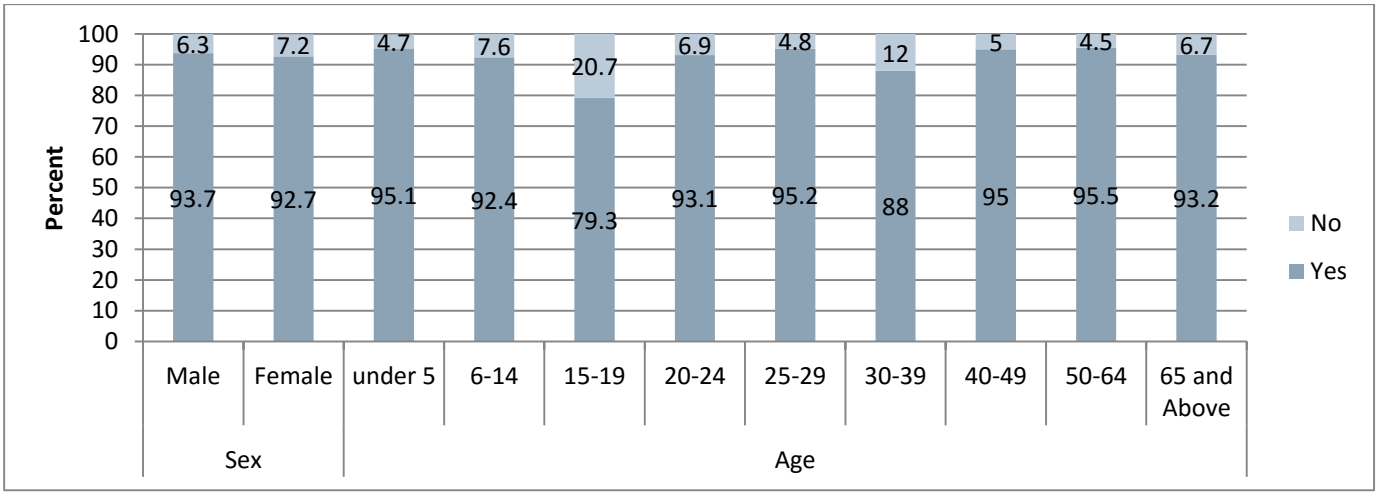

Figure 4 Proportion of cases who sought treatment for their health problems (n=72,365)

5.2 Pattern of healthcare seeking

Figure 7 displays the proportion of respondents who sought care for their chronic health problems. At least 90% of all groups had sought treatment at least once. The 15-19 and 30-39 age groups reported the lowest proportions of treatment seeking - 79% and 88% respectively.

Those who did not seek care for their chronic symptoms were asked why. Multiple answers were acceptable for this question. The most frequent reasons stated by respondents for not seeking care were: lack of money (58%), and the perception that the health problem would resolve by itself (44%), or that the disease wasn't severe enough to warrant treatment (38%) (Table 5.8).

Respondents were also asked who decided whether (or not) treatment should be sought. As shown in Table 5.9, most respondents with chronic disease stated parents (39%), followed by spouse (29%) and self-decision (28%). Men stated that treatment decisions were their own to make more often than women (34% vs 22%). Generally, however, decision-making around healthcare involved family. Thirty-five percent of females said their husbands made decisions and 24% of men said that their wives made decisions about whether to seek treatment or not. Parental decision making predominated in 0-5 (60%), 6-14 (63%), 15-19 (66%) age groups. Other family members (most likely sons/daughters) made decisions for those between 50-64 years of age (31%), and 65 and above (59%).

Tables 5.10 and 5.11 present data on the type of facility and provider providing treatment for chronic health problems. Equal proportions of people went to pharmacies and government hospitals around 27%, followed by doctor's chambers[6] (22%). Although no particular pattern was observed, it is noteworthy that more women went to private and NGO clinics than men. Sixty-one percent of the respondents mentioned visiting MBBS doctors, while 26% went to pharmacist/village doctors. Some also went to Homeopath doctors (2.5%), Traditional Healers (2%), or talked over a mobile phone with homeopath doctor (1%).

Participants were asked why they chose the particular provider or facility for seeking treatment. Multiple answers were accepted. Effective treatment emerged as the most important factor (41%) for selecting a facility/provider across all age groups and sexes. Thirty-three percent of respondents indicated that cost was a factor in selecting treatment. Women mentioned proximity to home and friendly providers more frequently than men who valued the availability of qualified doctors more (Table 5.12).

[6] Private practice by doctor's not attached with any larger institute like hospital or clinic.

Table 5.8 Reasons for not seeking care for a chronic health problem or disability*

Background Characteristics	Lack of money [95% CI]	Thought would resolve by itself [95% CI]	Not Severe [95% CI]	Not curable [95% CI]	Others [95% CI]	Total number
Sex						
Male	53.4 [31.3,74.3]	57.7 [37.3,75.8]	41.7 [23.5,62.5]	4.6 [0.5,29.2]	12.4 [2.3,62.3]	2428
Female	50.1 [31.5,68.7]	29.7 [16.5,47.4]	34.8 [20.4,52.6]	6.0 [1.7,19.8]	17.2 [3.8,77.7]	2438
Age						
Under5	65 [43.3,81.8]	45.2 [22.8,69.7]	41.2 [18.8,67.9]	--	5.2 [0.6,32.3]	998
5-14	54.1 [31.2,75.3]	48.6 [27.2,70.6]	22.1 [7.51,49.8]	7.14 [0.9,39.7]	21.5 [5.8,76.6]	1550
15-19	11.6 [1.1,61.3]	68.8 [41.5,87.2]	36.0 [14.5,65.2]	--	19.4 [1.9,75.1]	349
20-24	54.6 [14.2,89.7]	22.0 [3.64,67.8]	6.1 [0.62,39.8]	--	--	161
25-29	68.3 [21.2,94.5]	15.7 [1.62,67.9]	16.0 [1.65,68.4]	--	46.2 [8.6,88.7]	169
30-39	39.6 [15.9,69.4]	51.1 [24.3,77.3]	66.9 [35.4,88.2]	--	9.6 [1.2,60]	909
40-49	28.2 [3.6,80.5]	0	13.6 [1.5,62.3]	52.7 [13.7,88.7]	37.4 [4.4,14]	279
50-64	49.5 [10.1,89.5]	50.5 [10.5,89.9]	50.5 [10.5,89.9]	--	--	306
65 & above	--	--	--	--	--	145
Total	51.8 [38.3,65.0]	43.7 [30.9,57.4]	38.3 [25.4,53.0]	5.3 [1.8,14.4]	14.8 [3.1,70]	4866

*Multiple responses possible

Others include carelessness, family problem, side effect of medicine, too expensive, inconvenient service hours, no one to accompany, didn't know where to go.

Table 5.9 Decision maker for seeking/not seeking treatment while experiencing health problem for 3 months or more

Background Characteristics	Parent [95% CI]	Spouse [95% CI]	Self [95% CI]	Other family [95% CI]	Mother-in-law [95% CI]	Father-in-law [95% CI]	Others [95% CI]	Total number
Sex								
Male	43.6 [35.2,52.4]	23.7 [18.0,30.5]	34.0 [27.4,41.4]	7.6 [5.6, 10.2]	1.6 [0.6, 4.5]	0.8 [0.2,3.1]	0.6 [0.2, 1.8]	3,8491
Female	35.0 [29.0, 41.5]	34.8 [29.7,40.4]	22.1[17.7,27.2]	15.1 [12.4,18.3]	1.7 [1.0, 2.9]	0.3 [0.1,1.2]	0.9 [0.3, 2.3]	3,3911
Age								
Under5	60.3 [50.6,69.3]	--	--	4.6 [1.9, 10.7]	--	--	0.4 [0.0, 2.9]	21,196
5-14	62.5 [50.7,72.9]	--	--	4.5 [2.2, 9.2]	--	--	0.4 [0.1, 3.0]	20,444
15-19	65.6 [48.9,79.2]	5.9 [1.4, 22.0]	4.1 [0.8, 17.8]	14.6 [4.6, 37.6]	8.6 [2.6, 24.6]	--	--	1,688
20-24	28.7 [15.5,46.7]	41.6 [23.8,61.9]	28.6 [16.2,45.4]	15.7 [7.3,30.6]	--	1.2[0.2,8.9]	--	2,334
25-29	18.5 [8.3, 36.5]	35.9 [22.6,51.8]	59.8 [42.1,75.2]	2.7 [0.7, 9.5]	--	--	3.2 [0.7,12.8]	3,540
30-39	7.3 [3.5, 14.7]	41.1 [32.6,50.2]	59.3 [49.7,68.3]	7.8 [4.0, 14.7]	--	--	0.5 [0.1,3.8]	7,578
40-49	0.5 [0.1, 3.9]	37.8 [26.8,50.3]	59.4 [48.3,69.6]	14.6 [7.8,25.7]	--	--	--	5,558
50-64	0.8 [0.1, 6.2]	27.3[18.9,41.3]	50.3 [38.6,62.0]	31.2[22.5, 1.4]	--	--	2.7 [0.8, 8.4]	6,858
65 and Above	--	8.7 [2.7, 24.8]	44.7 [29.0,61.5]	58.7 [42.7,73.1]	--	--	--	3,206
Total	39.5 [33.4,46.0]	28.9 [24.5,33.8]	28.4 [24.3,32.9]	11.1 [9.3,13.2]	1.7 [1.0,2.9]	0.6 [0.2,1.6]	0.7 [0.3,1.4]	72,402

Others include: Teacher, Friends.

Table 5.10 Type of facility visited for healthcare the last time respondent sought care for a chronic health problem

Background characteristics	Pharmacy [95% CI]	Govt. Hospital [95% CI]	Doctor's chamber [95% CI]	Private clinic [95% CI]	NGO clinic [95% CI]	Others [95% CI]	Total number
Sex							
Male	27.6[21.7,34.4]	26.8[22.1,31.9]	14[10.4,18.5]	25.1[19.6,31.5]	0.204[.0519,.8]	4.9 [2.4,11.4]	38,491
Female	24.7[20.2,29.7]	27.3[20.5,35.4]	18[13.4,23.8]	17.3[12.9,22.8]	3.1[1.63,5.81]	6.8 [3.8,12.8]	33,911
Age							
Under 5	27.9[20.7,36.3]	31.4[24.9,38.6]	14.9[10.5,20.8]	19[74.7,86.1]	0.324[.1,1.4]	6.1 [2.9,13.3]	21,196
5-14	21.8[16.6,28]	30.5[22.8,39.4]	13.4[8.8,19.9]	23.1[15,33.9]]	1.9[.86,4.1]	6.4 [3.9,12.4]	20,444
15-19	24.1[11.3,44.3]	16.3[5.72,38.3]	24.1[10, 47.5]]	6.39[1.51,23.3]	4.38[.6,25.7]	4.1 [0.5,26.2]	1,688
20-24	16.3[8.68,28.4]	42.9[23.9,64.3]	17.4[6.9,37.2]	15.9[6.32,34.5]	1.65[.2,10.7]	5.1 [1,26]	2,334
25-29	40.2[22.6,60.7]	19.7[10.6,33.6]	21.2[11.2,36.3]	17.9[9.1,32.2]	4.23[1,16]	1.3 [0.2,10]	3,540
30-39	28.1[20.7,37]	16.5[10.2,25.6]	13.1[6.4,24.8]	20.9[13.4,31.1]	3.28[1.07,9.6]	7.4 [2.3,28.5]	7,578
40-49	24[15.8,34.7]	18.5[10.1,31.6]	17.5[11.2,26.5]	28.5[16.1,45.3]	1.62[.224,10.8]	8.8 [2.3,35.4]	5,558
50-64	29.7[21.1,40]	25.9[15.2,40.5]	20.2[12.6,30.8]	22.4[14.3,33.5]	1.04[.139,7.4]	4.4 [1.1,17.6]	6,858
65 and Above	28.8[16.7,45.1]	20.7[7.73,44.8]	21[9.9,39.1]	30[19.2,43.6]			3,206
Total	26.2[21.9,31.1]	27[21.9,32.9]	15.9[12.5,19.9]	21.5[16.9,26.8]	1.56[.858,2.81]	5.8 [3.9,9.0]	72,402

Others include: Spiritual, Traditional, and Homeopath

Table 5.11 Type of provider visited for healthcare the last time respondent sought care

Background characteristics	MBBS doctor [95% CI]	Pharmacist/ village doctor [95% CI]	Homeopath doctor [95% CI]	Mobile phone (Homeo Dr.) [95% CI]	Self-treatment [95% CI]	Others [95% CI]	Total number
Sex							
Male	64.0 [55.8,71.4]	29.6 [22.8,37.3]	2.3 [1.3,4.2]	1.3 [0.2,6.5]	0.9 [0.4,2.5]	3.3 [1.9,5.7]	36,062
Female	66.4 [61.0,71.5]	25.5 [20.3,31.4]	2.7 [1.9,4.7]	1.6 [0.5,4.1]	1.2 [0.5,2.7]	5.0 [3.2,7.7]	31,437
Age							
Under5	63.4 [53.4,72.4]	29.5 [21.5,39.0]	2.4 [1.1,5.04]	1.7 [0.4,7.6]	0.5 [0.1,2.3]	3.8 [2.2,6.4]	20,162
5-14	68.1 [61.3,74.1]	22.1 [16.1,29.4]	4.6 [2.5,8.3]	2.3 [0.7,7.6]	1.2 [0.4,4.0]	3.6 [1.9,6.7]	18,893
15-19	59.9 [37.1,79.1]	30.4 [14.1,53.7]	5.1 [0.6,31.4]	4.5 [0.6,26.2]	--	--	1,339
20-24	79.9 [64.4,89.7]	15.3 [8.2,26.6]	--	--	--	4.7 [0.9,20.5]	2,173
25-29	56.1 [36.1,74.4]	42.2 [24.0,62.8]	--	--	--	3.1 [0.6,15.1]	3,372
30-39	59.1 [49.7,67.8]	35.8 [26.7,45.9]	1.3 [0.3,5.9]	--	2.3 [0.7,7.8]	7.4 [3.6,14.7]	6,669
40-49	60.6 [49.6,70.6]	26.3 [17.7,37.1]	4.2 [1.2,14.3]	2.6 [0.4,16.2]	2.6 [0.4,16.2]	4.1 [1.1,14.1]	5,279
50-64	70.8 [57.0,81.7]	26.0 [17.0,37.5]	0.5 [0.1,3.5]	--	1.2 [0.3,5.2]	5.2 [1.8,13.8]	6,552
65 & above	68.7 [52.7,81.2]	30.2 [17.8,46.4]	--	--	--	2.2 [0.5,9.4]	3,061
Total	65.1 [59.5,70.4]	27.7 [22.6,33.4]	2.6 [1.7,4.0]	1.4 [0.4,5.3]	1.1 [0.5,2.0]	4.1 [3.0,5.5]	67,499

Others: religious leader, ayurvedic doctor/pharmacy, kabiraj/traditional healer, neighbor, community health worker, over mobile phone traditional healer

Table 5.12 Reasons behind choosing the facility/provider for seeking care/treatment* for a chronic condition

