



HEALTH-SEEKING BEHAVIOUR AND PROBLEM OF DAY LABOURERS: THE VIEW FROM BANGLADESH

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ABSTRACT

Health-seeking behaviour has been an inevitably important issue to the human life particularly for the poor people in the developing countries like Bangladesh. This study aims to seek and review the present status of health related behaviour of the disadvantaged day labourer in particular Dumuria Upazila of Khulna in south-western region in Bangladesh. The method of research is mainly based on primary survey. In addition, purposive random sampling techniques have been applied to collect both qualitative and quantitative data. This study was principally conducted on transport and construction related workers. Majority of the respondents were male as 70% were illiterate and their monthly average income is very low to meet their necessity. Their average health care expenditure varies monthly average Tk. below 200 to 1000, which is very inadequate in the present context of living standard of Bangladesh. While most of the low income labourer unable to spend money minimum Tk.1000 between age group of 20-30. Finally, the paper wraps its jobs with some policy recommendations that may be considered by the development practitioners and policy makers of Bangladesh.

Key words: Day labourer, health-seeking behaviour, problems and prospects.

INTRODUCTION

Health-seeking behaviour of the day labourers in Dumuria upazila represents the health care practices of poor working people in rural Bangladesh. There is a lack of proper knowledge regarding health care among the day labourers of Dumuria upazila which govern them towards a poor health-seeking behaviour. At the same time it is usual that there are different health practices existing among the rural inhabitants of Bangladesh (Moula 2009). There exist certain problems like gender inequality in health treatment, improper medication, inadequate knowledge, cost effectiveness and certain other problems which govern the health-seeking behaviour rural disadvantaged people like the day labourers in Dumuria upazila. Treatment choices exhibiting the health-seeking behaviour involve a myriad of factors including health-care costs and probability of hospitalization, historical patterns of use, illness type and severity, pre-existing lay beliefs about illness causation, the range and accessibility of therapeutic options and their perceived efficacy, convenience, opportunity costs, quality of service, staff attitudes as well as the age, gender, social circumstances of the

sick individual (Chaikledkaew *et al.* 2008; Berman and Dave 1996; Tipping and Seagall 1995; Helman 1995; Kleinman and Gale 1982; Young 1981; Kleinman 1980).

There has been a scarcity in the study of health-seeking behaviour of the people in southern part of Bangladesh. The health-seeking behaviour is to some extent 'not even mentioned' in widely used medical textbooks (Steen and Mazonde 1999). This fact leads to understand that many of the health-seeking behaviour studies are presented in a manner which delivers no effective route forward. The idea of such approach should be towards promoting a change in individual and community behaviour, towards more beneficial health-seeking behaviour (MacKian 2002).

In order to improve the health and well being, the disadvantaged population needs special attention (Ahmed 2005). As far as previous studies regarding health care choice by socioeconomic status is considered, there is an inconsistent picture emerges due to the complex and context specific factors that underlie health-seeking behaviour (Tipping and Seagall 1995). Therefore, it becomes important to

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study the health-seeking behaviour of the day labourers in Dumuria upazilla as there was no study done previously in this region specifically. The study explores the health-seeking behaviour of the day labourers of Dumuria upazila identifying health problems existing in the current trend of behaviour exhibited as well as suggesting recommendations for the policy makers and further research in the related field.

MATERIALS AND METHODS

The method of research for this study is mainly based on survey research design and Focus Group Discussion (FGD). In this regard purposive random sampling technique was used for collecting quantitative data and FGD was conducted for collecting qualitative data. The study is basically explanatory as well as exploratory in nature. The study was mainly conducted on different transport and construction related day labourers in the Dumuria Upazila of Khulna District. The sample size was 90 which were purposively selected from the study area. Principle of proportionality has been applied of selecting these working fields. Primary data have been collected from the respondents through formal and informal interviews and FGDs. Secondary data have been collected from related journals, books, papers, and other relevant literature and from various people and organizations at different stages of the study. Collected data have been analyzed through descriptive and inferential statistical techniques and software packages and these data were interpreted through relevant socioeconomic variables.

