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A study of health seeking behavior of the village people in Bangladesh

Sk. Mamun Mostofa
Department of Information Science and Library Management, University of Dhaka.

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ABSTRACT
In this study, an attempt has been made to investigate the health seeking behavior of the rural people of Satkhira district. A total of 135questionnaire were distributed and only 90 completed questionnaires were returned. The average income of the respondents was 4644.5 BDT; the most of the respondents had an urgent need of more health education. The monthly income of the respondents influenced major problem to take quality health care for the respondents. Finally, the paper provides some recommendations for the policy makers and planners which may help improve the health status of the day laborer class in Bangladesh.

Introduction

This paper looks major issues related to health seeking behavior and other issues related with the community's perception of the health services, the service providers and others like traditional healers and private organizations involved in the health sector. Health seeking behavior is an important factor in health management, but this is often ignored while considering schemes for providing health facilities to people. As a result, new schemes for providing health care do not get the desired acceptance of the community, and are therefore rendered unsuccessful. The decision makers in the health sector are recognizing the need for understanding the health seeking behavior of the community and its acceptance and usage of traditional and modern methods, as also the perception of the community regarding the service delivery. This becomes especially relevant among traditional and tribal societies. The day laborers are usually a neglected class and there is a lack of studies regarding this class can be observed in Bangladesh. More specifically, there is a insufficient number of studies regarding the health-seeking behavior of the day laborers in rural Bangladesh. Once in a while only a few studies have been conducted in Bangladesh but any study regarding health-seeking behavior of day laborers Satkhira district of Khulna division is yet not done. Therefore, the need of such studies becomes immediate for understanding the situation better in this region. Historically, the health-seeking behavior of day laborers in Satkhira is influenced by various factors of health-care costs, beliefs, historical patterns of use, accessibility of desired treatment available, illness pattern and many other aspects. Certain issues like gender inequality, health education, problems associated with health seeking behavior of the day laborers are needed to be studied to understand the health condition of day laborer class at Satkhira district. With certain issues addressed it can be said that there is an absent of lack of knowledge of health care among the day laborers in Satkhira district. Also, it is apparent that the day laborer group enjoys limited health facilities than the advantaged part of the society and the discrimination is quite common. Based on these facts, this study suggests some recommendations that may be useful for the policy makers and further Government Organizations (GO) and Non-Government Organizations (NGO) interested in taking initiatives and reorganizing health policies for the betterment of health condition of the poor people in Bangladesh.This study focuses on the deprived part of the society is paid so that they have access to health services .Also, the national health policy of Bangladesh approved in the year of 2000 clearly states that every Citizen has the basic right to adequate health care and the state and the government are constitutionally obliged to ensure health care for its citizens. Yet, the poorer part of the society is deprived of quality health care in Bangladesh.(Shariar,2008). The study explores the health-seeking behavior of the day laborers of Satkhira district identifying health problems existing in the current trend of behavior exhibited as well as suggesting recommendations for the policy makers and further research in the related field.

Literature Review

Rahman *et. al* (2011) conducted a study among 493 systematically selected households in the Modhukhali Upazilla of Faridpur District in Bangladesh. The objective of the study was to determine the prevailing disease pattern and health seeking behavior in rural Bangladesh. History of illness of the respondents and their family members were sought during the preceding 15 days of the study. The most common problems reported fever (33.2%), gastrointestinal diseases (24.9%) and respiratory diseases (17.8%). Of many other findings, it was observed that occupation of household head as day labor or in agriculture and suffering from gastrointestinal diseases positively predicted use of para-professionals. The authors also found that the use of un-qualified allopths was negatively predicted by the male gender or literacy of the household head and presence of gastrointestinal, respiratory and other types of diseases and positively predicted by occupation of the household head in agricultural field or as day labor. It was concluded that it is important to develop a need based health care delivery system and actions should be taken to improve the overall scenario of health system of rural Bangladesh. However, the study was

Tele:
E-mail addresses: sk_mostofa@yahoo.com

conducted in selected area only specific groups or classes in the society were not focused. Yet the study provides useful information helpful regarding health-seeking behavior for the present study.