Background characteristics	Effective treatment	Low cost/free	Close to home	Qualified doctors	Prior experience	Recom-mended	Friendly provider	Medicines available	Lack of money	Others	Total number
Sex											
Male	41.2 [32.4,50.7]	31.6 [26.5,37.2]	24.3 [19.5,29.9]	23.6 [18.1,30.1]	14.8 [9.5,22.3]	10.0 [7.2,13.8]	8.9 [6.1,12.9]	6.6 [4.4,9.8]	3.6 [2.1,6.3]	5.7 [1.9,16.6]	38,491
Female	41.4 [34.5,48.6]	34.3 [28.4,40.7]	27.9 [23.8,32.5]	17.7 [14.1,21.9]	12.8 [8.9,18.0]	11.3 [8.6,14.7]	11.8 [8.4,16.5]	8.4 [6.0,11.6]	5.1 [2.9,8.6]	3.9 [1.7,9.6]	33,911
Age											
Under5	46.0 [36.4,55.9]	32.3 [25.6,39.8]	27.5 [22.0,33.8]	19.9 [13.6,28.0]	18.8 [11.9,28.5]	5.8 [3.8,8.7]	7.5 [4.0,13.5]	7.3 [4.2,12.6]	1.7 [0.6,4.9]	5.9 [0.9,15.3]	21,196
5-14	39.0 [29.5,49.5]	37.5 [29.2,46.6]	21.8 [16.9,27.6]	25.7 [19.5,33.1]	10.8 [6.0,18.6]	14.6 [10.0,20.8]	10.2 [5.6,18.0]	6.5 [3.8,11.0]	4.5 [2.4,8.3]	3.6 [1.4,11.1]	20,444
15-19	42.6 [20.1,68.7]	24.0 [11.4,43.6]	19.3 [8.4,38.3]	11.5 [2.7,38.1]	9.1 [2.3,29.7]	20.6 [8.0,43.5]	13 .0 [3.6,37.5]	9.0 [2.1,31.3]	6.6 [1.0,33.6]	1.8 [0.2,13.2]	1,688
20-24	36.2 [24.3,50.1]	30.2 [16.9,47.8]	24.2 [12.8,41.1]	11.9 [4.7,26.9]	14.5 [7.2,27.1]	7.2 [1.4,30.2]	13.1 [5.5,28.1]	5.5 [1.3,20.6]	2.4 [0.3,15.3]	7.8 [1.6,36.7]	2,334
25-29	40.0 [20.5,63.4]	30.6 [17.0,48.7]	30.4 [18.1,46.3]	17.9 [9.3,31.5]	9.8 [3.6,24.4]	6.6 [2.3,17.5]	6.7 [1.8,21.7]	9.8 [1.8,39.6]	3.0 [0.7,12.0]	4.3 [0.8,22.4]	3,540
30-39	36.4 [26.2,47.8]	30.9 [23.7,39.2]	30.2 [20.5,42.1]	14.8 [9.5,22.4]	13.4 [7.3,23.5]	9.0 [5.5,14.5]	21.9 [13.6,33.4]	8.8 [4.8,15.5]	7.0 [3.6,13.3]	4.9 [1.3,9.8]	7,578
40-49	44.5 [32.1,57.6]	27.3 [14.6,45.1]	20.9 [13.5,30.8]	19.6 [12.5,29.4]	6.6 [2.7,15.4]	13.8 [7.0,25.4]	8.7 [4.0,18.0]	9.1 [4.3,18.4]	5.0 [2.1,11.4]	6.5 [1.1,21.5]	5,558
50-64	38.9 [28.9,50.0]	34.8 [25.6,45.4]	31.4 [23.5,40.6]	23.6 [16.2,33.2]	13.1 [7.4,22.1]	12.2 [7.1,20.2]	6.5 [3.0,13.4]	7.9 [4.2,14.2]	9.9 [4.7,19.5]	5.3 [1.1,17.5]	6,858
65 & Above	40.4 [25.0,58.0]	26.3 [14.3,43.4]	30.6 [15.0,52.3]	21.3 [11.5,36.0]	22.2 [10.7,40.4]	13.9 [6.3,27.9]	12.7 [5.7,26.0]	4.8 [1.4,15.3]	2.2 [0.5,9.4]	2.6 [0.4,16.6]	3,206
Total	41.3 [33.5,49.7]	33.0 [27.5,39.0]	26.1 [21.7,31.2]	20.7 [16.1,26.0]	13.8 [9.2,20.2]	10.7 [7.9,14.3]	10.3 [7.2,14.7]	7.5 [5.2,10.7]	4.3 [2.5,7.4]	4.8 [1.8,10.6]	72,402

*Multiple responses

Others include: known person works in the selected hospital, religious belief, special skills, clean, privacy maintenance, female doctor available.

Those who sought treatment also reported the number of times they visited a 'facility'. The question was skipped if the respondent mentioned self-treatment. Table 5.13 indicates that that 84% of respondents experiencing chronic health problems visited health providers once in a month or more, 15.8% visited health providers every 2 to 3 months, and the rest paid visits 1 to 2 time a year. Monthly visits were reported more frequently among men (85%) than women (83%).

Table 5.13 Frequency of consulting a healthcare provider for chronic health problems.

Background characteristics	Every month or more frequently	Every 2-3 months	1-2 times/Year	Total number
Sex				
Male	85.1 [74.4,91.8]	14.7 [8.1,25.4]	0.2 [0.0,0.8]	35,498
Female	82.8 [73.3,89.4]	16.8 [10.3,26.3]	0.4 [0.1,1.8]	30,298
Age				
Under5	86.1 [72.4,93.7]	13.9 [6.3,27.6]	--	19,879
5-14	82.1 [70.3,89.8]	17.5 [9.8,29.4]	0.4 [0.1,1.9]	18,262
15-19	89.4 [65.1,97.4]	10.6 [2.6,34.9]	--	1,339
20-24	83.2 [62.6,93.6]	13.2 [4.4,33.3]	3.6 [0.5,23.7]	2,173
25-29	87.4 [71.8,95.0]	12.6 [5.0,28.2]	--	3,107
30-39	90.0 [79.3,95.5]	9.7 [4.3,20.5]	--	6,380
40-49	87.4 [77.6,93.3]	12.6 [6.7,22.4]	--	5,089
50-64	75.7 [64.7,84.1]	24.3 [15.9,35.3]	--	6,506
65 and Above	76.3 [59.1,87.7]	23.7 [12.3,40.9]	--	3,061
Total	84.0 [73.9,90.6]	15.8 [9.2,25.9]	0.2 [0.1,1.3]	65,796

5.3 Healthcare cost and coping mechanism

Healthcare costs for chronic conditions are considered to be an economic burden regardless of socio-economic status. To understand the implications of such costs for residents of poor urban settlements in SCC, questions were asked about healthcare related expenditures during their most recent visit to a healthcare provider. If the respondent was unable to remember how much was spent for each item separately or if they bought a package of healthcare, the total expenditure was recorded under the head "package". In a separate question, information on their monthly expenses on health was recorded. The median expenses for each expenditure head during the most recent visit, as well as mean monthly expenses are shown in Table 5.14. Once again, cost was only reported when there was a minimum of ten respondents in a given category for each subgroup.

When the median total cost of the most recent visit to a health care provider is examined, it appears that 50% of respondents had to pay up to 400 taka, with older age groups spending somewhat more - between 500 and 700 taka. The median cost of drugs for those aged 65 and over was comparatively higher than all other age groups (600 taka).

On average, people experiencing chronic health problems had to spend approximately 450 taka per month. The highest monthly expenses were recorded among those aged 65 and older (800 tk/month).

Table 5.14 Median health-related expenditure for chronic illness during the most recent visit to a health provider, and mean monthly expenditure in BDT

Background characteristics	Expenditure in most Recent Visit (median)								Monthly expenditure (mean)
	Transport	Registrat-ion	Consultation/ Hospitalization	Test	Drug	Package	Other	Total cost	
Sex									
Male	40	10	300	660	300	800	625	395	464
Female	50	10	300	500	300	1000	340	370	422
Age									
under 5	40	10	200	450	300	1200	330	320	400
5-14	50	10	200	550	300	450	350	340	261
15-19	30	--	--	--	300	--	--	450	195
20-24	50	10	300	575	400	--	--	525	277
25-29	100	20	400	500	400	--	--	580	372
30-39	45	20	200	600	300	--	--	340	609
40-49	60	10	400	600	400	--	--	500	510
50-64	40	10	500	500	500	--	--	725	693
65 and above	40	20	--	--	600	--	--	600	1,214
Total	50	10	300	500	300	1000	360	383	444

The final questions in the chronic illness module asked respondents to report how they paid for chronic illness treatment. Multiple responses were permitted. Almost 79% of respondents paid using their household wages. Other possible sources of money were: donation from a neighbor (5.4%), savings (5%), and borrowing money from lender (2.4%). Males (81%) reported spending household wages more than females (76%). Women (8%) paid for their treatment using donations from neighbors more often than men (3%) (Table 5.15).

Table 5.15 Ways of meeting health expenditures

Background characteristics	Regular household wages	Donation from a neighbor	Savings	Borrowing money from lender	Borrowing money from NGO	Others	Total number
Sex							
Male	81.1 [75.5,85.6]	2.9 [1.4,6.0]	4.9 [2.9,8.2]	2.1 [1.0,4.1]	1.1 [0.5,2.5]	2.5 [1.2,6.2]	38,491
Female	76.4 [70.5,81.4]	7.8 [5.3,11.3]	4.8 [2.3,9.7]	2.7 [1.6,4.5]	0.4 [0.2,1.1]	3 [1.4,6.5]	33,911
Age							
Under5	83.2 [74.2,89.5]	4.4 [1.8,10.4]	3.5 [1.8,7.0]	2.7 [1.2,5.8]	0.1 [0.0,1.2]	3.0 [1.3,7.4]	21,196
5-14	79.7 [74.5,84.1]	3.3 [1.7,6.5]	3.6 [1.7,7.2]	2.0 [0.8,4.9]	0.2 [0.0,1.3]	2.2 [0.7,9.0]	20,444
15-19	68.7 [44.2,85.9]	1.8 [0.2,13.2]	4.8 [0.7,27.6]	--	--	4.1 [0.5,26.2]	1,688
20-24	71.1 [57.2,81.9]	1.3 [0.2,9.7]	13.1 [5.5,28.0]	--	1.2 [0.2,8.9]	5.9 [1.6,22.5]	2,334
25-29	80.0 [63.6,90.1]	7.2 [2.8,17.2]	2.7 [0.7,9.2]	4.0 [1.1,13.7]	2.8 [0.5,13.4]	3.1 [0.7,12.7]	3,540
30-39	76.4 [68.8,82.6]	6.9 [3.6,12.6]	5.1 [1.9,12.9]	2.4 [0.6,8.8]	0.9 [0.1,6.6]	1.8 [0.5,5.8]	7,578
40-49	73.8 [64.4,81.5]	7.5 [3.5,15.1]	9.2 [4.5,18.1]	2.4 [0.5,9.9]	2.2 [0.6,7.1]	3.9 [1.3,12.5]	5,558
50-64	77.8 [67.8,85.3]	6.4 [2.8,14.4]	8.8 [4.3,17.3]	3.2 [1.2,8.0]	2.9 [0.8,10.3]	0.7 [0.1,5.7]	6,858
65 and Above	72.5 [54.8,85.2]	14.3 [6.0,30.5]	1.9 [0.3,12.6]	1.7 [0.4,7.1]	--	4.7 [1.3,16.2]	3,206
Total	78.8 [73.0,83.5]	5.2 (3.6,7.4)	4.9 [2.6,9.0]	2.4 [1.3,4.3]	0.8 [0.4,1.8]	2.8 [1.4,6.4]	72,402

*Multiple responses possible

Others include: Borrowing money from friend/ relatives/ neighbor, by Begging, Mortgaging valuables, Taking Loan from friend/ relatives/ family members, selling household objects, donation from NGO.

Chapter 6. Family Planning

Key Findings:

- Only 66% of non-pregnant women were currently using some type of contraceptive method to avoid pregnancy currently, mostly modern methods
- Use of modern methods is higher in younger age groups and declines with increasing age
- Use of IUD and implant use was lower than national level
- Not all women who wanted to avoid pregnancy were using a contraceptive method
- Knowledge of methods was high
- Percentage ever used (any contraceptive) was less than the percentage currently using, indicating high rate of discontinuity
- Common reasons for discontinuing a method were side effects and switching to other methods
- Some reported distrust for IUDs, husband's disapproval for condoms, and difficulty in obtaining injectables
- 15.4% of married women of reproductive age (both pregnant and not pregnant) reported never using contraceptives
- Most reported no specific reason (31%) followed by the desire to have children (30%) for never using any method.

Family planning use in Bangladesh has been widely praised as a success story (13). Despite this success, low rates of contraceptive prevalence and larger than average family size continue to characterize Sylhet Division (27). Six hundred and thirty respondents provided information on family planning. Respondents were all currently married females between the ages of 15-49. Analysis was conducted on weighted data (weighted to reflect the likelihood of selection at each stage of sampling). Six hundred and twenty-seven cases were available for analysis. Of these, a very small number (<2.2%, n=14) reported that they were the head of the household. Nearly 8% of respondents were pregnant at the time of the survey, with an additional 1% "unsure" (Table 6.1). Those women who were pregnant were not asked questions about current use of contraceptives, but were asked about experiences with contraceptives as well as knowledge of contraceptives.

Only 66% women were using some type of contraceptive method to avoid pregnancy. This proportion is higher than current contraceptive prevalence rates in Sylhet Division (44.8%) as reported in the 2011 BDHS. This proportion is closer to that of urban population (64%) (27), therefore suggesting that women's use of contraception in urban Sylhet is more aligned with women's contraceptive use in urban Bangladesh than that of rural Sylhet.

Table 6.1 Current pregnancy status of all currently married females of reproductive age

	Percent of women [95% CI]	Total number
Current pregnancy status		
Pregnant	7.9 [5.4,11.4]	2,999
Not pregnant	91.1 [86.6,94.2]	34,571
Not sure	1.0 [0.4,2.0]	385
Total	100	37,955
Non pregnant women currently using contraception		
Yes	65.5 [60.7,70.1]	22,658
No	34.5 [29.9,39.3]	11,913
Total	100	34,571

Use of contraceptives was compared by age of respondent and education. The majority of women who were not using contraceptives at the time of the questionnaire were between the ages of 45-49 years. Table 6.2 displays analysis for age and contraceptive use. The use of modern methods is higher in the younger age groups and declines with increasing age although no particular trend emerged for levels of education. It should be noted that the apparent decline in use of contraception among women with graduate level education is misleading due to the small sample size for this group.

Table 6.2 Percent distribution of current use of any contraception by education and age among currently married and not pregnant females between the ages of 15-49.

Background characteristics	Any contraceptive	Modern method	Traditional method	No contraceptive	Total women
Age					
15-19	66.6 [49.0,80.5]	64.2 [47.7,77.9]	2.3 [0.3,15.3]	33.4 [19.5,51.0]	2,338
20-24	69.7 [59.3,78.4]	66.5 [55.8,75.8]	3.2 [0.6,15.4]	30.3 [21.6,40.7]	6,831
25-34	72.0 [64.0,78.8]	67.9 [59.6,75.2]	4.09 [1.9,8.6]	28.0 [21.2,36.0]	16,308
35-44	57.1 [46.0,67.4]	50.1 [39.3,61.0]	6.9 [3.1,14.8]	42.9 [32.6,54.0]	10,236
45-49	36.1 [19.4,56.9]	24.2 [12.2,42.2]	11.9 [2.9,37.6]	63.9 [43.1,80.6]	2,252
Education					
None	62.6 [55.2,69.4]	56.9 [49.2,64.3]	5.7 [2.9,10.8]	37.4 [30.6,44.8]	14,922
Primary	64.4 [54.5,73.2]	59.5 [48.9,69.2]	4.9 [2.4,9.9]	35.6 [26.8,45.5]	13,680
Secondary	70.6 [59.1,80.0]	68.0 [56.9,77.4]	2.6 [0.9,7.6]	29.4 [20.0,40.9]	7,791
Higher Secondary	63.7 [41.7,81.2]	43.5 [23.9,65.5]	20.2 [5.9,50.6]	36.3 [18.8,58.3]	858
Graduation	49.7 [5.15,94.7]	49.7 [5.2, 94.7]	--	50.3 [5.3,94.8]	714
Total	64.8 [60.0,69.4]	59.7 [53.5,65.7]	5.2 [3.3,8.1]	35.2 [30.6,40.0]	37,965

One- third of married and non-pregnant women stated they were not currently using any method to delay or avoid getting pregnant. Women who weren't pregnant and weren't using family planning methods were asked the reason for not using these methods (Table 6.3). Interviewers coded respondent's open-ended responses into pre-defined categories, and more than one response was

possible. They were most likely to say that their menstruation had stopped for some reason [7], followed by not having sex or infrequent sex, wanting more children and postpartum amenorrhea. Other common reasons included fear of side effects and currently breast-feeding. These reasons for not using are more detailed than reasons for discontinuation in the BDHS, where the majority of women selected reasons that were mutually exclusive and could not be tallied.

