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# Health Care Seeking Behavior Of Adolescent Girls In A Selected Area, Northern Bangladesh

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***Abstract*—Adolescents are an underserved vulnerable group and their circumstances and needs vary tremendously depending on social and individual characteristics. Adolescent's risk-associated behaviors have lifelong consequences. As underprivileged rural areas of Bangladesh, people of Rangpur are in a vulnerable situation in terms of health care facilities. The overall situation of health care system is poor due to inadequate access to modern health services and poor utilization. The objective of this study was to find out the existing condition of health care seeking behavior among adolescent girls of Rangpur district. This cross sectional study was conducted amongst 227 adolescent girls. Data was collected through semi structured, interviewer administered questionnaire.**

**Almost 100 %( 227) respondents had some sorts of health problems. Highest percentages of the respondents (75.8%) were facing economic problems, followed by 14.1% facing distance problems, 9.3% lack of adequate service and 0.9% were facing family's non-cooperation during seeking healthcare. It also found some of the reasons of not taking treatment for sickness. 18.1% respondents felt shyness, 17.6% told about inadequate service for girls (no lady doctor). 23.3% (n=41) respondents had some sorts of psychological problem, among them 16.3 %( n=37) had seek health care, followed by 7.5% (n=17) respondents had not. A large number of respondents had asked for standard treatment arrangement(44.5%) in their area, followed by 21.1% for lady doctor in health centre, 19.8% asked for separate room system for adolescent,5.3% asked for health education arrangement, 5.3% asked for well mannered hospital staff and 4.0% asked for all kind of medicine to be free.**

**The present study finds that adolescent girl's socioeconomic status had influences on their health care seeking behavior. It was also found that health complex and family welfare centers may need to be better equipped.**

***Keywords*—Adolescent Girl, Health Care Seeking Behavior**

## INTRODUCTION

Adolescents are an underserved vulnerable group that needs to be served especially by providing reproductive health information and services. Adolescents' circumstances and needs vary tremendously depending on social and individual characteristics such as age, sexual activity ,schooling and employment status as well as their position within the range of adolescent years.[1]

The choice of a healer in a medically pluralistic society is a complex process. It depends on a great variety of conditions such as the severity of the disease, patient's perceived risk of the disease, relative proximity of the healer, cost of health care, transportation facilities, gender of the patient, patient's attitude toward different systems of medicine, past experience of the patients, perception on illness, belief system on disease causation and the like.[2]

Adolescence is defined as a period of transition from childhood to adulthood and comprises the individuals between the ages of 10-19 years.[3] Adolescence, the second decade of life, is a period in which an individual undergoes major physical and psychological changes. Adolescence is a time of opportunities as well as vulnerabilities to risk-associated behaviors that can have lifelong consequences for health and well-being. [4]

Active behavior of the health information seeking can increase the knowledge, satisfaction and treatment of ailments as well as it can reduce

fear and unreliability. Moreover continual improvement in early diagnosis and treatment of disease is necessary for management of diseases. And delay in diagnosis and treatment of disease is related to increased disease transmission, morbidity and mortality. [5]Recognition of care seeking behavior mood in each society will help to allocation and distribution of the health care recourses. Also, it will help to better planning for improvement of accessibility, service quality or appropriate management.[6]

Adolescents and youth in Bangladesh are particularly vulnerable to health risks, especially in the area of reproductive health.[7]This is due to their lack of access to information and services and societal pressure to perform as adult .The current information and services that are available are not specific to adolescents, and the quality of such information and services is often poor or inappropriate for this age group.

One of the public health challenges in Bangladesh is, therefore, to identify vulnerable groups and to provide them with needed preventive and curative health services.Adolescence is the most crucial stage in the life of human beings. [8]This transitory period between childhood and adult is marked by the maximum number of physical changes that automatically result to an extremely disturbed mental state as well. Apart from the general issues faced by the adolescents at this stage, health acquired major factors for them.

The poor people of Bangladesh are specially disadvantaged in accessing quality health care due to their marginalized position in society. In Bangladesh a large number of adolescent suffer from various diseases .Poor health status of adolescent is an important determinant of health outcome at a later stage of life. Therefore attention should be given to adolescent health.[9]

As underprivileged rural areas of Bangladesh, people of Rangpur are in a vulnerable situation in terms of health care facilities. The situation is worse for women when it comes to their health care seeking behaviors and the services. The health seeking behavior of women is not as improved as desired.

## METHODS AND MATERIALS

**Study design**: This was a cross sectional study. This study was to identify patterns or trends in a situation, but not the causal linkage among its different elements. **Study area**: This study conducted at a selected college in Rangpur district. It is in the northern part of Bangladesh. It is an underprivileged and less developed part of Bangladesh. There are 5 girls' colleges in Rangpur City Corporation. Out of 5 one college was selected in Mahiganj area for this study.