Moula (2009) in his study on the psychosocial factors related to the health care behavior of the rural people under Rajshahi Division of Bangladesh made an analysis of how the psychological a social factors influence the health-seeking behavior. The author viewed that many factors including traditional beliefs, economic condition and education etc. influence the health care behavior. The health-seeking behavior is controlled by the multiple interactions of the society which Moula view important in psycho-social factors related to the mass behavior as well. The rural and urban contrast and other contexts are included in the study. The study, however, focus the psychological and social boundary intensively rather than the whole factors associated with health-seeking behavior. The study can be useful in terms of analyzing psychological understanding of the respondents for this study.

Alphonsa and Velayudhan (2007) in the study on fifty cancer patients and fifty cardiac patients administering the coping style and social support that cardiac patients are prone to emotion focused and problem focused style of coping. The authors also viewed that the cancer patients make use of non-coping response coping style and social support remains stable in spite of sex and various type of diseases. However, the study was limited to aspects of the coping style and social support of the cancer patients and not diverse to the overall health-seeking behavior. But the study can be useful in understanding the coping strategy of the ill people and their social support related to health-seeking behavior.

Peng *et. al* (2010) conducted a study on the health-seeking behavior among migrant workers of Beijing in China. The authors focused on the factors associated with health-seeking behavior among migrant workers of Beijing in China where using multi-stage stratified cluster sampling method from a sample of 2,478 migrant workers in Beijing. The high cost of health service was a significant obstacle to health-care access for many of the migrant workers who became sick that also led to the use of self-medication or no measures being taken. The authors concluded that the influence of socio-demographic characteristics on the migrant workers' decision to seek health care services when these workers fall ill and the current health service system in Beijing discourages migrant workers from seeking appropriate and quality health care. The study though analyze a good number of people who are migrant in Beijing, it is limited to the sphere of migrant workers in Beijing only. However, the study shows some crucial factors though of migrant people but can be useful in analyzing health-seeking behavior of day laborers.

Aung (2008) also conducted a study on the health-seeking behavior of the migrant workers of Ranong province in Thailand. Using a structured questionnaire to 388 Myanmar migrant workers from 18 to 35 years of age in majority during February 2009, the author found out that nearly one-third of the migrant workers had underlying health problems. Findings showed that regarding the accessibility to the healthcare services, there was a significant association between going to the health centers and presence of health insurance, time taken to travel to the health centers, consultation fees and opening time of the health center in Ranong. The study also showed that there is a significant difference in terms of consultation fees and waiting time between the two of them between the Government and private health centers. However, the study is particularly based on the migrant workers of Ranong province in Thailand and applicable to the context of Ranong province in Thailand. The study provides useful information regarding care and health-seeking behavior in relation to health services which can be useful to the present study.

Paul (2009) conducted an empirical study on arsenic poisoning and health behavior in rural Bangladesh. One of his main objectives of that study was to examine the health-seeking behaviors of those exposed to different levels of arsenic poisoning in rural Bangladesh. Of many findings, one crucial thing the author found that 63 percent of the affected people sought health care and 37 did not. The reason for not taking any measures is many as maximum 28 percent felt no urgency. The author also used the health belief model and tried to analyze the perceived barriers and benefits of the arsenic affected people.

Grundy and Annear (2010) in their study on health-seeking behavior studies in Cambodia focused on some important aspects of health-seeking behavior. The study includes a literature review of study design and methods with a specific focus on Cambodia. The authors assessed the nature of previous HSB studies in Cambodia, where understanding health-seeking behaviors is now of special importance. This is because the introduction of demand-side financing to provide access for the poor to public health facilities has been effective as they found in their study. The purpose of the study is to make suggestions and recommendations about methods and approaches for future studies rather than conducting a meta-analysis of health-seeking behaviors as the authors pointed. Furthermore, identifying the main types of HSB studies which are related to health care seeking and to health seeking more broadly the authors compared the different research methods and designs used in health-seeking behavior studies. The study however is heavily dependent on reviews of the literatures yet the factors and determinants of the health-seeking behavior identified by the systematic study can be useful for the present study.

Objectives of the Study

The objectives of the study are as follows:

1. To realize the health-seeking behavior of the day laborers at Satkhira district;
2. To investigate the nature and factors of health-seeking behavior of the day laborers in Satkhira district.
3. To know the level of health education and knowledge affecting health-seeking behavior of the day laborers.
4. To discover the problems associated with the health-seeking behavior and to suggest recommendations for bringing change in health-seeking behavior of the day laborers .

Nature of the Study

This study on the health-seeking behavior of day laborers of Satkhira is basically an exploratory research. The study reveals the overall health-seeking behavior of day laborers of Satkhira district in general. This study explores aspects of problem regarding health-seeking behavior of day laborers of Satkhira and look forward to the way of resolving the problems of the target group identified through this study.