It should not be assumed that women who are not using do not want to use contraception. The BDHS suggests that % demand satisfied[8] in Sylhet is 72.1% and 80.8% in urban Bangladesh, which would suggest that there is demand for contraception among the study population.

Table 6.3 Reasons for currently not using contraception* (n=12,297)

Reason for not currently using contraception	Percentage [95% CI]	Total women
Menstruation stopped	23.5 [16.9,31.6]	2,889
Not having or infrequent sex	19.5 [13.0,28.2]	2,395
Want to have children	18.0 [12.1,25,8]	2,208
Postpartum amenorrhea	14.0 [9.0,21.2]	1,726
Fear of side effects	10.3 [5.5, 18.3]	1,262
Breast feeding	7.2 [3.7, 13.4]	885
No reason given	6.9 [3.4, 13.5]	820
Felt that conception should be left to fate	6.3 [2.5, 11.3]	778
Husband opposed	4.9 [2.3, 10.0]	599
Knows no source	2.3 [0.7, 7.3]	280
Religious reasons	1.4 [0.5, 4.0]	169
Inconvenient to use	1.3 [0.4, 4.0]	155
Others opposed	1.1 [0.3, 4.7]	140
Costs too much	0.5 [0.1, 3.8]	65
Respondent opposed	0.3 [0.0, 2.6]	42

*multiple responses

More than half of the women who used family planning methods reported using oral contraceptives (hereafter referred to as “the pill”) (53.7%). This is consistent with national-level figures. The next most common method was injection (15.7%), followed by condoms (9.1%), and female sterilization (8.6%). The proportions using these methods is higher than the national average, however, IUD and implants are more widely used nationally. Table 6.4 displays the proportion of women using different methods of contraceptives.

[7] It was unclear whether menstruation stopping was viewed as a side effect of contraceptives, a broader health concern, or due to other factors.

[8] The BDHS defines percentage of demand satisfied as total contraceptive use divided by the sum of unmet need plus total contraceptive use. Unmet need refers to the need for spacing plus need for limiting. Total demand for planning is defined as the sum of unmet need plus total contraceptive use.

Table 6.4 Type of contraceptive used currently by non-pregnant women of 15-49 age*

Current method	Percent of women	Total women
Pill (oral contraceptives)	53.7 [48.3,59.1]	12,175
Injection	15.7 [11.5,21.0]	3,552
Condom	9.1 [6.0,13.6]	2,068
Female sterilization	8.6 [5.7,12.8]	1,951
Safe period[9]	4.8 [2.2,10.2]	1,090
Implants	2.8 [1.6,5.1]	641
Withdrawal	2.3 [1.1,4.7]	516
Male sterilization	1.5 [0.6,3.4]	329
IUD/Cu-T	0.6 [0.2,1.9]	138
No answer	1.0 [0.4,2.7]	227
Other	0.9 [0.3,2.4]	198
Total	100	22,885

When asked where they sourced their current method of contraception from 9excluding sterilization), they most commonly reported pharmacies (49.2%), followed by NGO clinics (27.3%) and government hospitals (12.4%) (Table 6.5). These figures were starkly different from BDHS figures in which the majority of contraceptives came from public sector facilities.

While women are reporting accessing contraceptives at pharmacies, it is unclear whether they receive proper information about use. In light of the known conservatism of the Division, it is unlikely that a male pharmacist would comfortably speak with women about appropriate contraceptive use. Indeed, it is unclear whether it is women who procure contraceptives or rather their husbands.

[9] The 'safe period' method is also referred to as periodic abstinence. It is a traditional method.

Table 6.5 Source of current contraception

Source	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Pharmacy	49.2	42.1	56.3	8,597
NGO clinic	27.3	20.8	34.9	4,766
Government hospital	12.4	8.6	17.5	2,163
Private clinic/ hospital	3.2	1.6	6.5	562
NGO health worker	2.6	0.8	7.7	452
FWA/FWV/CSB	1.1	0.3	4.4	191
Don't know	0.6	0.1	2.3	99
Other	3.7	1.5	8.8	654
Total	100			17484

All women of reproductive age were also asked about their future birth plans (Table 6.6). These figures do not correlate with contraceptive use. Based on desire for more children now, at least 77% of women should be using some kind of family planning method.

Table 6.6 Future birth plans of all married women age 15-49

Future birth plan	Pregnant [95% CI]	Not pregnant [95% CI]	Not sure [95% CI]	All married women age 15-49 [95% CI]	Total women
Want more children now	3.5 [2.2,5.3]	14.5 [11.6,18.0]	0.8 [0.2,2.8]	18.7 [15.5, 22.3]	7,098
Want no more children	3.2 [1.9,5.1]	61.3 [56.4,66.0]	0.3 [0.1,1.2]	64.7 [60.2, 68.9]	24,557
Want to avoid pregnancy for a certain period	1.3 [0.5,3.3]	15.3 [11.6,19.8]	--	16.6 [12.8, 21.2]	6,300
Total	7.9 [5.5,11.4]	91.0 [86.5,94.1]	1.0 [0.4,2.9]	100	37,955

6.1 Knowledge of and experience with contraceptive methods ever used

Returning to the entire sample of women of reproductive age (both pregnant and not-pregnant), the research team posed a series of questions about knowledge of, and experience with various contraceptive methods[10]. Questions were structured as follows:

1) Respondents were asked if they had heard about the method, and if yes;
2) Whether they knew where to get the method, and finally, if yes;
3) Had ever used the method.

[10] Contraceptive methods included in the questionnaire included: pill, IUD, injectable, implants, ECP, condom, sterilization, rhythm method, withdrawal.

The results presented below reflect the proportion of *all surveyed respondents [pregnant and non-pregnant]* saying **YES** to any given question.

The most commonly known method of contraception was the pill, followed by injections, female sterilization, condoms, implants and male sterilization, with at least 4 in 5 respondents aware of all of these methods (Table 6.6). Women's high levels of knowledge of the pill and injectable correlated with current use; more women use pills and injectables than other methods currently.

With each question asked, proportions reduced. For example 99% of women had heard of the pill, 97% knew where to access it, but only 68% had ever used it (Table 6.7). Seemingly, the challenge for increasing contraceptive use in urban Sylhet will not be met by increasing knowledge about contraceptives or knowledge of where to access them. As further example, around three-fourths of respondents knew about condoms and implants and knew where to get them. But, only 18% had ever used condoms and only 5% had ever used implants.

Table 6.7 Knowledge on various contraceptive methods and practice * [n=37965]

Methods	% heard of [95% CI]	% know where to find [95% CI]	% ever used [95% CI]	Total women
Pill	98.7 [97.2, 99.4]	96.7 [94.4, 98.0]	68.1 [63.1,72.7]	37,476
Injections	93.0 [89.9, 95.3]	85.6 [81.4, 88.9]	32.6 [28.9,36.5]	35,315
Female sterilization	92.0 [88.5,94.5]	80.5 [75.9, 84.4]	5.5 [3.5,8.6]	34,911
Condom	87.0 [83.0,90.2]	76.4 [70.9, 81.2]	18.0 [14.9,21.7]	33,020
Implants/norplants	86.3 [82.0,89.7]	71.1 [64.3, 77.0]	5.3 [3.5,7.8]	32,759
Male sterilization	80.0 [75.5,83.8]	67.6 [61.8,72.9]	1.8 [1.0,3.4]	30,346
IUD	63.1 [55.3,70.2]	46.8 [39.9, 53.8]	3.8 [2.2,6.4]	23,942
Safe period, counting days, rhythm method	50.8 [42.6,58.8]	--	13.8 [9.9,18.8]	19,264
Withdrawal	42.5 [35.4, 49.9]	--	8.9 [6.0,13.1]	16,120
Emergency contraceptive pill	19.8 [15.7, 24.7]	16.2 [12.7,21.4]	1.1 [0.5,2.4]	7,531
Other methods	6.4 [3.9,10.1]	4.6 [2.8,7.3]	0.5 [0.2, 1.5]	2,410

* multiple responses

Participants who had ever used a contraception method, but were no longer using it, were asked why they no longer used it. Interviewers coded responses into one of 12 categories, such as difficulty obtaining, belief it wasn't effective, respondent does not trust the source, side effects, forgot to use, etc[11]. The top three reasons for stopping the use of each method of contraception appears in Table 6.8. Proportions reflect the percentage of all women who have ever used a given method.

The most frequently cited reason to stop any hormonal methods, such as the pill, implants and injections, was side effects. The next most frequently cited reason was switching to another method. For the barrier methods (male condoms) and traditional methods, (safe period, withdrawal), respondents cited switching to another method, inefficacy or husband's disapproval as reasons for stopping use.

[11] See the survey questionnaire in annex 1 for the complete list

Table 6.8 Top three reasons to stop using a particular contraceptive method

Reasons	Percentage of women [95% CI]	Total women
Most common reasons for stopping the pill (n=25840)		
Side effects	21.7 [16.5, 27.9]	5,598
Switched to alternative method	11.5 [8.5, 15.5]	2,982
Wanted children	6.6[4.6, 9.4]	1,703
Most common reasons for stopping the IUD (n=1423)		
Side effects	59.4 [35.4, 79.6]	845
Switched to alternative method	13.7 [3.8, 38.7]	194
Husband away from home	7.0 [1.0, 39.6]	100
Do not trust	7.0 [1.0, 39.6]	100
Most common reasons for stopping Injections (n=12382)		
Side effects	46.0 [34.6, 57.9]	5,695
Switched to alternative method	9.3 [5.2, 16.1]	1,157
Difficult to obtain	5.0 [2.1, 11.2]	616
Most common reasons for stopping implants/norplants (n=2005)		
Side effects	28.7 [12.2, 53.9]	576
Switched to alternative method	11.8 [4.5, 27.1]	236
Difficult to obtain	5. 9 [0.7, 36.2]	118
Most common reasons for stopping using condoms (n=6845)		
Switched to alternative method	29.1 [19.7, 40.6]	1,990
Disapproved by husband/ family	8.9 [4.3, 17.7]	611
Not effective	7.7 [2.4, 22.5]	529
Most common reasons for stopping safe period/ counting days/ rhythm method (n=5239)		
Switched to alternative method	17.7 [10.4, 28.5]	927
Not effective	11.3 [5.0, 23.4]	591
Wanted children	4.3 [1.6, 11.3]	226
Most common reasons for stopping using withdrawal (n=3393)		
Switched to alternative method	17.4 [8.0, 33.8]	590
Not effective	12.7 [5.1, 28.4]	432
Disapproved by husband/ family	6.7 [2.2, 18.7]	226

*multiple responses possible

A total of 15.4% of married women of reproductive age (both pregnant and not pregnant) reported never using contraceptives. When asked why, most respondents reported no specific reason (31%), a probable indication of their discomfort in discussing this issue, followed by the desire to have children (30%). Some (11%) did not ever use a contraceptive method because their husbands did not support it and another 10% were not having intercourse or not regularly doing so. Some of the younger women who conceived and gave birth soon after marriage said that they never had time to use contraceptives and were not using it currently as they were still amenorrheic and/or breast-feeding. Figures appear in Table 6.9. Notably, cost was not mentioned as a reason for not using contraceptives.

Women gave multiple responses in this question. It is likely that women do not use contraceptives for many reasons over their reproductive years, but it is also likely that there would be underlying reasons for not using them. For example, the literature notes that lack of decision-making power limits women's use of contraception (35), while increased use is linked with economic empowerment (36). The study did not measure these factors specifically, it is reasonable to assume that contextual factors such as empowerment play a role in contraceptive use among poor urban women in Sylhet.

Table 6.9 Reasons for never using contraception* (n= 5848)

Reason for not ever using contraception	Percent of women	95% Confidence interval		Total women
		lb	ub	
No reason given	31.2	22.4	41.6	1,825
Want to have children	30.1	19.0	44.2	1,761
Menstruation stopped	12.1	7.1	20.0	709
Not having or infrequent sex	10.3	5.4	19.0	604
Husband opposed	10.8	5.6	19.8	634
Fatalistic (left on fate)	8.7	4.6	16.1	511
Postpartum amenorrhea	7.6	3.0	18.0	444
Fear of side effects	5.8	2.5	13.0	341
Breast feeding	3.3	1.0	10.7	193
Other family members opposed	2.2	0.5	8.4	127
Don't want to use	2.0	0.5	8.0	118
Knows no method	0.9	0.1	6.3	51
Inconvenient to use	0.6	0.1	4.9	38

*multiple responses

6.2 Termination of pregnancy and future birth plans

The research team asked married women of reproductive age about their experience with termination of pregnancies. The questionnaire included the following options:

- Menstrual Regulation [MR), which is manual vacuum aspiration done within 8-10 weeks of a missed period to clean the uterus;
- Miscarriage, which is the natural and unintentional (spontaneous) expulsion of the product of conception during the first 24 weeks of pregnancy; and
- Abortion, in this study, refers to the induced expulsion of the fetus after 10 weeks.

Menstrual Regulation (MR) is legal in Bangladesh. Abortion is not. According to Guttmacher Institute [12], 653,100 menstrual regulations are conducted annually in Bangladesh, leading to a reduction in abortion-related mortality (37, 38). MR is reported to cause lower complications than abortions(39), however unsafe MR from unscrupulous providers also poses considerable mortality and morbidity risks as reported by Biswas et al. In their study almost 7% of all admissions in Obstetrics & Gynaecology unit were due to MR complications (40).

[12] http://www.guttmacher.org/pubs/FB-Bangladesh-MR.html

Table 6.10 displays women's knowledge and experiences with termination of pregnancy. More than two-thirds of respondents knew of a method to end an unwanted pregnancy. All respondents were asked whether they knew where to get (MR). More than two-thirds stated they knew where to have this performed.

Approximately one in seven respondents (14.7%) reported terminating an unplanned pregnancy. Almost half of respondents who ended an unplanned pregnancy reported using MR, followed by abortion (28.3%), and herbal medicine (12.3%). It should be noted that women were able to give multiple responses when asked about the methods they had used to terminate pregnancies. Thus, one woman may have terminated multiple pregnancies, indicating multiple methods. Approximately 11% (2843 of 260,277) of women who knew about methods of pregnancy termination had used MR. In the BDHS, 9.4% of currently married women who had heard of MR reported using the method at one point in their reproductive career.

It is assumed that those pregnancies terminated via methods other than menstrual regulation can be considered "unsafe" methods. Thus, approximately half of terminated pregnancies may be conducted unsafely in urban Sylhet. The implications of this are concerning – unsafe termination of pregnancy may contribute to only 1% of maternal mortality in Bangladesh (41), but complications and morbidities are common. Just over half a million women suffered complications of unsafe abortions in 2010 (42).

Table 6.10 Knowledge and use of pregnancy termination methods

	Proportion [95% CI]	Total women
Knowledge of methods to terminate pregnancy (n=37955)		
Yes	68.6 [60.4,75.8]	26,037
No	31.4 [24.2,39.6]	11,918
Knows where to get MR (n= 10166)		
Yes	61.1 [52.9,68.7]	6,211
No	38.9 [31.3,47.1]	3,955
Ever terminated a pregnancy (n=11918)		
Yes	14.7 [11.9,18.0]	1,752
No	85.3 [82.0,88.1]	10,166
Methods used to terminate pregnancies* (n= 1752)		
Kabiraj/ Herbal medicine	12.3 [6.4, 22.4]	215
Menstrual Regulation	49.1 [37.4,60.8]	860
Abortion	28.3 [19.4,39.3]	496
Other	13.7 [7.9,22.5]	240

*multiple responses possible

Chapter 7. Pregnancy and Delivery

Key Findings:

- Most women had their first child between 15-19 years of age
- A high rate of still birth was reported: 1010 per ten thousand live births
- 16% of women never had a prenatal checkup
- 65% of women received their first checkup only after 3 months
- Most women reported seeking services in order to check fetus wellness, confirm pregnancy and/or because they were feeling sick
- Half of the women chose NGO and private clinics for their checkup
- Of those who did not get a checkup, 70% did not feel a visit to a medical facility was required. Other women cited lack of money or disapproval from their husband as a reason
- Nearly all women made plans about the place of delivery; 60% planned a home deliver
- Almost half of women delivered at home
- 36% of deliveries were attended by traditional birth attendants
- Only 39% of births were conducted by skilled attendants
- In choosing a provider or place of delivery women look for proximity, provider friendliness, and low cost
- 62% of women got an ultrasound, mostly at the advice of their doctors
- There was high proportion of C-section; 20%
- The top 3 reasons for C-section were: previous C-section, malpresentation of the baby, and premature rupture of the membrane (PROM)
- One-third of women experienced some medical problem after delivery: about 60% claimed to have pain, while less than 20% reported fever, wound infections, and anemia.