**Study period and duration**: This study conducted in July 2017.

**Study population**: The study population was college girls of a selected college.

**Sample size**: Estimated sample size was 227.

**Sampling technique:** Simple random sampling. Class registers used as sampling frame. All groups of student like arts and commerce were included.

**Data collection method**: Permission was taken from the principal of the college. Study objectives were explained to the respondents at their class room.

**Data collection instrument**: Data collection tool was a semi-structured questionnaire. The questionnaire was initially in English and then translated into Bengali for interview purpose. Questionnaire was pre-tested.

**Data management:** The entire questionnaires were reviewed for accuracy, consistency and completeness. Data were analyzed by means of SPSS software.

## RESULTS and DISCUSSION

This cross sectional study was conducted among 227 adolescent college girls in Rangpur district to find out the existing condition of their health care seeking behavior.

Majority of the respondents were Muslim (75.3 %) and about (24.7 %) were Hindus. Highest percentage of the respondents 55.4% had a monthly family income within a range of 5,000 to less than 10,000 BDT. Majority of respondents parents education level at primary level. Highest percentages of the respondents housing types were tin-shed and live in a nuclear family.

Majority of the adolescent college girls (59.9%) had no good knowledge about adolescent period. They did not know enormous physical and psychological changes happened in this period. This picture was still far better than the health seeking behavior in Chakaria.[12]

**Table -1 Distribution of respondents by their health problem (n=227)**

| **Type of health problem** | Percentage (%) |
|---|---|
| **Weakness** | **55.1** |
| **Headache** | **19.4** |
| **Menstruation problem** | **21.6** |
| **Abdominal pain** | **15.0** |
| **Loss of appetite** | **7.9** |
| **Underweight** | **5.7** |
| **Body ache** | **3.5** |
| **Joint pain** | **4.0** |
| **Psychological problem** | **2.6** |

*multiple response questions

**Table -2 Distribution of respondents by their initial action on their sickness (n=227)**

| Response | Frequency(n) | Percentage (%) |
|---|---|---|
| Ignore | 9 | 4.0 |
| Inform family | 215 | 94.7 |
| Take health care herself | 3 | 1.3 |
| Total | 227 | 100.0 |

**Table 3 Distribution of respondents by their practices regarding health care service (n=227)**

| Type of health service | Frequency(n) | Percentage (%) |
|---|---|---|
| Traditional(homeopathy,kabiraj) | 21 | 9.3 |
| Govt( health complex) | 97 | 42.7 |
| Pharmacy | 56 | 24.7 |
| Private clinic | 30 | 13.2 |
| Private practitioner | 23 | 10.1 |
| Total | 227 | 100.0 |

**Table .4 Distribution of respondents by the reasons of taking traditional treatment (n=21)**

| Reasons | Frequency(n) | Percentage (%) |
|---|---|---|
| Economic problem | 16 | 7.0 |
| Not harmful for body | 5 | 2.3 |
| Total | 21 | 9.3 |

**Table .5 Distribution of respondents by their family's concern about their health problem (n=227)**

| Response | Frequency(n) | Percentage (%) |
|---|---|---|
| Yes | 215 | 94.7 |
| No | 12 | 5.3 |
| Total | 227 | 100.0 |

**Table .6Distribution of respondents by the common problems facing during seeking health care (n=227)**

| Reasons | Frequency(n) | Percentage (%) |
|---|---|---|
| Economic cause | 172 | 75.8 |
| Distance problem | 32 | 14.1 |
| Lack of adequate service | 21 | 9.3 |
| Family's non-cooperation | 2 | 0.9 |
| Total | 227 | 100.0 |

**Table .7Distribution of respondents by the reasons of not taking treatment for sickness (n=227)**

| Reasons | Frequency(n) | Percentage (%) |
|---|---|---|
| Self limiting | 8 | 3.5 |
| Economic causes | 133 | 58.6 |
| Shyness | 41 | 18.1 |
| Inadequate service for girls | 40 | 17.6 |
| Less concern about health service | 5 | 2.2 |
| Total | 227 | 100.0 |

A large number of the respondents source of health related information were from their family( 41.9%) and from Health centre( 41.0% ) , followed by 35.2% from their text book, 22.2% from TV, and 4.4% from radio. some of them had given multiple answer. Highest percentages of 95.2 %were satisfied with their available source of health related information. But about 4.8% were not satisfied with available source, among them some told about unavailability of desired information, followed by lack of expert advice. There is no major variation to the findings of a study which was conducted in Bangladesh. In the same study, older adolescents expressed a similar desire for information, adding such topics as reproduction, fertility, marriage, family planning and STIs and reproductive tract infections (RTIs). Preferred sources of information were sisters-in-law, elder sisters, cousins, peers and community field workers. [13]