Sources of Primary data and Secondary Data

Both primary and secondary data were collected for this study. The data for the information regarding the day laborers of Satkhira district were collected directly from the target group through a sample survey. This was done through interviewing the respondents. The primary helped to understand the actual scenario of the health-seeking behavior of day laborers of

Satkhira .Secondary data were collected from research articles, websites and other sources.

Data analysis and findings of the study

After data processing, data analysis and interpretation were done through using statistical techniques. The data interpretation using statistical techniques includes a range of techniques such as the frequency distribution analysis, percentage distribution analysis, Chi-square analysis etc.

Age Group

Table-1: Age of the Respondents

Age (In Years)	Frequency	Percent	Mean and Standard Deviation
10-19	20	22.2	**Mean:** 33.0 and **S.D.:** 14.5
20-29	34	37.8	
30-39	12	13.3	
40-49	9	10.0	
50-59	9	10.0	
60 and above	6	6.7	
Total	90	100.0	

Table 1 shows the distribution of respondents by age. It appears that maximum 37.8 percent of the respondents fell in the age between 20 and 29. Also, 22.2 percent of the respondents fell between the age of 10 and 19, 13.3 percent fell between 30 and 39, 10.0 percent fell between 40 and 49, another 10.0 percent fell between 50 and 59, and 6.7 percent fell in 60 or above years of age. The average age of the respondents was 33.0 years and the standard deviation calculated is 14.5 Therefore, it becomes apparent that a large number of respondents were young and child laborer among the respondents.

Table-2: Sex of the Respondents

Sex	Frequency	Percent
Male	63	70.0
Female	27	30.0
Total	90	100.0

Table 2 shows the distribution of respondents by sex. It shows that 70.0 percent of the total respondents were male and 30.0 percent of the respondents were female. Therefore it appears that there is a predominance of males among the respondents.

Monthly Income

Table-3: Monthly Income of the Respondents

Monthly Income (in BDT)	Frequency	Percent	Mean and Standard Deviation
Below 2000	4	4.4	**Mean:** 4644.5 and **S.D.:** 346.4
2000-4000	21	23.3	
4000-6000	52	57.8	
6000-8000	9	10.0	
Above 8000	4	4.4	
Total	90	100.0	

Table 3 shows the distribution of respondents by monthly income. It shows that the maximum 57.8percent of the respondents had a earning between 4000 and 6000 BDT per month. Also, 23.3 percent of the respondents had a monthly income between 2000 and 4000 BDT, 10.0 percent had monthly income between 6000 and 8000 BDT. The lowest 0f 4.4 percent of respondents had monthly income below 2000 and above 6000 both. The average income of the respondents was 4644.5 BDT and the calculated standard deviation was 346.4.

Table 4 shows the distribution of respondents by victimization by frequent illness. It appears that maximum 81.1 percent of the respondents had been victim of frequent illness and the minimum 18.9 percent of the respondents were not victim of frequent illness. Therefore it is apparent that Most of the respondents were victim by frequent illness.

Victimization by Frequent Illness

Table-4: Victimization by Frequent Illness of the Respondents

Victimization by Illness	Frequency	Percent
Yes	73	81.1
No	17	18.9
Total	90	100.0

General Duration of Illness

Table-5: General Duration of Illness of the Respondents

General Duration of Illness	Frequency	Percent
Less than or equal to 3 days	77	85.6
4-7 days	10	11.1
More than 7 days	3	3.3
Total	90	100.0

Table 5 shows the distribution of respondents by general duration of illness. It shows that maximum 85.6 percent of the respondents had a general duration of illness less than or equal to three days. Also, 11.1 percent of the respondents had a general duration of illness from four to seven days. The minimum 3.3 percent of the respondents had a general duration of illness more than seven days.

Incidence of Injury at Workplace

Table-6: Incidence of Injury at Workplace of the Respondents

Incidence of Injury at Workplace	Frequency	Percent
Yes	86	95.6
No	4	4.4
Total	90	100.0

Table 6 shows the distribution of respondents by incidence of injury at workplace. It shows that maximum 95.6 percent of the respondents experienced the incidence of injury at workplace. The minimum 4.4 percent of the respondents however did not experience any incidence of injury at workplace.