The pregnancy and delivery module explored healthcare seeking patterns of women between the age of 15-49 years, during gestation and childbirth. This chapter does not focus on ANC and PNC visits or neonatal care in detail as such data is regularly collected by national urban health and demographic health surveys and various NGOs including BRAC Manoshi and the Smiling Sun Franchise Programs (now known as The NGO Health Service Delivery Project).

All married women of reproductive age who had delivered within a period of one year from the survey were eligible for this module. Six hundred and ten complete interviews were available for analysis. The majority of participating women were between the ages of 20 to 34 years. One-third of them did not

attend school and 40% attended primary school only. The remaining 30% of women had higher schooling.

Table 7.1 Background Characteristics of respondents

Background characteristics	Percent of women	95% Confidence Interval		Total women
		Lb	ub	
Age				
15-19	11.9	7.9	14.7	607
20-24	36.6	31.9	42.2	2,059
25-34	44.8	40.8	49.6	2,521
35-44	6.6	4.7	9.7	378
45-49	0.2	0.1	2.4	19
Education				
No Education	30.5	25.0	35.3	1,669
Primary	38.9	35.8	42.5	1,314
Secondary	27.2	22.8	33.2	871
Higher Secondary	2.5	1.1	4.2	1,223
Graduation	0.9	0.5	2.7	507
Total	100			5,584

Table 7.2 displays age at first marriage; most women were married by the time they turned 19 and 18% were married at the ages of 9-14. Only 19% of women were older than 20 when they married for the first time. In BDHS 2011 the median age at first marriage was shown to be 15.5 to 16.6 years. Child marriage has been linked to negative maternal and child health outcomes; reducing child marriage has positive health impact on women (43, 44).

Table 7.2 Respondent's age at first marriage

Age at first marriage	Percent of women	95% Confidence Interval		Total women
		lb	ub	
9-14	18.0	14.1	22.4	997
15-19	62.8	57.6	68.0	3,514
20-24	15.9	12.1	21.0	898
25-29	2.8	1.4	5.3	153
30-34	0.5	0.1	1.4	22
Total	100			5,584

Table 7.3 indicates that most women had their first child between the ages of 15-19 years of age and, at the time of the survey, 30% had more than 2 children. Family sizes were larger than average in the study population – a finding consistent with Sylhet division's reputation as having the highest fertility rate in

the country. Some of the respondents, who must have been pregnant at some point or other, reported having no children suggestive of a dead child, miscarriage or terminated pregnancy.

Table 7.3 Age at first delivery and number of living children

	Percent of women	95% Confidence Interval		Total women
Age at first delivery		lb	ub	
10-14	3.9	2.2	6.1	203
15-19	55.4	49.2	58.7	3,014
20-24	33.8	30.1	40.4	1,960
25-29	5.6	4.6	8.6	351
30-35	1.3	0.4	2.2	56
Total	100			5,584
Number of children				
0	1.1	0.4	3.3	61
1	36.1	31.6	40.9	2,018
2	31.6	27.3	36.1	1,763
3	16.8	14.0	19.9	936
4	7.5	5.2	10.9	421
5+	6.9	3.7	13.7	387
Total	100			5,584

Table 7.4 presents the birth outcomes of all pregnancies that respondents reported to have experienced. Out of every 10 babies delivered, there was one stillborn. This is a rather high count compared to the reported Sylhet Division statistics on stillbirth which stands at 34 per thousand births. Some probable reasons for this could be high levels of maternal infections that go unchecked in poorer urban communities in the absence of proper antenatal checkup, the large number of unskilled deliveries, and misreporting due to confusion between still birth and early neonatal death. Twelve percent of women miscarried or experienced spontaneous abortions.

Table 7.4 Pregnancy outcomes: live births, stillbirths, miscarriages, MR, and abortions

Pregnancy outcomes	Percent of women	lb	ub	Total women
Still birth				
None	88.5	85.1	91.2	4,943
Only one	10.1	7.8	12.9	562
More than one	1.4	0.7	2.8	79
Miscarriage/spontaneous abortion				
None	88.0	84.7	90.7	4,915
Only one	9.3	7.2	12.1	521
More than one	2.7	1.6	4.5	148
MR/induced abortion				
None	95.3	92.8	96.9	5,320
Only one	4.5	2.9	6.9	253
More than one	0.2	0.0	1.5	11
Total	100			5,584

Figure 8 provides information about the place where reported termination of pregnancy occurred. Women who had an MR/abortion did so mostly in government hospitals (36%), followed by home (27%), private clinics (21%), and NGOs (9%). The likelihood is that menstrual regulations (legal procedures) took place more frequently in clinics, whereas abortions (illegal procedures) may have been more likely to occur in "other" places.

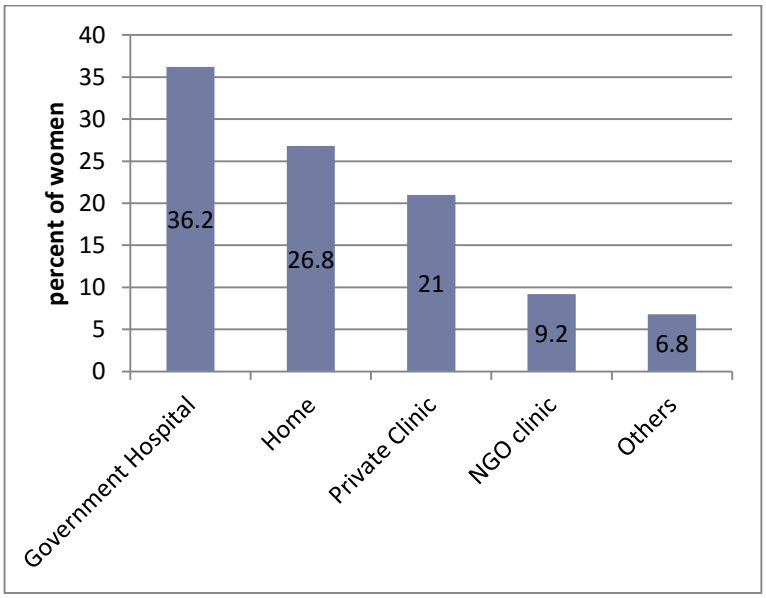

Figure 5 Place of MR or induced abortion (n=28)

Figure 9 indicates that the majority of women wanted their current or most recent pregnancy as was the case in BDHS 2011 and 2007. Almost one-quarter indicated wanting to wait, suggesting unmet need for spacing methods. Fourteen percent of women did not want any more children ever, further suggesting unmet need for family planning. If unwanted births could be avoided, the TFR would be considerably lower (27) especially for Sylhet Division where the highest fertility rate of 3.1 in the country prevails.

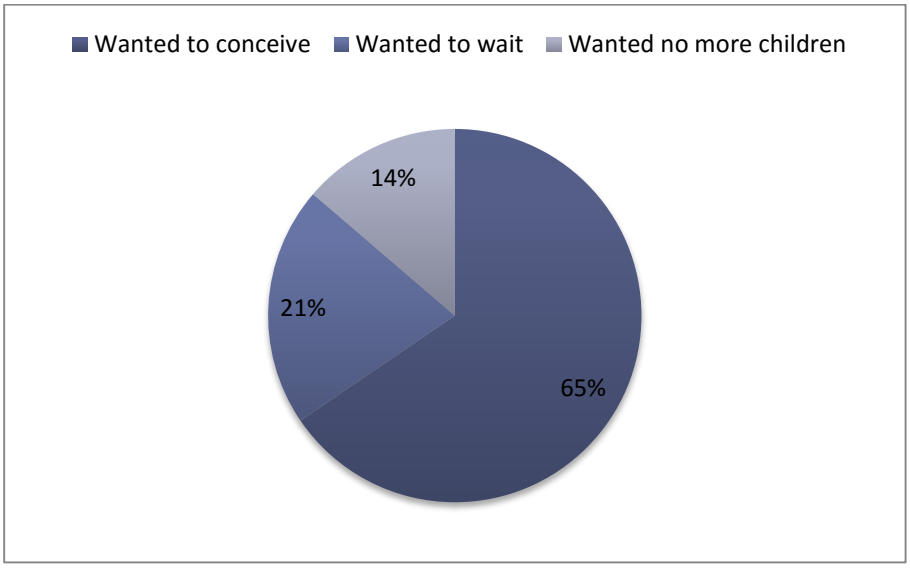

Figure 6 Preconception Planning (n=5584)

7.1 Prenatal checkups

A series of questions were asked regarding the first checkup during pregnancy. This may or may not have been an Antenatal Care (ANC) visit as it is unclear whether required antenatal services were provided .

Around one in six women did not get a checkup of any kind during their pregnancy. Thirty-five percent of women were 3 to 4 months pregnant during their first visit and another 30% of pregnant women received their first checkup only after 4 months. Over 50% women said they went for at least 4 checkups. Most women reported seeking services in order to check fetus wellness, confirm pregnancy and/or because they were feeling sick.

Table 7.5 Prenatal checkups: time of first visit, number of visits and reasons for checkup

Prenatal checkups	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Number of checkups (n=5584)				
0	15.7	11.5	21.2	879
1	17.4	14.1	21.3	971
2	19.1	14.3	24.9	1,064
3	15.4	12.5	18.9	863
4	11.0	7.1	16.7	615
5	7.4	5.2	10.3	412
6+	14.0	9.5	20.1	780
Months at 1st checkup (n=5584)				
No Checkup	15.7	11.5	21.2	879
1-2	18.8	14.8	23.6	1,051
3-4	35.8	30.3	41.6	1,997
5-6	15.3	11.7	19.8	854
7+	14.4	10.8	19.0	803
Reason for 1st checkup*(n=4705)				
Assure fetus wellness	36.6	30.1	43.6	1,720
Confirm pregnancy	35.0	30.0	40.5	1,648
Felt sick	35.0	30.1	40.3	1,648
Sex determination	2.5	1.3	4.7	117
Advised by neighbor/family/ acquaintance	2.2	0.8	4.9	95
Other	1.9	0.9	3.7	87

*Multiple responses

Many women who received a checkup chose NGO clinics as the place of service (almost 30%) as shown in Table 7.6, followed by private clinics and government hospitals. Some women had checkups performed by community health workers (CHWs) in their homes. It is likely that those checkups were ANC visits as the study population was drawn from a maternal health intervention's (BRAC MANOSHI) population whose program model included home ANC visits.

Table 7.6 Place of last checkup during pregnancy

Place	Percent of women	95% Confidence Interval		Total women
		lb	ub	
NGO clinic	29.9	23.6	37.0	1,406
Private clinic / hospital	21.8	17.0	27.5	1,025
Government hospital	21.4	16.0	28.1	1,006
Home (SS, SK, CHW)	15.5	10.1	23.2	731
Doctor's chamber	9.1	6.7	12.3	429
Others	2.3	1.2	4.3	107
Total	100			4,704

Others: Pharmacy, Village doctor, Homeopath doctor.

Women who reported no ANC during pregnancy were asked to provide reasons why (Table 7.7). The majority (72% of pregnant or recently pregnant women) did not feel a visit to a medical facility was required. This viewpoint is consistent with other studies suggesting that women view pregnancy as a normal condition with no need of medical intervention (45). Other women cited lack of money or disapproval from their husband as a reason and a few also of them said they were not aware of any place to go for a checkup. A recent meta-synthesis of qualitative studies from LMICs also revealed that women do not perceive pregnancy as a risk to their well-being and limited financial resources influence women's decision against seeking antenatal care (46). This paper notes that women find ANC services inadequate in terms of resources available at the facility, although this did not come up in our survey.

Table 7.7. Reasons for not getting checkups during pregnancy (n=879)

Reasons	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Didn't feel necessary	71.8	61.1	80.5	631
Lack of money	16.8	9.2	28.8	148
Not allowed by husband	8.2	4.3	15.0	72
Didn't know where to go	5.2	1.3	18.8	46
Not allowed by in-laws	1.3	0.3	6.1	12
Other	9.9	4.8	17.9	87

*multiple responses

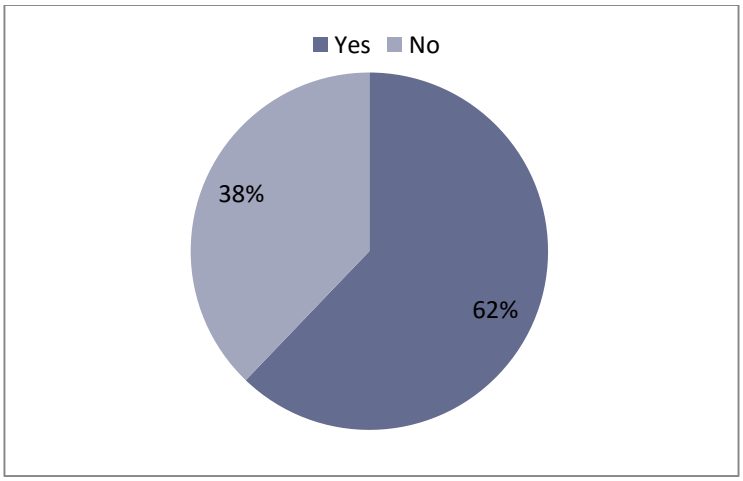

Figure 7 Proportion of women who took ultrasound test during pregnancy (n=5499, missing=85)

Though not part of any official ANC package, many women who seek care during the antenatal phase received ultrasounds (62%) as seen in figure 10. A clinical guideline prepared for antenatal care by the National Collaborating Centre for Women's and Children's Health recommends including ultrasound in routine ANC services based on existing evidence (47). They graded ultrasound in category A (highest) of their recommendation list. Ross et al. found that low cost ultrasound program in rural Uganda boosts antenatal care visits by pregnant women (48).

Questions were asked about reported use of ultrasound, a useful prenatal test that gives an accurate due date, assesses the volume of fluid around the fetus, assesses possible risks to the mother (e.g. miscarriage, blighted ovum, ectopic pregnancy, or a molar pregnancy condition), and determines whether an intrauterine growth retardation condition exists.

Results suggest that for every 3 women getting the test there were 2 women who did not. Women who had the ultrasound stated that they were recommended to take the test by doctors [53%), family members (16%), some Community Health Workers (CHW) such as Shasthya Kormi/Shebika of Brac Manoshi. Another 13% did so on their own accord.

Table 7.8 Person who advised to get an ultrasound test (n=3412)

Advisor for ultrasound	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Doctor	53.1	45.5	60.5	1,811
Family member	15.5	11.9	20.0	530
Community Health Worker	13.0	9.9	17.2	443
Self	12.6	8.1	19.2	430
Neighbor	1.8	0.8	3.7	60
Nurse	0.7	0.2	2.3	25
TBA	0.5	0.2	2.5	19
Don't know	2.8	1.3	5.9	94
Total	100			3,412

Respondents who did not receive ultrasound were asked about the reasons for not getting one. Sixty two percent of these women said they did not think an ultrasound was necessary, 22% of them found it costly and/or lacked cash. Very few did not know about ultrasound or where to get one.