Around 78.4.% respondents known about Govt service ,followed by 41.4% about traditional healer, by 28.2% about private clinic and 28.2% about NGO health service available in their area. Most of the adolescent labeled government service as good health care facilities in this study area followed by non government organization (NGO) and Private health service. But about **6.6**% respondents told that traditional treatment was good. Almost 85.9% respondents told that health services were enough for adolescent in this area. But about 14% were not agreeing with them. These respondents mentioned about absence of lady doctor, followed by lack of proper counseling or advice and unavailability of expert or consultant for their dissatisfaction. It was found that above mentioned findings of this study are similar with the findings of another study.[14]

Almost 100%(227) respondents had some sorts of health problem and some given multiple answer .majority of the respondents (55.1% )had weakness , followed by( 21.6%) had menstruation problem , (19.4%) had headache,( 15.0%) had abdominal pain,( 7.9%) had loss of appetite , (5.7% ) had underweight, (4.0%) had joint pain,( 3.5%) had body ache and( 2.6%) had psychological problem. There is variation to the findings of a cross sectional study which was conducted among in both rural and urban areas of Bangladesh. Analysis revealed that a large proportion of the adolescents (64.5%) reportedly have been suffering from gynecological morbidity .[15]

Around 94.7% of the respondents inform family when they feel sick, followed by ignore their sickness and a few of them took health care by themselves .the causes of avoidance of personal health problems were respondents consideration it as self limiting problem ,followed by financial problem. Most of the adolescent respondents were seeking health care to be healthy and active, followed by to be free from sickness.

A large number of the respondents( 42.7% )were going to government center which is a Thana Health complex, followed by 24.7% were taking service from pharmacy( not from doctor), 13.2%from private clinic, 10.1% from private practitioner and 9.3%, respondents from traditional healer (homeopath ,kabiraj). Respondents who were taking traditional treatment because of economic problem, followed by consider it as less harmful for body. There is major variation to the findings of a study which was conducted in Bangladesh; where about 69 percent women receive healthcare services from village doctors, 21.4% women from drugstore salespersons, and 5.10 percent women from kobiraj. [16]

Around 94.1% respondents family were concerned about health problem of adolescent, followed by 5.3% family were not due to economic cause. These findings were not similar with the study conducted in 2004 for exploring healthcare-seeking behaviors of nine ethnic groups living in six districts of Bangladesh. Study reveals that adolescents generally reported being completely dependent upon the decisions of senior family members for their healthcare and treatment-seeking and they claimed that their families showed little concern with their health and did not prioritize their health issues to spend family resources to pay for treatment.

Respondents were asked about the problem they were facing during seeking health care and highest percentages of the respondents (75.8%) were facing economic problems, followed by 14.1% facing distance problems, 9.3% told lack of adequate service and 0.9% were facing family's non-cooperation during seeking healthcare. There is no major variation in the problem they were facing during seeking health care in rural area, which similar to the findings of another study.[17]

This study found some of the reasons of not taking treatment for sickness. majority of the respondents (58.6% )were facing economic problems, followed by 18.1% respondents felt shyness, 17.6% told about inadequate service for girls( like-no lady doctor) and 2.2% were less concern about health service. There is no major variation to the findings of a cross sectional study which was conducted in both rural and urban areas of Bangladesh.[16]

A large number of respondents (76.7%) had no mental pressure in life; followed by 23.3% respondents had some sorts of problem. This study found that there were no mental support or counseling centre in the study area, 100.0% respondents thought that mental support centre or counseling centre is necessary and they were in favor of regular health camp or health related seminar to improve their health related knowledge. 23.3% respondents who had some sorts of mental health problem. There is major variation in the psychological problem with a study finding where predominant (60%) had psychological and behavioral problems. To resolve these problems while girls consulted their mothers (63%).[17]

Majority of the respondents age of menarche 31.7% at 12 years, followed by 22.0% had at 13 years, 19.8% at 10 years. Most of the respondents 55.5% had no menstruation related problem, followed by 44.5% had some menstruation related problem. Among them who had some menstruation problem were not seeking any service (12.3%) some due to shyness (7.5%), followed by 4.8% considered it as natural process. There is some variation to the findings of a study which was conducted in same kind of study population in Bangladesh, which found approximately 50% of the sample reported experiencing menstrual problems in the last year and 40% of the female adolescents with menstrual problems sought treatment from qualified physicians.[17]

A large number of respondents had asked for standard treatment arrangement(44.5%) in their area , followed by 21.1% for lady doctor in health centre, 19.8% asked for separate room system for adolescent , 5.3% asked for health

education arrangement, 5.3% asked for well mannered hospital stuff and 4.0% asked for all kind of medicine to be free.

## CONCLUSION

The present study finds that adolescent girl's socioeconomic status had influences on their health care seeking behavior. It was also found that health complex and family welfare centers may need to be better equipped for adolescent girls.

## DECLARATIONS

We secured official permission from the Jahangirnagar University.
We obtained informed verbal consent from the respondents before conducting the interviews. The study was approved by the Ethical Review Board of Jahangirnagar University, Bangladesh.
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Conflict of interest: None declared

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