RESULTS AND DISCUSSION

Health-seeking behaviour is an issue of greater importance for the day labourers of the society since their subsistence depends a lot on their physical ability. In this study majority of the respondents in Dumuria upazila were aged between 20 and 29 years (37.8%) since strength is required in day labourer occupation (Table 1) while there were a large number of child labourers among the respondents (22.2%) and the average age of the respondents was 33 years where the standard deviation of the age is 14.5 years. Among the respondents majority were male (70%) and majority were illiterate (53.3%). The monthly income of the majority of the respondents was between BDT 4000 and BDT 6000 (57.8%). The Average monthly income was BDT 4644.5 where the standard deviation was BDT 346.4. The expenditure on health care per month varied from below BDT 50 to BDT 1000. While a minimum portion (7.8%) of the respondents spent above BDT 1000 per month.

Table 1. Background Information of the Respondents

Age Categories (In Years)	Percent
10-19	22.2
20-29	37.8
30-39	13.3
40-49	10.0
50-59	10.0
60 and above	6.7
Total	100.0
Sex	Percent
Male	70.0
Female	30.0
Total	100.0
Educational Status	Percent
Illiterate	53.3
Signature ability only	24.4
Primary	15.6
Junior secondary	4.4
Secondary	2.2
Total	100.0
Monthly Income (in BDT)	Percent
> 2000	4.4
2000-4000	23.3
4000-6000	57.8
6000-8000	10.0
8000 <	4.4
Total	100.0
Expense in Health Care per Month (in BDT)	Percent
> 50	16.7
50-100	23.3
100-200	10.0
200-500	21.1
500-1000	21.1
1000 <	7.8
Total	100.0

Status of Health-seeking Behaviour

The nature and problems health-seeking behaviour of the day labourers varies depending on various factors. These include the pattern of actions taken during illness, promptness in taking actions of during illness, medium of consultation during illness etc. However, Table 2 shows that Majority of the respondents (65.6%) suffered from fever of all types and among them majority of the respondents (58.9%) took self-care as a measure during the illness. Only a very minor portion

(2.2%) of the respondents went for professional MBBS advice in illness.

Majority of the respondents (73.3%) had no formal education or training regarding health care and only 26.7 percent had any formal education or training regarding health care. Most of the respondents (55.6%) initially consulted friends and family members during illness. 87.8 percent of the respondents took prompt of measures in illness while only a marginal portion (12.2%) took prompt measures in illness.

It was found that 77.8 percent took partly dosage instead of taking the full dosage of medicine and only 15.8 percent took the full dosage of medicines while the 6.7 percent took no dosage at all when suggested. Sources of getting medicines were mostly the allopathic pharmacies (62.2%) while the medicine was also collected from allopathic pharmacies (18.9%), homeopathic doctors (12.2%), from *Kobiraj* (3.3%) and from other sources (3.3%).

Importantly, the types of measures taken in illness, promptness in taking measures, dosage of medicine taken in illness, sources of getting medicines and similar other factors were largely related to the issue of some problems to take quality health care. The major problem to take quality health care for the respondents was inadequate money (68.9%). Also, 10.0 percent of the respondents felt inadequate medical facilities and 21.1 percent of the respondents felt large distance from hospitals to be the major problem in taking quality health care. The respondents were mostly dissatisfied with the service provided by the government hospitals. 52.2 percent of the respondents showed dissatisfaction with the service provided in government hospitals and 80.0 preferred private hospitals if they were available at the same treatment cost.

Some of the crucial variables from the present study were correlated in order to understand the nature of relation between variables and extent of their effects on other variables. It was found from the study that age of the respondents is related to the frequency of illness among the respondents as Table 3 shows the pattern of test conducted, the calculated value, asymmetric significance. The possible explanation of the relation that the younger the respondents are, the ratio of getting ill is less. Also, it was found that sex of the respondents is related to the frequency of illness among the respondents as well. It was observed that female respondents were more prone to illness among usually.