Table 7.9 Reasons for not doing ultrasound during last pregnancy*(n=2086)

Reasons	Percentage	95% Confidence Interval		Total women
		lb	ub	
Thought not necessary	61.7	51.2	71.1	1,286
Costly/lack of money	22.1	16.2	29.4	461
Did not know about it	12.3	7.9	18.6	258
Did not know where to go	4.3	1.9	9.3	90
In-laws did not allow	2.9	1.1	7.1	60
Family did not allow	2.3	0.9	5.4	48
Doctor did not advise	1.1	0.4	3.2	23
Other	4.9	1.2	18.1	103

*Multiple responses

Others: Religious purpose, distance, fear

7.2 Birth planning & delivery

The birth plan is typically developed with a community health worker to help women prepare for delivery, and to recognize and respond to possible complications. Table 7.10 presents the percent distribution of women in SCC slum communities by the type of preparation and plans made regarding delivery during their pregnancy. All women reported having made some plan for their delivery, while a large majority also decided on a place of delivery. Thirty-three percent saved money for delivery and 9 to 10% chose a birth attendant prior to delivery as well as a facility to go to in case of complications. Plans for more detailed elements of referral, i.e. identifying a blood donor and emergency transport, were less frequently pre-selected as part of the birth plan.

The majority of women (60%) indicated that they planned to deliver at home – this percentage, though high, is notably lower than BDHS figures for home delivery, which are closer to three-fourths of deliveries. Women who planned to deliver at facilities typically chose NGO clinics (12%), BRAC delivery centres (11%), government facilities (8.5%), and private facilities (8.1%) as shown in Table 7.11. When asked about deliveries, women did not always deliver in the place they had planned. Indeed, closer to 50% (less than planned) of deliveries took place at home (Table 7.12).

Women selected a place of delivery based on closeness to their residence, friendly service from provider, cost and efficiency (in that order).

Table 7.10 Percent of women by birth planning during pregnancy

Birth plans	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Made plan (n= 5584)				
Yes	99.5	97.4	99.9	5,558
No	0.5	0.1	2.6	26
Types of plans* (n=5558)				
Place of delivery	99.7	98.1	100	5,544
Savings	33.0	27.5	39.0	1,833
Assistance during delivery	9.5	5.8	15.1	528
Referral facilities identified for complications	8.5	5.0	14.2	474
Emergency transport	5.5	3.7	8.1	308
Blood donor	3.5	1.9	6.5	195
Companion to facility	2.9	1.5	5.7	166
Collected safe delivery kit	3.4	1.1	10.3	190
Others	1.0	0.4	2.6	57

*multiple responses

Other: Companion, loan money

Table 7. 11 Planned place of delivery

Delivery place	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Made plans for delivery place (n=5584)				
Yes	99.3	97.4	99.8	5,544
No	0.7	0.2	2.6	40
Place planned (n=5544)				
Home	60.5	55.1	65.6	3,353
NGO clinic	12.0	9.2	15.7	665
Delivery centre	10.7	7.2	15.7	595
Private clinic / hospital	8.5	5.7	12.4	469
Government hospital	8.1	6.0	10.9	451
Doctor's chamber	0.2	0.0	1.4	11
Total	100			5,544

The other half of women had institutional deliveries – a figure much higher than the national average. Out of institutional deliveries, most women delivered in government hospitals, followed by NGO clinics. Urban access to institutional delivery is higher than in rural areas which may contribute in part to higher institutional delivery rates. Further, particularly in the BRAC model, community health workers are trained to recognize complications/situations beyond their skill set and refer, which may have put more women in facilities.

The presence of skilled attendants during delivery was lower than the national average. Indeed, traditional birth attendants or a relative attended almost half of all deliveries (49%), while doctors,

nurses, and skilled birth attendants attended 39% of deliveries, roughly corresponding to the number of institutional deliveries. Table 7.13 shows the reasons behind place of delivery which include proximity to home (39%), friendly provider (32%), low cost (34%), effectiveness (21%), and others' recommendation (17%).

The shift towards institutional delivery in the sample may be positive in light of access to emergency obstetric care. However, the numbers show a high proportion of caesarian sections (Table 7.12). Twenty percent of deliveries resulted in caesarian sections, much higher than the WHO recommended caesarean section rate of 10% to 15% (49). Caesarean sections can be life-saving, but also result in increased morbidity for mothers and higher costs. Thus, while essential when required, their unrequired use is troubling, particularly for lower income mothers who may have neither the money to pay nor the luxury of time off to properly recover.

Table 7.12 Delivery Care (n=5584)

Delivery Care	Percent of women	95% Confidence Interval		Total women
Place of delivery		lb	ub	
Home	48.5	43.0	54.0	2,717
Government hospital	16.7	13.2	21.0	933
NGO clinic	13.7	10.5	17.7	779
Delivery centre	11.2	8.0	15.4	600
Private clinic / hospital	9.8	6.4	14.7	544
Doctor's chamber	0.2	0.0	1.4	11
Total	100			5,584
Birth attendant				
TBA	36.1	29.3	43.6	2,018
Doctor	27.1	22.2	32.6	1,513
Trained TBA	9.4	6.4	13.6	525
Nurse	9.2	6.5	12.9	515
Health Worker	2.1	1.1	3.9	118
Skilled birth attendant (SBA)	2.3	1.2	4.4	126
Neighbor	3.2	1.8	5.6	178
Mother-in-law	1.6	0.7	3.8	90
Other Relative[1]	9.0	5.0	15.0	501
Total	100			5,584
Mode of Delivery				
Normal	79.7	75.1	83.6	4,440
Caesarean	20.3	16.4	24.9	1130
Missing	0.3	0.0	1.9	14
Total	100			5,584

Other relative[1] Husband, Mother, Sister, Sister-in-law.

Table 7.13 Reasons for choosing place of delivery and birth attendant * (n=5584)

Reasons	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Close to home	39.0	31.7	46.9	2,179
Provider friendly	35.2	28.3	42.8	1,966
Low cost/ free	34.4	28.3	41.0	1,921
Effective	20.9	16.1	26.6	1,164
Recommended by others	16.9	12.6	22.1	941
Qualified doctor	11.2	7.5	16.4	624
Clean	5.8	3.6	9.4	326
Female doctors	5.1	3.3	7.8	285
Privacy	5.0	2.7	9.1	279
Skilled	2.8	1.4	5.5	158
Medicines available	2.1	1.2	3.8	118
Depend on TBA	1.4	0.5	3.9	78
Others	6.9	3.4	14.7	467

*multiple responses.

Others: Health-card, No other Facility, previous experience, known provider.

Table 7.14 provides more insight into the experience of women who delivered via C-section. The majority (91%) of women were informed of the reason for the procedure and consented. The top 3 reasons were previous C-section, malpresentation of the baby, and premature rupture of the membrane (PROM). Other reasons included failure to progress, overdue, and prolonged labor.

Table 7.14 Reasons for getting C-section for last delivery

Reasons	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Informed about the need for C-section (n= 1130)				
Yes	91.0	78.6	96.5	1,028
No	9.0	3.5	21.4	102
Indications for C-section (n=1028)				
Previous CS	19.4	11.8	30.2	199
Malpresentation	14.2	7.9	24.4	146
Premature rupture of membrane	12.7	7.3	21.1	130
Failed to progress to labor	8.7	4.5	16.1	89
Overdue	8.1	4.2	14.9	83
Prolonged labor	5.8	2.7	12.3	60
Fetal Distress	2.7	0.7	10.7	28
Personal choice	1.7	0.5	5.5	18
Obstructed labor	1.7	0.5	5.5	17
Oligohydramnios	3.5	1.1	10.6	36
Others	21.4	12.6	33.8	222

*Multiple responses

All women were asked whether they preferred C-section over normal delivery or not, and reasons for that. Only 6% of the respondents favored C-section for reasons such as speed of delivery, greater safety for the baby, less pain, greater safety for the mother. The remaining 94% cited factors like infections, fear of surgery, high cost, and delayed return to daily activities as reasons for not preferring C-section.

Indeed, Table 7.15 would suggest that women were apprehensive of the C-section process; fears and uncertainties that would further alienate women from health facilities in the future. Women rarely recognize C-section as a life-saving intervention. Instead it is perceived as an expensive and invasive procedure. This is partly justified given the alarming rise in non-indicated C-sections.

Table 7.15 Views on Caesarean Section

	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Preference for C-section (n=5584)				
Yes	5.7	4.2	7.7	318
No	94.3	92.4	95.8	5,266
Reasons for preferring C-section* (n=318)				
Less pain	55.0	34.3	74.1	175
Fast	23.5	9.5	47.4	75
Predictable Timing	13.6	4.8	32.8	43
Safer for Baby	61.6	38.2	80.6	196
Safer for Mother	30.9	15.9	51.4	98
Previous C/S	19.9	7.3	43.8	63
Reasons against C-section* (n=5266)				
Suffering/Infections	58.0	48.4	67.0	3,055
Fear of surgery	52.3	46.0	58.6	2,756
High cost	43.1	36.6	49.9	2,271
Delayed recovery	32.8	26.4	39.9	1,727
Not allowed by religion or culture	3.0	1.2	7.7	160
Others	4.5	2.6	7.6	234

*Multiple responses

7.3 Additional information about accessing services: transport and cost

Part of understanding cost (as well as the 2nd delay in referral) requires knowing how women move through cities to access care. Questions on transport were asked only to women who reported delivering outside of their home. They were most likely to take a CNG (54%), followed by rickshaw (32%), go on foot (9%), and ambulance (2%) (Table 7.16).

Table 7.16 Main mode of transport to travel to delivery facility (n=2875)

Transport type	Percent of women	95% Confidence Interval		Total women
		Lb	ub	
CNG	53.7	44.1	63.1	1538
Rickshaw	31.5	23.2	41.0	900
On foot	8.8	5.0	14.9	250
Ambulance	3.7	2.0	6.6	104
Others	2.9	0.9	10.5	83
Total	100			2,875

The assessment of cost of delivery included cost of transportation, actual cost of the procedure, bed fee, if any, and any unofficial payments. For normal institutional deliveries, women reported payment of 2400 BD taka (approximately USD 31) with half of women paying less than or 1000 taka. Women who delivered via C-section paid a mean amount of 17,000 BD taka, with half paying at least 15,000 taka (Figure 11).

Most families paid these expenses with household income. Others used savings, followed by donations from neighbors. Around 10% of families relied on loans from acquaintances, NGOs, a money lender or selling household objects as shown in Table 7.17.

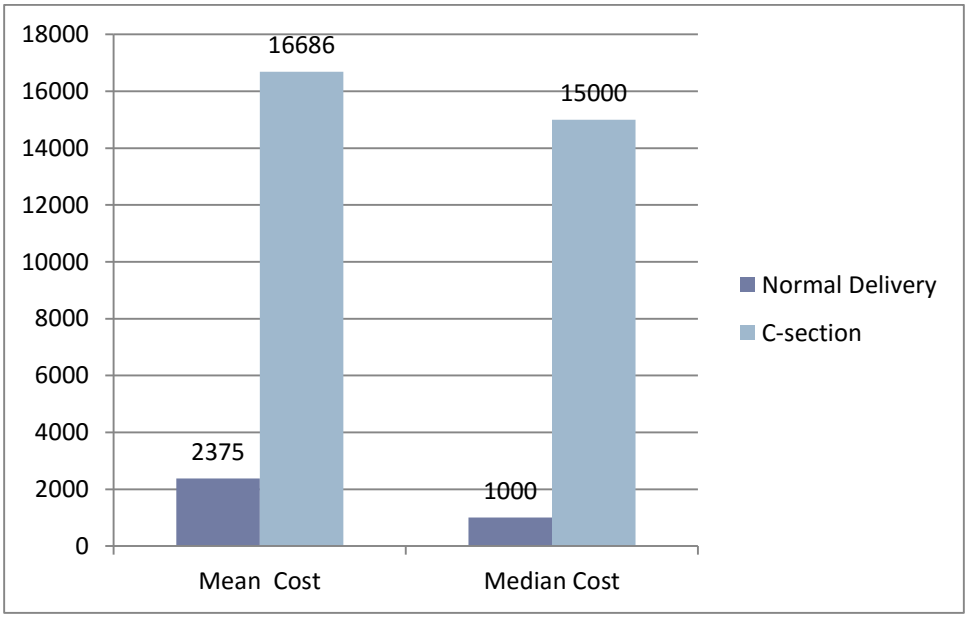

Figure 8 Costs of delivery by type (n=5114)

Table 7.17 Source of payment*(n=5114)

Source	Percent of women	95% Confidence interval		Total women
		lb	ub	
Household wages	60.9	53.5	67.9	3,115
Household Savings	24.7	19.1	31.4	1,265
Donation from a neighbor	13.5	10.2	17.6	690
Loan from NGO	3.3	1.9	5.5	169
Loan personal / neighbor /relative	2.9	1.5	5.7	149
Loan from money lender	2.1	1.2	3.7	108
Selling household objects	1.8	0.8	4.0	90
Donation from a NGO	0.4	0.1	1.2	18

*multiple responses

All women delivering at home or in an institution were asked about unofficial payments. More than half of respondents indicated having been asked to pay an unofficial/illegal payment for services. Notably- government facilities are supposed to be free, but frequently patients were asked to pay extra fees. The average unofficial cost was between 500 to 600 taka varying only slightly between normal and caesarean delivery. Data is shown in Tables 12 a & b. This imposition of informal fees is commonly practiced in LMICs (50, 51)and considerably raises the cost of services, with negative implications for service utilization (52).

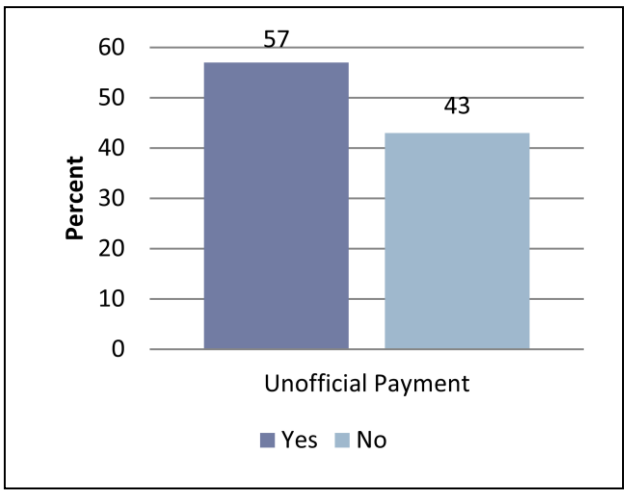

Figure 9a Percent of women paying unofficial payments (n=5114)

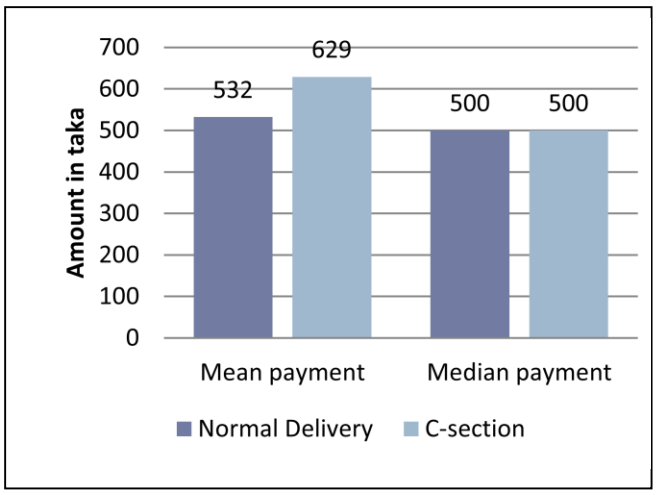

Figure 12b Amount of the unofficial payments (n=2914)

7.4 Post-delivery health status and care seeking

The postnatal period is critical for mothers and babies. Most women in the sample did rest immediately following delivery and admitted to some limitations to their daily activity. Figure 13 represents the time required for women to get back to their normal activities after childbirth. Recovery time was less for

women having normal delivery i.e. a mean of 21 days and a median of 15, than women getting C-section i.e. a mean of 42 days and a median of 30.