Educational status of the respondents was correlated to type of measures in illness. It was found that there is a relation between educational status and measures taken in illness and possible explanation is that

Table 2. Problems of Health-seeking Behaviour

Type of Illness	Percent
Fever of all types	65.6
Gastrointestinal diseases	5.6
Aches and pains	6.7
Respiratory illness	8.9
Skin, Eye, ENT disease	3.3
Others	10.0
Total	100.0
Type of Measures Taken in Illness	Percent
Self-care	58.9
Para-professionals Homeopath's advice	10.0
Para-professionals Allopathic advice	22.2
Professional MBBS advice	2.2
<i>Kobiraj</i> treatments	2.2
Others	4.4
Total	100.0
Presence of Formal Health Education or Training	Percent
Yes	26.7
No	73.3
Total	100.0
Initial Consultation during Illness	Percent
Friends and family members	55.6
Pharmacists	22.2
Health workers	16.7
Others	5.6
Total	100.0
Promptness of Taking Measures in Illness	Percent
Usually immediately	12.2
Usually delayed	87.8
Total	100.0
Type of Medication Dosage Taken in Illness	Percent
Full dosage	15.6
Partly dosage	77.8
No dosage at all	6.7
Total	100.0
Sources of Getting Medicines	Percent
Government hospitals	18.9
Allopathic pharmacies	62.2
Homeopathic doctors	12.2
From <i>Kobiraj</i>	3.3
Others	3.3
Total	100.0
Major Problem to Take Quality Health Care	Percent
Inadequate money	68.9
Inadequate medical facilities	10.0
Large distance from hospitals	21.1
Total	Percent
Satisfaction Level regarding Treatment at Government Hospitals	Percent
Satisfied	8.9
Average	38.9
Dissatisfied	52.2
Total	100.0
Preference of Type of Hospital at Same Treatment Cost	Percent
Government hospitals	
Private hospitals	80.0
Community clinics	11.1
Others	2.2
Total	100.0

Table 3. Variables Affecting Health-seeking Behaviour

Correlates/Independent Variable	Correlates/Dependant Variable	Test Conducted	Calculated Value	Asymptotic Significance
Age	Frequency of Illness	Pearson's Chi-square	22.018	0.015
Sex	Frequency of Illness	Pearson's Chi-square	14.722	0.001
Educational Status	Type of Measures in Illness	Pearson's Chi-square	46.270	0.0001
Monthly income	Type of Measures in Illness	Pearson's Chi-square	41.221	0.003
Frequency of Washing Hands	Frequency of Illness	Pearson's Correlation	.245*	0.037
Monthly Income	Expense in Health Care	Pearson's Chi-square	100.300	0.000
Distance of Home from Government Hospital	Types of Hospitals Visited	Pearson's Chi-square	39.579	0.000
Educational Status	Initial Consultation Persons When Ill	Pearson's Chi-square	33.542	0001
Type of Medication Dosage Taken in Illness	Frequency of Illness	Pearson's Chi-square	15.576	0.004
Type of Illness	Type of Measures Taken in Illness	Pearson's Chi-square	136.663	0.000
General Duration of Illness	Expenses in Health Care	Pearson's Correlation	-.283**	.007
Monthly Income	Major Problem to Take Quality Health Care	Pearson's Chi-square	24.699	0.002

*Correlations are significant at 5% level, **Correlations are significant at 1% level

The educational status of the respondents influenced the initial consultation choices and the type of illness was found to be related to type of measures taken in illness. Type of medication dosage taken in illness was related to the frequency of illness. The possible explanation is that the more the frequency of illness the greater the chance of taking partly dosage of medication. This is observed due to financial ability to afford full dosage of medicines and also the lack of consciousness about the dangerous effect of taking dosage partly. Also, the factor of cure works in this case as respondents would stop continuing full dosage as soon as the felt better and perhaps think that continuing full dosage was no longer needed. General duration of illness was found to be related to expenses in health care and monthly income was found to be related to the perception of major problem to take health care for the respondents.

In order to assess the justification of the findings from survey method, a Focus Group Discussion (FGD) was also conducted with the participation of nine respondents from the study area as a part of the triangulation method used in the study. A checklist was prepared for the topics to be discussed regarding this study and respondents were invited on a certain day.