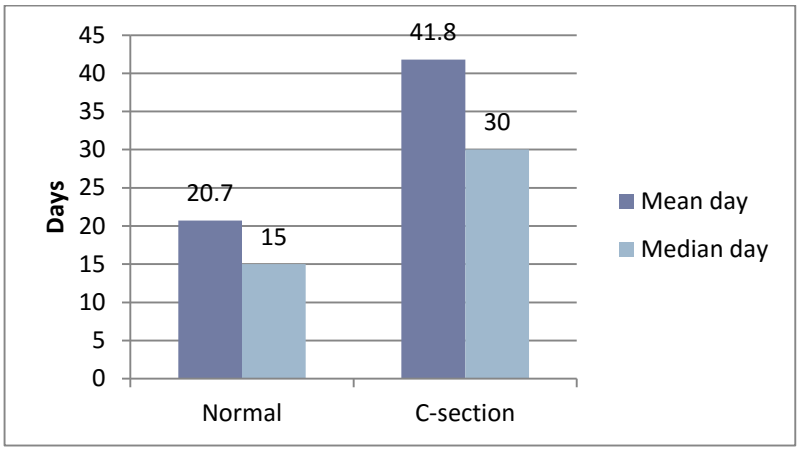

Figure 10 Length of time to recover after delivery in days (n=5556)

One-third of women experienced some medical problem after delivery. About 60% claimed to have pain, while less than 20% reported fever, wound infections, and anemia. General weakness, eclampsia, urinary tract infection, and wound rupture were infrequent and so was depression (Table 7.18**).**

Table 7.18 Post natal health problems reported by mothers*

Post natal health problems	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Problem after birth (n=5584)				
Yes	62.8	56.8	68.4	2,068
No	37.2	31.6	43.2	3,516
Type of problem ** (n=2068)				
Pain	60.6	51.0	69.5	1,253
Fever	17.5	12.1	24.4	361
Wound infections	15.8	10.5	23.0	326
Anemia	12.6	8.4	18.6	261
Weakness	6.4	3.8	10.7	133
Eclampsia	4.4	2.1	8.9	90
Urinary tract infection	4.0	1.5	10.0	82
Wound rupture	3.0	1.4	6.6	63
Depression	1.3	0.5	3.7	27
Others	14.2	8.5	22.7	294

*These problems are not clinically diagnosed.**multiple responses. Other: breast tumor, allergy, excessive bleeding, uterine prolapsed, breathing difficulties, high pressure/low pressure

Almost all women experiencing health problems after childbirth sought treatment; half of whom visited a pharmacy or a public hospital. NGO clinic, private clinic and private chambers were frequented by 10% percent of the women each as shown in Table 7.19.

Table 7.19 Percentage of women who sought treatment for post natal problems and place of treatment

Treatment for postnatal health problems	Percent of women	95% Confidence Interval		Total women
		lb	ub	
Sought treatment (n=2068)				
Yes	90.7	86.8	93.5	1,875
No	9.3	6.2	12.9	193
Place of treatment (n=1875)				
Pharmacy	31.2	22.9	41	585
Government hospital	23.8	16.1	33.7	446
NGO clinic	12.7	7.9	19.6	238
Private clinic	12.1	7.1	20.0	228
Doctors chamber	10.5	6.5	16.4	196
Traditional healer	3.4	1.5	7.4	63
Door step service	1.9	0.6	5.7	35
Homeopathy	1.3	0.3	5.2	23
Others[1]	4.0	1.4	10.6	74

[1] Herbal, Kobiraj, healthline (mobile) advice, home treatment

Conclusion

A third of the households in poor urban settlements in SCC were living on less than 1.25 dollars a day and 8% of their median expenditure was used for health related purposes. Approximately one-fifth of slum inhabitants suffered from some kind of health problem, with widespread complaints of fever and respiratory problems regardless of age or gender group. The rate of seeking treatment was as high as 70-80% but was mostly sought from a pharmacy in case of acute health problems. More people went to a qualified provider at public hospitals, doctor's chambers or private clinics when experiencing chronic health problems. Although respondents' believed qualified providers can provide good healthcare, almost 40% of them were unaware of formal providers in their neighborhood. The fact that many of the urban poor owned mobile phones provides a potentially useful means of providing information regarding the location of quality health services in close proximity. Despite the presence of several NGO clinics across SCC, many of which offer competitive prices for primary health care and special vouchers for the poor, very few respondents thought they provided quality care and sought healthcare from them. Since proximity is the most important factor influencing their decision in choosing a health facility, greater emphasis on locating such clinics close to where the poor reside and greater efforts to popularize their use, is recommended.

A higher proportion of people expressed that they would visit a private provider again (clinics and doctor's chambers) than government facilities or pharmacies. Since people are more satisfied with private providers it is crucial to ensure that the technical quality of these providers meet optimal levels and there is a pro-poor mechanism for payment in place. Special attention is needed for the aged around chronic health problems; people above 50 years have more functional difficulties and also bear more health-related expenses. Most people were unaware of possible reasons behind their health problems; they could benefit from health education around the positive health effects of a clean environment and good hygiene practices with the aim of mobilizing community to ameliorate their own living space.

Regarding contraceptive use, most women knew about the available options but only two-thirds were currently using them. Moreover, the percentage of women reporting ever use (any contraceptive) was less than percentage currently using suggesting a high rate of discontinuation. The most common reasons for discontinuation were side effects indicating the need for additional family planning counseling around alternative methods. Husband's disapproval also came up as one of the reasons for discontinuation, suggesting the need to include both partners in family planning sessions. Older women were more prone to use traditional methods. Community health workers night provide more counseling to this group as opposed to solely emphasizing younger women.

More than half of the women interviewed were pregnant and delivered before 20 years of age in this population. Early marriage and pregnancies should be brought to focus and the community educated on the negative consequences through acceptable modes of transferring knowledge. Even though pregnancy is not considered a health condition, the importance of prenatal checkups and institutional deliveries should be emphasized through different sources such as CHWs and pharmacists. Finally, there seemed to be high levels of reported C-sections as well as still births. Whether still birth was properly

identified by the reporting mothers remains ambiguous and further qualitative investigation would help clarify the underlying cause of these deaths in utero.

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Annex 1 Questionnaire (English)

Healthcare Seeking Behavior Among the Urban Poor in Bangladesh, 2013

Screening Questionnaire for Household Membership Listing

***Eligibility Criteria (Code):**

1= Individual Respondent Module (For All)

2= Health Care Seeking Behavior Module (15 yr and Above) [if Q no 109 / 110 is YES]

3= Child Care Module (under 5) [Mother who has living child age within 5 years] [Child who says YES in 107a/107c]

4= Child Care Module (6 yr-14 yr) [Mother who has living child age between 6-14 years] [Child who says YES in 107a/107c]

5= Family Planning Module (Married Women ageing 15yr- 49 yr) [if Q no ans is 1/2/3/4]

6= Pregnancy and Delivery Module (Mother who has delivered baby within last 1 Year) [if Q no 106 is YES]

9=No

SL	101	102	103	104	105	105.a	106	107	107a	107b	107c	107d	107e	107f
	Name	Sex	Age	Marital Status	Relation to the Household Head**	Employment	Mother who has delivered baby within last 1 Year	Mother who has living child age within 5 years	Mother who has living child age between 6-14 years	Sick for last 14 days	Sick for last 3 months or more	Unable to Speak or Hear	Eligibility for Module *	Available Appointmen
		1=Male 2=Female	----- /----- y/m/d	1. Married 2.Separated 3. Divorced 4.Widowed 5.Unmarried	*See the options below the table* **	1=Yes 2=No	1=Yes 2=No 3= NA	1=Yes 2=No 3= NA	1=Yes 2=No 3= NA	1=Yes 2=No 3= NA	1=Yes 2=No 3= NA	1=Yes 2=No 3= NA	*See the Codes above the Table**	
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

**01 = Head, 02 = Spouse, 03 = Son /Daughter, 04 = Son-in-law/ Daughter-in-law, 05 = Grandchild, 06 = Parent, 07 = Parent-in-law, 08 = Sibling-in-law, 09 = Other relative, 10 =Adopted/ foster/ stepchild, 11 = not related,12=housekeeper, 13=brother/sister, 77 = DK

Healthcare Seeking Behavior among the urban poor in Bangladesh, **2013**

HOUSEHOLD IDENTIFICATION	
1.City Corporation:…… 2. Cluster Number…… 3. Household Number…… 4. Type of Household: 1. Family 2. Mess 5. Name of The Household Head…….. 6. Name of The Respondent…… 7. Interviewer code…… 8. Household address…….. 9. Landmark for household…… 10. Contact number……	0.Household GPS Location: Longitude: ☐ Latitude: ☐ Accuracy: ☐
INTERVIEW DETAILS	
Interviewer Code: Result 1st Visits: ___/___/_____ Start Time: ___:___ End Time:_____:____ 2nd Visits:____/_____/____ Start Time: ___:___ End Time:_____:____ 3rd Visits:____/_____/____ Start Time: ___:___ End Time:_____:____	Interview Completed 1. Yes 2. No
Cross Checker:	Date Of Cross Check: / /
Supervisor: _____ Date: _____/_____/_____	Field Editor: Date: _____/_____/_____
	Remarks

Indicate the result of the household survey in the household listing provided

"*" Signifies multiple response for a question.

	SOCIOECONOMICCHARACTERSTICS DO NOT READ THE OPTION OF ANSWER UNLESS THERE IS A SPECIFIC INSTRUCTION			
	Indicator	Value	Points	Score
108	How many household members are 12-years-old or younger?	A. Three or more B. Two C. One D. None	0 10 16 29	
109	Do all household members aged 6-to-12 currently attends a school/educational institution?	A. No B. No one 6-to-12 C. Yes	0 3 6	
110	In the past year, did any household member ever do work for which he/she was paid on a daily basis?	A. Yes B. No	0 8	
111	How many rooms does your household occupy (excluding rooms used for business)?	A. One B. Two C. Three or more	0 3 5	
112	What is the main construction material of the walls of the main room?	A. hay/bamboo, or other B. Tin/wood C. Brick/cement/ Concrete	0 2 9	
113	Does the household own any televisions?	A. No B. Yes	0 7	
114	How many fans does the household own?	A. None B. One C. Two or more	0 4 7	
115	How many mobile phones does the household own?	A. None B. One C. Two or more	0 8 15	
116	Does the household own any bicycles, motorcycle/scooters, or motor cars etc.?	A. No B. Yes	0 4	
117	Does the household own (or rent/sharecrop/mortgage in or out) 51 or more decimals of cultivable agricultural land (excluding uncultivable land and dwelling-house/homestead land)?	A. No B. Yes	0 7	
118	**Total Score**			

Note: Using the Total Score find PPI from PPI scorecard.

TICK HERE IF CONTINUATION SHEET USED	
Just to make sure that I have a complete listing:	
Are there any other persons such as small children or infants that we have not listed? (If YES Go back to household schedule and enter new members in the household schedule.)	
In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? (If YES Go back to household schedule and enter new members in the household schedule.)	

Sl	Questions	Code			Skip To
119	Does your household have: (read out) (at the current residence)		YES	NO	
		ELECTRICITY	1	2	
		WORKING RADIO	1	2	
		WORKING TELEVISION	1	2	
		MOBILE TELEPHONE	1	2	
		REFRIGERATOR	1	2	
		BICYCLE	1	2	
		MOTORCYCLE	1	2	
		CAR OR TRUCK	1	2	
		RICKSHAW/VAN	1	2	
		DVD PLAYER	1	2	

Household Member Occupation and Income *If mess- only record individual's income*					
LINE NO.	120a NAME (all the employed HH members form Q105a)	120b What is their occupation? (Refer to occupation code)	120c Income Type 1. Average daily income 2. Average monthly income	120e Income (in tk) *(If household all work together in a family business and don't know individual income, put all income in household head's line.)*	120f How many days have you worked last month?
1.				_____ ☐ *Tick if represents whole household income*	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

121	This next question asks about the different things that you have to pay for in your household. I'm interested the things that you buy 1. Transport 2. Daily food (vegetables, meat and fish) 3. Loan repayments 4. A food that can be stored (rice, dahl) 5. Educational costs (tuition, stationary, books, uniforms) 6. Regular medical expenses (medication) 7. House rent 8. Housing and utilities (electricity, gas, water) 9. Mobile phone bills 10. Money that you send to relatives 11. Clothing and footwear 12. Furniture and electronics (mobile phone, television, etc) 13. Large medical expenses 14. Miscellaneous expenses (large one-off)	Code 1. Day 2. Weekly 3. Monthly 4. Once or twice in a year 5. Specify

Start Time: _____	**End Time:** _____
Individual Respondent Module	
This module is to be administered to all eligible respondents. *Fill in the cluster and household number, and the name and line number of the individual in the space below. Fill in your name, number and the date.*	
Case Line Number: 1_200.Respondent Line Number: (if not the same person as the case) 1_201.Relationship to the case:	1_204. Interviewer Name..... 1_205. Code..... 1_206. Date of interview: ..... (mm/dd/yy)
1_203. Result of the individual interview Completed.....1 Not at home .....2 Refused.....3 Partly completed .....4 Disabled.....5	City Corporation: Cluster Number: Household Number:

NO.	QUESTIONS	CODE	SKIP
200	Age	**……year** **……month** **……day**	
201	How long have you been living continuously in this -	**a. City Corporation** Completed months___ DK--77 / **b.** Colony/ **moholla/para** Completed months___ DK--77	
202	Where is your home district? Note: Write name	_____	
203	Current marital status **(IF MARRIED PROBE FOR WHETHER REMARRIED OR NOT)**	1. Married 2. Separated 3. Deserted 4. Divorced 5. Widowed/Widower 6. Never married 7. Remarried	
204	Have you ever attended religious education?	1. Yes 2. No	
204a	Have you ever attended formal education?	1. Yes 2. No	
205	What is the highest class you completed? (If he or she have attended in both education systems, then ask about the completed last highest one)	(Completed highest class) ……	
206	How often do you read newspaper or magazine?	1. Every day 2. At least once a week 3. Infrequently 4. Never	
207	How often do you listen to the radio?	1. Every day 2. At least once a week 3. Infrequently 4. Never	209
208	When do you usually listen to radio?	1. Morning 2. Afternoon 3. Evening 4. Night	
209	How often do you watch television?	1. Every day 2. At least once a week 3. Infrequently 4. Never	211
210	When do you usually watch television?	1. Morning 2. Afternoon 3. Evening 4. Night	
211	What is your religion?	1. Islam 2. Hinduism 3. Buddhism 4. Christianity 98.Other(specify)_____	
211a	Do you belong to any minority ethnic group?	1. Yes 2. No	

212	What is your….	**a.** principle occupation: **b.** secondary occupation: occupation code (see below)	
213	Have you done any work for cash in the last four weeks?	1. Yes 2. No	216
214	Was this work inside or outside the home?	1. Inside 2. Outside	
215	What kind of work did you do?	_____ occupation code (see below)	
216	Are there any health SERVICE PROVIDERS/FACILITIES available within 1 kilometer/10-15 minutes of walking distance from your home?	1. Yes 2. No 77. DK	219 for No OR DK
217	What health SERVICE PROVIDERS/FACILITIES are available within 1 kilometer/10-15 minutes of walking distance from your home? CODE: 1. GOVT. Hospital/clinic 2. NGO 3. Private. Hospital/clinic 4. Pharmacy 5. Doctor's chamber 6. Traditional/spiritual healers 77. DK	Write Names & Select Code A._____1 2 3 4 5 6 B._____1 2 3 4 5 6 C. _____1 2 3 4 5 6 D. _____1 2 3 4 5 6	
218	How do you know about this/these facility/facilities, providers?*	1. Family/friends 2. Neighbors 3. Health workers 4. Pharmacist 5. Print Media (News paper) 6. Electronic media (TV, Radio, etc.) 7. Signboard 8. Own experience 98.Other(specify) _____	

Occupation Code

1. Service (contractual/fixed)1
2. Night guard/guard/security guard/housemaid (bua)/pion
3. Sales men/women3
4. Garments/factory/hotel worker4
5. Day labor5
6. Skilled labor (mason/painter/electrician, etc)6
7. Business (Grocery, Stationary, Electronics, cosmetics, cloth store, pharmacy, land lord, etc.)7
8. Agriculture/Farming/Fisherman/Boat man8
9. Small business (handicraft, tea stall owner, hawker, etc)9
10. Rickshaw/Van puller10
11. Motorized transport worker (Bus/truck/taxi/CNG/Easy bike, etc)11
12. Student12
13. Homemaker/housewife13
14. Unemployed14
15. Other (specify)

Perception on Quality Healthcare			
219	According to you, what do you consider to be quality health care?*	1. Treatment at low or free cost 2. Good behaviour of providers 3. Provider has patience to listening patient's problems 4. Neat and clean environment of the facility 5. Qualified doctors 6. Availability of medicines and doctors 24 hours 7. Short waiting time 8. Emergency services 77. DK 98. Other, specify: _____	
220	According to you, from where or who can provide you the quality health care?*	1. Traditional healer 2. Homeopath doctor 3. Pharmacy/drug seller/Village doctor 4. Government hospital 5. Private clinic / hospital 6. Doctor's chamber (MBBS doctor/qualified doctor) 7. NGO clinic 8. Community Health Worker (e.g., SS/SK/CSBA, etc) 77.Don't know 98. Other, specify: _____	

Health Care Seeking Behavior Module	
1_300.Respondent Line Number: (if not the same person as the case) 1_301.Relationship to the case:	1_304. Interviewer Name..... 1_305. Code..... 1_306. Date of interview: ..... (mm/dd/yy)
1_303. Result of the individual interview Completed.....1 Not at home .....2 Refused.....3 Partly completed .....4 Disabled.....5	City Corporation: Cluster Number: Household Number:

NO.	Now I would like to ask about any long-term or repeated health conditions you are experiencing	CODE	SKIP To
301	Are you currently suffering from a long-term health problem that has lasted more than three months? Probe for health problems	1. Yes 2. No	If yes at any, continue. Otherwise, end module.
302	Do you suffer from any health problem that comes and goes repeatedly (such as migraine) Probe for health problems	1. Yes 2. No	
303	Do you suffer from any disabilities that require medical treatment? Probe for disabilities	1. Yes 2. No	
304	Have you been diagnosed (by an MBBS doctor) for any of these problem? (note- must be qualified- not pharmacist or village doctor)	1. Yes 2. No	
305	(If yes) what were the diagnoses? (record verbatim)	_____ _____ _____	

306	What are the symptoms/health problems you have been experiencing for last three or more months? (record and list verbatim)	1._____ 2._____ 3._____ 4._____ 5._____ 6._____		
307	Which one is the most severe symptom/health problem? (record) **Use Illness/symptom code from below.	_____(_____) Code		
308	For each- how long have you had these symptoms? (answered in days/weeks/months)			
	Option:1	1._____ (d/m/w)		
	Option:2	2._____ (d/m/w)		
	Option:3	3._____ (d/m/w)		
	Option: 4	4._____ (d/m/w)		
	Option:5	5._____ (d/m/w)		
	Option:6	6._____ (d/m/w)		
309	In your opinion what could be the cause of this symptom?* Note- remind referring to most severe symptom if necessary	1. Age 2. Work at home 3. Occupation 4. Accident 5. Contagious 6. Family history/genetic 7. Living environment 77. DK 98.Other specify_____		

310	Due to this symptom are you able to **(READ OUT)** Code: 1= Easily/16 ana, 2= With Slight Difficulty/12 ana, 3= With Much Difficulty/8 ana, 4= Not at all/0 ana Note- remind referring to most severe symptom if necessary **For child- different response options**	A. Feed yourself.....1 2 3 4 B. Carry a heavy load.....1 2 3 4 C. Walk 1 kilometer.....1 2 3 4 D. Bow, squat, kneel.....1 2 3 4 E. Dress without help.....1 2 3 4 F. Go to the bathroom without help....1 2 3 4 G. Stand up from a sitting position without help……1 2 3 4 H. Stand up from sitting on the floor without help……1 2 3 4 I. Perform household chores/ Attend school/work ……1 2 3 4 **For a child 0-14 years** Think back to your child's activity during the past week. Was he/she….. 1. Fully Active (normal behavior) 2. Active but tires more quickly/irritable/fussy 3. Not very active/less active (sitting and lying around)/passive 4. Sleeping most of the time 5. Unresponsive (not interacting or responding to others)	
311	Did you seek any care, advice or treatment for any of your symptoms? (Note: Self care should be regarded as Yes. Refers to *any* of the symptoms mentioned at 306)	1. Yes 2. No	313
312	Why didn't you seek care for this health problem or disability?* *(skip if did seek treatment)*	1. Thought would go away by itself 2. Not severe 3. Not curable 4. Transport too expensive 5. Too far, no transportation 6. Poor security at facility 7. Insecure travel 8. Services too expensive/cannot afford 9. No female provider at facility 10. Unfriendly staff 11. Inconvenient service hours 12. Religious or cultural belief 13. No one to accompany 14. Didn't know where to go 15, Lack of money 98.Others, specify_____	

313	Who made the decision about seeking/not seeking treatment?*	1. Self 2. Spouse 3. Parent 4. Mother-in-law 5. Father-in-law 6. Other family members 98.Others, specify: _____	If no at 311, finish chronic section.
314	For which one (or more) symptoms/health problems mentioned in Q 306 did you seek advice/care the last time? (record)	_____	
315	Where did you go for this health problem the last time?	1. Self-treatment 2. Neighbour 3. Door step service 4. Pharmacy 5. Government hospital 6. Private clinic / hospital 7. Doctor's chamber 8. NGO clinic 98.Others, specify: _____	
316	Who did you go to for this health problem the last time?	1. Self treatment 2. Neighbor (not a health professional) 3. Pharmacist /Village doctor 4. Traditional healer 5. Homeopath doctor 6. MBBS doctor 7. Community health worker (SK/CSBA) 8. Over mobile phone 81. Traditional healer 82. Homeopath doctor 83. Allopath doctor 98.Others, specify _____	
317	How did you know where to go/what to do for this problem(s)?*	1. From my own experience 2. Spouse 3. From other family members 4. From friends/From colleagues 5. From neighbours 6. From other acquaintances 7. From local pharmacy 8. From another doctor (referral) 9. Consultation with any mobile health line 10. From a community health worker (SK) 98.Others, specify:_____	
318	Why did you choose this provider/facility?*	1. Close to home 2. Provider friendly 3. Clean 4. Low cost/ free 5. Lack of money 6. Medicines available 7. Recommended by others 8. Privacy maintained 9. Female doctors available 10. Qualified doctors (MBBS or specialist) 11. Special skills (such as homeopathic doctor)	

		12. Effective treatment 13. Prior experience 98. Others, specify _____	
319	How often do you see a health provider for this health problem? (skip if self-treatment: Q316 option 1)	1. Every month or more frequently 2. Every 2-3 months 3. Every 4-5 months 4. 1-2 times a year 5. Less than once a year 98. Other, specify_____	
320	How much did you have to spend for the last visit? RECORD THE AMOUNT IN TAKA. ASK EACH ITEM SEPARATELY. IF A RESPONDENT IS UNABLE TO REMEMBER SEPARATELY HOW MUCH HE PAID FOR EACH ITEM, THEN ASK FOR A TOTAL.	1. Transport costs---------- 2. Registration fees---------- 3. Consultation/ hospitalization fees-- 4. Lab tests---------- 5. Medicine & supplies---------- 6. Unofficial payments (bribes)------- 7. Unofficial payments (tips)--- 8. Package treatment(expenses together) 9. Other 10. Total 11. No expenses	
321	How did you pay for this?*	1. From household wages 2. Savings 3. Selling household objects 4. Borrowing money from NGO 5. Borrowing money from money lender 6. Donation from a neighbor, friend or relative 7. Donation from NGO 98. OTHERS(SPECIFY) _____	
322	How much do you spend monthly for medicines, consultation, and supplies to address this health problem (including transport costs and all doctor's fees)?	_____ Taka	

Now I would like to ask you about health problems you may have experienced in the last two weeks.			SKIP
323	*Instruction- don't ask this section if they have been experiencing a chronic condition. ONLY for those who answered "No" at 301.* Have you/ your child been sick/experiencing any symptoms/health problems in the last 2 weeks?	1. Yes 2. No	348
324	Have you been diagnosed (by an MBBS doctor) for any of these problems? (Instruction- must be qualified- not pharmacist or village doctor)	1. Yes 2. No	
325	(If yes) what were the diagnoses? *(record and list verbatim)*	_____ _____	
326	What are the symptoms/health problems you have been experiencing for last two weeks?	1._____ 2._____ 3._____ 4._____ 5._____ 6._____	
326.a	For each- how long have you had these symptoms? (answered in days/weeks/months) (record and list verbatim)	1._____ (d/m/w) 2._____ (d/m/w) 3._____ (d/m/w) 4._____ (d/m/w) 5._____ (d/m/w) 6._____ (d/m/w)	
327	Which one is the most severe symptom/health problem? (record and list verbatim) **Use Illness/symptom code from below.	_____(_____) CODE	

328	How severe was the health problem? For child- different response options	For a person over the age of 5: 1. No difficulty in daily activities; 0 ana 2. Slight difficulty in daily activities; 8 ana 3. ..... MMuch difficulty in daily activities; 12 ana 4. ..... HHad to forego work/school; 16 ana **For a child less than 5 years** Think back to your child's activity during the past week. Was he/she..... 1. Fully Active (normal behavior) 2. Active but tires more quickly/irritable/fussy 3. Not very active/less active (sitting and lying around)/passive 4. Sleeping most of the time 5. Unresponsive (not interacting or responding to others)	
329	Did you seek any care, advice or treatment for health problem experienced in the last two weeks?	1. Yes 2. No	347
330	For which one (or more) symptoms/health problem mentioned in Q326 did you seek advice/care? (record) *Record and list verbatim*	_____ _____ _____	
331	How many times did you seek treatment for this health problem?	_____ (enter number)	

*Illness/symptom Code:

DO **NOT** READ THE CHOICES.RECORD UP TO **2** COMPLAINTS. IF **'OTHER',** SPECIFY IN THE LINE PROVIDED. PROBE FOR MAIN REASON.

GENERAL AND UNSPECIFIED ..... A
FEVER……A03
WEAKNESS-GENERAL TIREDNESS……A04
FEELING ILL……A05
FAINTING/SYNCOPE……A06
TUBERCULOSIS……A70
MALARIA……A73
BLOOD AND IMMUNE MECHANISM ..... B
LYMPH GLAND(S) ENLARGED/PAINFUL B02
DIGESTIVE..... D
ABDOMINAL PAIN/CRAMPS GENERAL D01
NAUSEA D09
VOMITING D10
DIARRHOEA D11
JAUNDICE D13
HAEMATEMESIS/VOMITING BLOOD……D14
MELAENA…… ……. D15
EYE ..... F
EYE PAIN F01
EYE DISCHARGE F03
EAR ..... H
EAR PAIN/EARACHE..... H01
EAR DISCHARGE H04
ENDOCRINE/METABOLIC AND NUTRITIONAL .....T
LOSS OF APPETITE T03
WEIGHT LOSS.....T08
DIABETES (NON-INSULIN DEPENDENT) T90
UROLOGICAL..... U
DYSURIA/PAINFUL URINATION..... U01
HAEMATURIA..... U06

CARDIOVASCULAR.....K
HEART PAIN.....K01
PALPITATIONS/AWARENESS OF HEART K04
SWOLLEN ANKLES/OEDEMA.....K07
ELEVATED BLOOD PRESSURE.....K85
STROKE……K90
MUSCULOSKELETAL..... L
LOW BACK SYMPTOM/COMPLAINT..... L03
MUSCLE PAIN L18
INJURY MUSCULOSKELETAL L81
ARTHRITIS……L88
NEUROLOGICAL .....N
HEADACHE N01
CONVULSION/SEIZURE N07
PARKINSONISM……N87
MIGRAINE……N89
PSYCHOLOGICAL ..... P
FEELING ANXIOUS/NERVOUS/TENSE P01
FEELING DEPRESSED..... P03
RESPIRATORY ..... R
SHORTNESS OF BREATH/DYSPNOEA R02
WHEEZING R03
COUGH..... R05
HAEMOPTYSIS R24

SKIN ..... S
PAIN/TENDERNESS OF SKIN…… S01
PRURITUS…… S02
RASH (LOCALIZED) S06
BOIL/CARBUNCLE S10
BURN/SCALD S14
GENITAL (FEMALE)..... X
PAINFUL INTERCOURSE FEMALE…… X04
POSTPONEMENT OF MENSTRUATION…… X10
POSTMENOPAUSAL BLEEDING ……X12
POSTCOITAL BLEEDING…… X13
VAGINAL DISCHARGE…… X14
BREAST PAIN FEMALE…… X18
UTEROVAGINAL PROLAPSE…… X87
GENITAL (MALE) ..... Y
PAIN IN PENIS…… Y01
PAIN IN TESTIS/SCROTUM…… Y02
URETHRAL DISCHARGE…… Y03
PROSTATE SYMPTOM/COMPLAINT…… Y06
IMPOTENCE NOS…… Y07
PREGNANCY, CHILDBEARING, FAMILY PLANNING... W
ANTEPARTUM BLEEDING……W03
POST-PARTUM BLEEDING…… W17
PREGNANCY SYMPTOM/COMPLAINT OTHER……W29

OTHER, (SPECIFY)……98

Read out: you said that you sought treatment __ times for your health condition in the last two weeks. I'd like to ask you some questions about those visits. Let's start with the last visit…

FILL THE TABLES BELOW IF Q 323 IS YES.

	332_1-4	332b_1-4	333_1-4	334_1-4	335_1-4	336_1-4	337_1-4	338_1-4	338a_1-4	339_1-4	340_1-4	341_1-4	342_1-4
Visit	Where did you go for this health problem? 1. Self-treatment 2. Neighbour 3. Door step service 4. Pharmacy 5. Government hospital 6. Private clinic / hospital 7. Doctor's chamber 8. NGO clinic 98.Others, specify: _____	Who did you go to for this health problem? 1. Self treatment 2. Neighbor (not a health professional) 3. Pharmacist /Village doctor 4. Traditional healer 5. Homeopath doctor 6. MBBS doctor 7. Community health worker (SK/CSBA) 8. Over mobile phone a. Traditional healer b. Homeopath doctor c. Allopath doctor 98.Others, specify _____	How did you know where to go/what to do for this problem(s)? 1. From my own experience 2. Spouse 3. From other family members 4. From friends/From colleagues 5. From neighbours 6. From other acquaintances 7. From local pharmacy 8. From another doctor(referral) 9. Consultation with any mobile health line 10. From a community health worker (SK) 98.Others, specify:_____	Why did you choose this provider/facility?* 1. Close to home 2. Provider friendly 3. Clean 4. Low cost/ free 5. Lack of money 6. Medicines available 7. Recommended by others 8. Privacy maintained 9. Female doctors available 10.Qualified doctors (MBBS or specialist) 11. Special skills (such as homeopathic doctor) 12. Effective treatment 13. Prior experience 14. Can pay later (for medication, treatment) 98.Others, specify _____	Do you normally visit this provider for such an illness? *(skip to 345 if self-treatment)* Yes-1 No-2 DK-77	How long did you have to wait to meet the provider? (In minutes)	Did the provider spend enough time with you? 1.Yes 2.No	Did the provider explain what was wrong? 1.Yes 2. No	Did the provider explain what you need to do? 1.Yes 2. No	How satisfied were you with the quality of treatment? 1. FULLY SATISFIED 2. SOME WHAT SATISFIED 3. NOT SATISFIED	Who prescribed medication to you? 1. DOCTOR 2. MIDWIFE 3. NURSE 4. CHW 5. PHARMACIST 6. No prescription 98.OTHER(SPECIFY)	Where did you obtain this medication?* 1. GOVT. HOSPITAL 2. PRIVATE CLINIC/ HOSPITAL 3. PHARMACY/ Drug seller 4. HOMEOPATH CHAMBER 5. TRADITIONAL HEALER 6. NGO clinic 7. Community Health Workers 8. Not applicable 98.OTHER(SPECIFY)	Will you visit this provider for your next health problem? 1.YES **2. NO (*IF NO…* Why not?)** 2.1.NOT USEFUL 2.2.NOT FRIENDLY 2.3.NOT CLEAN 2.4.LONG WAITING TIME 2.5.MEDICINES UNAVAILABLE 2.6..EXPENSIVE 2.7.TOO FAR 98.OTHER.(SPECIFY)
1st													
2nd													
3rd													
Last													