The respondents were given a short instruction about the discussion procedure. Certain issues were

presented sequentially to the respondents and asked about their opinion including frequency of illness, duration of illness, measures during illness, health education, problems regarding health care of the respondents etc. Some common problems were identified for quality health treatment of the day labourers in Dumuria upazila from the FGD. These include economic insufficiency of the target group for quality treatment, dissatisfaction with government hospital services, high cost of medicine, insufficiency of quality health care providers and so on. Hence, it is apparent that the findings of the FGD show a greater similarity with the findings from field survey conducted revealing a vulnerable health-seeking behaviour of the target group.

CONCLUSION

The health-seeking behaviour is an issue of growing concern in Bangladesh as this study particularly focused on day labourers in Dumuria upazila. The findings show that there are a lot of factors which are related to the health seeking behaviour of the transportation and construction day labourers of Dumuria union and Gutudia union of Dumuria upazila. Due to factors like inadequate knowledge and education regarding health care among the day labourers in Dumuria upazila, the frequency, type and duration of illness are

medication courses influenced significantly. Safety behaviour was also less practiced by the day labourer class than needed. Various other problems also shape the health-seeking behaviour of the day labourers like cost of treatment, access inequality in health treatment, availability of health services etc. Also, the lack of manpower and technical support in the government hospitals were aspects of concern as quality health service was far reaching for the day labourers. Therefore, it can be concluded from the study that socio-economic conditions determine the health-seeking behaviour of day labourers in Dumuria upazila largely. At the same time, increasing the consciousness among the respondents becomes important and greater focus on the health care of day labourer class is recommended.

REFERENCES

- Ahmed SM. 2005. Exploring health-seeking behaviour of disadvantaged populations in rural Bangladesh. Stockholm, Karolinska University Press.
- Berman P and Dave P. 1996. Experiences in paying for health care in India's voluntary sector. *International Journal of Health Planning Management*. 11(1): 33-51.
- Chaikledkaew U, Pongchareonsuk P, Chaiyakunapruk N, Ongphiphadhanakul B, 2008. Factors affecting health-care costs and hospitalizations among diabetic patients in Thai public hospitals. *Value Health*. 11 Suppl 1: S69-74.
- Helman C. 1995. *Culture, Health and Illness*. 3rd Ed. Oxford: Butterworth-Heinemann, pp. 101-145.
- Kleinman A. 1980. *Patients and Healers in the Context of Culture*. Berkley: University of California Press.
- Kleinman A and Gale JL. 1982. 'Patients treated by physicians and folk healers: a comparative outcomes study in Taiwan.' *Culture, Medicine and Psychiatry* 6: 405-423.
- MacKian S. 2002. A review of health seeking behaviour: problems and prospects. Health Systems Development Programme. Manchester: Health System Development Programme, UK Department of International Development (DFID).
- Malanyaon O. 1995. Health-Seeking Behaviour of Urban Poor Communities. Discussion Paper Series No. 95-13.
- MOH and FW. 2012. Health Policy. Ministry of Health and Family Welfare. Dhaka, Bangladesh.
(http://nasmis.dghs.gov.bd/mohfw/index.php?option=com_content&task=view&id=388&Itemid=483)
- Moula S. 2009. Psychosocial factors related to the health care behaviour of the rural people under Rajshahi Division. Retrieved November 12, 2011 (<http://healthcarebehaviourshamim.blogspot.com/2009/05/psychosocial-factors-related-to-health.html>).
- Rahman M, Islam MM, Islam MR, Sadhya G and Latif MA. 2011. Disease Pattern and Health Seeking Behaviour in Rural Bangladesh. *Faridpur Medical College Journal*. 5(1): 32-37.
- Steen TW and Mazonde GN. 1999. Ngaka ya setswana, ngaka ya sekgoa or both? Health seeking behaviour in Batswana with pulmonary tuberculosis. *Social Science and Medicine* 48(2): 163-72.
- Tipping G and Seagall M. 1995. Health care seeking behaviour in developing countries: an annotated bibliography and literature review. *IDS Development Bibliography* 12. Brighton, Sussex: Institute of Development Studies.
- Young JC. 1981. *Medical Choice in a Mexican Village*. New Brunswick NJ: Rutgers University Press.