	343_1-4	344_1-4		345_1-4											346_1-4
VISIT	What was **the main** mode of transport to travel to this health facility? (in terms of distance) *(skip if self-treatment)* 1.BY FOOT 2.BY BUS 3.BY CAR 4.BY RICKSHAW/van 5. Ambulance 6. Motorbike 7. Bicycle 8.CNG/ easy bike 9. Boat 10. Train 98.OTHERS (SPECIFY) DO **NOT** READ THE ANSWERS. IF "OTHER', SPECIFY IN THE LINE PROVIDED.	How long did it take to travel to this health facility, one way? *(skip if self-treatment)* (In minute/hour/day) DO **NOT** READ THE ANSWERS.		How much was paid in total for the following items related to the health care received **(complete separately for each visit)**: RECORD THE AMOUNT IN TAKA. ASK EACH ITEM SEPARATELY. IF A RESPONDENT IS UNABLE TO REMEMBER SEPARATELY HOW MUCH HE PAID FOR EACH ITEM, THEN ASK FOR A TOTAL. If nothing spent on this item, record 00										How did you pay for this?* 1. From household wages 2. Savings 3. Selling household objects 4. Borrowing money from NGO lender 5. Borrowing money from money l 6. Donation from a neighbor, friend or relative 7. Donation from NGO 98.OTHERS(SPECIFY) _____
		How long did you wait for transport? (minutes)	How long did your journey take? (minutes)	1. Transportation	2. Registration fees	3. Consultation /Hospitalization fees	4. Lab tests	5. Medicine & supplies	6 Unofficial payments (bribes)	7 Unofficial payments (tips)	8 Package treatment (expense together)	9 Other	10 Total		
1															
2															
3															
Last															

347	Who made the decision about seeking/not seeking treatment?*	1. Self 2. Spouse 3. Parent 4. Mother-in-law 5. Father-in-law 6. Other family members 98.Others, specify_____	
348	Why didn't you seek care for this health problem or disability?* *(skip if did seek treatment)*	1. Thought would go away by itself 2. Not severe 3. Not curable 4. Transport too expensive 5. Too far, no transportation 6. Poor security at facility 7. Insecure travel 8. Services too expensive/cannot afford 9. No female provider at facility 10. Unfriendly staff 11. Inconvenient service hours 12. Religious or cultural belief 13. No one to accompany 14. Didn't know where to go 15, Lack of money 98.Others, specify_____	

Now I would like to ask question on the use of mobile phone for health purposes			
Sl.	Question	Code	Skip To
349	Do you/your family own any mobile phone?	1. Yes 2. No	
350	Do you have 24 hours access to a mobile phone?	1. Yes 2. No	
351	Have you ever communicated with anyone through mobile phone for healthcare purpose?	1. Yes 2. No	End module
352	If yes, who did you speak to last time?	1. Spouse 2. Other family members 3. Friends 4. Colleagues 5. Neighbours 6. Other acquaintances 7. Local pharmacy 8. A doctor (referral) 9. A mobile health line 10. A community health worker (SK) 98.Others, specify:_____	
353	For what purposes did you communicate? Record and list verbatim	1. ---------- 2.---------- 3.----------	
354	Was this communication helpful in solving your problems/ answering your questions?	1. Very helpful 2. Somewhat helpful 3. A little helpful 4. Not helpful at all	

Start Time: _____ **End Time:** _____

1_400.Respondent Line Number: (if not the same person as the case) 1_401.Relationship to the case:	1_404. Interviewer Name..... 1_405. Code..... 1_406. Date of interview: ..... (mm/dd/yy)
1_403. Result of the individual interview Completed.....1 Not at home .....2 Refused.....3 Partly completed .....4 Disabled.....5	City Corporation: Cluster Number: Household Number:

Family Planning			
NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY. **(COLLECT INFORMATION FOR ALL MARRIED FEMALE OF THE HOUSEHOLD of 15-49 years of age)**			
401	What is your current status of pregnancy?	1. Pregnant (_____months) 2. Not pregnant 3. Not sure	**Skip to 406**
402	Are you currently doing something or using any method to delay or avoid getting pregnant?	1. Yes 2. No 99.NR	 **405** **405**
403	If yes which method are you using?*	1. Female sterilization 2. Male sterilization 3. Pill 4. IUD/Cu-T 5. Injections 6. Implants/norplant 7. Condom 8. Safe period 9. Withdrawal 98.Other, specify: _____	**Skip to 404b** **Skip to 404b** **406** **406**
404a	Where did you obtain (CURRENT METHOD) the last time?	1. Traditional healer 2. Homeopath doctor 3. Pharmacy 4. Government hospital 5. Private clinic / hospital 6. Doctor's chamber 7. Ngo clinic 8. NGO Health worker 9. FWA/FWV/CSB (govt.) 77.Don't know 98. Other, specify: _____	
404b	*(Only ask if 1 or 2 at 403) Sterilization)* Where did the sterilization take place?	a. _____ (NAME OF FACILITY) b. _____ (LOCATION)	
405	If you are not currently pregnant and not using any	**1.** Not having or infrequent sex	

	method then please tell us what is the reasons behind it? * (Multiple responses acceptable)	2. Postpartum amenorrheic 3. Breast feeding 4. Fatalistic 5. Respondent opposed 6. Husband opposed 7. Others opposed 8. Religious prohibition 9. Knows no method 10. Knows no source 11. Fear of side effects 12. Costs too much 13. Inconvenient to use 14. Want to have children 15. Menstruation stopped for some reason 16. N/A 98=Other (specify) _____	

	METHOD (read out)	a. Have you heard about (method)?	b. Do you know where to get (method)?	c. Have you ever used (method)?	d. If yes (c), why did you stop using the method?*
406	Pill	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Currently using 2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs 7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98. Others (Specify)
407	IUD	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Currently using 2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs 7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98. Others (Specify)
408	Injections	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Currently using 2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs 7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98. Others (Specify)
409	Implants/ Norplants	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Currently using 2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs

					7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98.Others (Specify)
410	ECP (Emergency Contraceptive Pill)	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Currently using 2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs 7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98.Others (Specify)
411	Condom	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Currently using 2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs 7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98.Others (Specify)
412	Female Sterilization, Ligation	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	N/A
413	Male Sterilization, Vasectomy	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	N/A
414	Safe period, counting days, Calendar, rhythm method	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Currently using 2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs 7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98.Others (Specify)
415	Withdrawal	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Currently using 2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs 7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98.Others (Specify)
416	Have you heard of	1. Yes	3. Yes	1. Yes	1. Currently using

	any other ways or methods for avoiding pregnancy?	1.1_____ 1.2_____ 1.3_____ 2. No	4. No	2. No	2. Difficult to obtain 3. Disapproved by husband/ family 4. Husband away from home 5. Cannot afford 6. Religious beliefs 7. Not effective 8. Do not trust 9. Side effects 10. Want pregnancy 11. Switched to alternative method 12. Forget to use 98. Others (Specify)

417	IF all the answers from the question 406c to 416c (c) are No, then please tell us why don't you use any method? * *(Probe if needed)*	**1.** Not having or infrequent sex 2. Postpartum amenorrhic 3. Breast feeding 4. Fatalistic 5. Respondent opposed 6. Husband opposed 7. Others opposed 8. Religious prohibition 9. Knows no method 10. Knows no source 11. Fear of side effects 12. Costs too much 13. Inconvenient to use 14. Want to have children 15. Menstruation stopped for some reason 16. Don't want to use contraception 98. Other (specify) _____	
418	Do you know of any methods for ending unplanned pregnancies?	1. Yes 2. No 99. NR	**420**
419	If yes what are they?*	1. Some home remedy 2. Herbal medicine 3. Menstrual Regulation 4. Surgical abortion 5. Medical abortion 77. Don't know 98. Others(specify)_____	
420	Have you ever tried any method for ending unplanned pregnancies?	1. Yes 2. No 99. NR	**422** **422**
421	If yes, what was it?*	1. Kabiraj/Herbal medicine 2. Menstrual Regulation (MR) 3. Abortion 98. Others(specify)_____	
422	Do you know where to get an MR?	1. Yes 2. No 99. NR	**424**
423	Name the places:	1. 2. 3.	

424	What is your future birth plan?	1. Want more children now 2. Want no more children 3. Want to avoid pregnancy for certain period (_____months/years)	

Start Time: _____ **End Time:** _____

1_500.Respondent Line Number: (if not the same person as the case) 1_501.Relationship to the case:	1_504. Interviewer Name..... 1_505. Code..... 1_506. Date of interview: ..... (mm/dd/yy)
1_503. Result of the individual interview Completed.....1 Not at home .....2 Refused.....3 Partly completed .....4 Disabled.....5	City Corporation: Cluster Number: Household Number:

Pregnancy and Delivery			
Ask all MARRIED WOMEN OF 15-49 age who has delivered baby within 1 year			
NO.	**QUESTIONS**	**CODE**	
501	At what age were you married for the first time?	----------Age in completed years	
502	How many times you have been married in your lifetime?	----------Times	
503	At what age did you get pregnant for the first time?	----------Age in completed years	
504	How many times have you been pregnant in your life? (Gravida)	----------**Times**	
505	How many times have you ever given birth? (Parity)	----------**Times**	
506	What age were you when you gave birth for the first time?	----------Age in completed years	
507	How many living children do you have now?	----------Nos.	
508	Have you ever had a stillbirth?	1. Yes 2. No	510
509	If yes, how many?	____ (number)	
510	Have you ever had a miscarriage or spontaneous abortion? *	1. Yes 2. No	512
511	If yes, how many?	____ (number)	

512	Did you undergo any MR or induced abortion procedure?*	1. Yes 2. No	514
513	If yes, how many?	(number)	
514	If you underwent any MR or induced abortion then where did it take place?	1. In a home (yours or another persons) 2. Government hospital 3. Private clinic / hospital 4. Doctor's chamber 5. NGO clinic 98. Other, specify:	
515	At the last time you became pregnant, did you (read out)	1. Want to be pregnant then 2. Want to wait until later 3. Want no more children 98.Other(specify)	
516	During this last pregnancy did you see anyone for checkup?	1. Yes 2. No	521
517	How many months pregnant were you at your first checkup?	months	
518	How many times did you go for checkup?		
519	For your first checkup, why did you go?*	1. To confirm pregnancy 2. To check fetus is fine 3. Felt sick 4. Advised by neighbor/family/acquaintance 5. Seen on TV 6. To check the sex of the baby 98. Other, specify:	
520	Who/where did you go to for the last checkup?	1. Home (SS, Sk, CHW) 2. Government hospital 3. Private clinic / hospital 4. Doctor's chamber 5. Pharmacist or drugs seller 6. NGO clinic 98. Other, specify:	
521	*Only asked if no (2) at 516* Is there any particular reason why you did not go?	1. Did not feel necessary 2. Did not know where to go 3. Not allowed by husband 4. Not allowed by in-laws 5. No one ne to accompany 98.Other, specify:	
522	During the last pregnancy did you have an ultrasound?	1. Yes 2. No (If no, why not?) 2.1Did not know one is needed 2.2Did not know where to go 2.3Doctor did not advise 2.4Did not think necessary 2.5 In-laws did not allow 2.6 Family did not allow 98. Others, specify:	524

523	Who mainly advised for the ultrasound?	1. Self 2. Family members 3. Neighbours 4. Doctor 5. SS/SK/CHW 6. Nurse 7. TBA 8. Pharmacist/Drug seller 98. Others, specify:_____	
524	What preparation did you take in your last pregnancy?* [Probe for multiple answer]	1. Decided about place of delivery 2. Saved money 3. Prepared emergency transport 4. Decided about birth attendant 5. Selected about blood donor 6. Selected referral facilities if any complications 7. Accompanying person during complications to the facility 8. Collected safe delivery kit 98. Others Specify: ---------- 9. Did not make any preparation	
525	Where did you plan to deliver?"	1. Home 2. Government hospital 3. Private clinic / hospital 4. Doctor's chamber 5. Ngo clinic 6. Delivery centre 98.Other,specify:	
526	Where was your last baby delivered?	1. Home 2. Government hospital 3. Private clinic / hospital 4. Doctor's chamber 5. NGO clinic 6. Delivery centre 98.Other,specify:	
527	If discrepancy, in 525and 526, probe and record reasons *(identified with tab)*	1. 2	
528	Who caught the baby?	1. Husband 2. Mother 3. Mother-in-law 4. Sister 5. Sister-in-law 6. Other relatives (Aunts) 7. Neighbor 8. TBA 9. Nurse 10.Doctor 11.Self 98.Other, specify:	
529	Why did you choose the facility/provider that you gave birth in?*	**1.** Close to home **2.** Provider friendly **3.** Clean **4.** Low cost/ free **5.** Medicines available **6.** Recommended by others **7.** Privacy maintained	

		8. Female doctors available **9.** Qualified doctors (MBBS or specialist) 10. Special skills (such as homeopathic doctor) 11. Effective treatment (prior experience) 12. Can pay later (for medication, treatment) 98. Other, specify:	
530	If the baby was delivered at any place other than home, then who advised/referred you to do that? *(skip if 526= home)*	1. Qualified doctor 2. Community health worker 3. Midwife 4. Traditional doctor 5. Pharmacist 6. Relative 7. Husband 8. Other family member 9. Mother in law 10. Self 98. Others(specify):	
531	What was the main mode of transport to travel to this health facility? (in terms of distance) *(skip if 526= home)*	1.By foot 2.By bus 3.By car 4.BY RICKSHAW/ VAN 5. Ambulance 6. Motorbike 7. Bicycle 8. CNG/ easy bike 9. Boat 10.Train 98.OTHERS (SPECIFY)	
532	How long did it take to travel to this health facility, one way? *(skip if 526= home)*	How long did you wait for transport? _____ minutes How long did your journey take? _____minutes	
533	What was the waiting time at the facility? *(skip if 526= home)*	_____hours _____minutes	
534	Was the baby delivered (read out)	1. Vaginally 2. Caesarean	537

535	If C-section, were you told the reasons why you needed a C-section by the doctor?	1. Yes 2. No	
536	If it was CS delivery what was the indications or reasons?*	1. Personal choice/ elective CS 2. Fetal Distress (baby in trouble) 3. Previous CS 4. Overdue 5. Malpresentation (Hand or legs or any body parts other than head) 6. Prolonged labor 7. Obstructed labor (baby got stuck) 8. Oligohydramnios 9. PROM 98 Others (Specify……..)	
537	How much did the (or your last) delivery cost (total including transport and unofficial payments)?	_____tk	
538	How did you pay for this?*	1. From household wages 2. Savings 3. Selling household objects 4. Borrowing money from NGO lender 5. Borrowing money from money lender 6. Donation from a neighbor, friend or relative 7. Donation from NGO 98.OTHERS(SPECIFY) _____	
539	Did you have to make any unofficial payments (tips, bribes) to avail the services?	8. Yes 9. No	541
540	If yes, how much did you pay in unofficial payments?	_____taka	
541	How long did it take to recover from your delivery and get back to daily activity?	_____days	
542	Did you experience any problems after the delivery?*	1. No problems 2. Pain 3. Wound infection 4. Wound rupture 5. Urinary tract infection 6. Fever 7. Bad smelling discharge 8. Depression 9. Eclampsia 10. Anemia 98.Others, specify:_____	546
543	Did you seek any help for this/these problems?	1. Yes 2. No	545

544	Who did you go to for this health problem?	1. Traditional 2. Homeopathy 3. Pharmacy 4. Government hospital 5. Private clinic / hospital 6. Doctor's chamber 7. NGO clinic 8. Door step service 98.Others, specify: _____	
545	If no, why did you not seek treatment?	1. Could not afford 2. Symptoms did not last long 98.Others, specify:_____	
546	Do you prefer C/S?	1. Yes 2. No	548
547	*If yes*, why do you prefer that?*	1. Less pain 2. Fast 3. Predictable timing 4. Safer for baby 5. Safer for mother 6. Previous C/S 98.Others:_____	If yes, finish module
548	*If No*, why don't you prefer that?*	1. Suffering/Infections/Side Effect 2. Fear of C/S 3. Delayed come to regular work 4. High cost 5. Not allowed by religion or culture 98.Others:_____	

Thank the respondent and finish the interview.