Promptness of Taking Measures When Ill

Table-07: Promptness of Taking Measures When Ill by the Respondents

Promptness of Taking Measures	Frequency	Percent
Usually immediately	11	12.2
Usually delayed	79	87.8
Total	90	100.0

Table 07 shows the distribution of respondents by promptness of taking measures when ill. It appears that maximum 87.8 percent of the respondents took measures delayed usually when ill and the other 12.2 percent took immediate measures when ill.

Education and Knowledge experienced

Table: 8 Health Education and Knowledge experienced by Respondents

Need of more health education and knowledge Perceived by Respondents	Frequency	Percent
Yes	81	90.0
No	9	10.0
Total	90	100.0

Table 08 shows the distribution of the respondents by need of more health education and knowledge experienced. It appears that the highest 90 percent are agreed with this agreement. And the lowest 10 percent respondents do not think that they do not need of More Health Education and Knowledge. Therefore it becomes apparent that most of the respondents had a urgent need of more health education.

Perceptions about Health and Illness

Table: 09 Perceptions about Health and Illness of the Respondents

Perceptions about Health and Illness	Yes		No		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Being healthy is not being ill for a long time	61	67.8	29	32.2	90	100.0
Only ill persons consult with the doctors	86	95.6	4	4.4	90	100.0
The rich and the poor have same health problems	5	5.6	85	94.4	90	100.0

Table 09 shows the distribution of the respondents by perceptions about health and illness. It appears that the highest 67.8 percent of the respondents think that being healthy is not being ill for a long time. The other 32.2 percent think that being healthy is being ill for a long time. Also, 95.6 percent respondents think that only ill persons consult with the doctors. The other 4.4 percent do not think that only ill persons consult with the doctors. Also, 94.4 percent of the respondents think that the rich and the poor have not same health problems while only 5.6% think that the rich and the poor have same health problems.

Major Problem to Take Quality Health Care

Table 10: Major Problem to Take Quality Health Care for the Respondents

Major Problem to Take Quality Health Care	Frequency	Percent
Inadequate Money	62	68.9
Inadequate Medical facilities	9	10.0
Far distance	19	21.1
Total	90	100.0

Table 10 shows the distribution of the respondents by major problem to take quality health care. It appears that from the respondents the highest 68.9 percent has blamed inadequate money to take quality health care. Also 21.1 percent identified the distance problem. The lowest 10.0percent has blamed the inadequate medical facilities. Therefore, it becomes apparent that the major number of respondents had financial problems in taking quality health care rather than other problems.

Testing the Relation between Sex of the Respondents and Frequency of Illness of the Respondents

Table 11: Relation between Sex of the Respondents and Frequency of Illness of the Respondents

		Frequency of Illness			Total
		At least once in a month (Regularly)	Once in a few months (Irregularly)	Once or twice in a year (Rarely)	
Sex	Male	17	30	4	51
	Female	18	3	1	22
Total		35	33	5	73
Type of Analysis		**Obtained Value**	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square		14.722	2	.001	

From Table 11, it appears that the obtained value 14.72 is greater than critical value 7.38. So, the null hypothesis is rejected and the alternative hypothesis is accepted. Therefore, it is tested that sex of the respondents is related to the frequency of illness among the respondents.

Testing the Influence of Educational Status of the Respondents on Type of Measures Taken in Illness by the Respondents

Table 12: Relation between Educational Status of the Respondents and Type of Measures Taken in Illness by the Respondents

		Type of Measures Taken in Illness						Total
		Self-care	Para-professionals Homeopath's advice	Para-professional Allopathic advice	Professional MBBS advice	*Kobiraj* treatments	Others	
Educational Status	Illiterate	29	2	11	2	0	4	48
	Signature ability only	16	5	1	0	0	0	22
	Primary	8	2	2	0	2	0	14
	Junior secondary	0	0	4	0	0	0	4
	Secondary	0	0	2	0	0	0	2
Total		53	9	20	2	2	4	90
Type of Analysis		**Obtained Value**		**df**		**Asymp. Sig. (2-sided)**		
Pearson Chi-Square		46.270		20		.001		

From Table 12, it appears that the obtained value 46.3 is greater than critical value 34.2. So, the null hypothesis is rejected and the alternative hypothesis is accepted. Therefore, it is tested that educational status of the respondents influenced the type of measures taken in illness by the respondents.

Testing the Relation between Monthly Income of the Respondents and Expense in Health Care per Month by the Respondents (in BDT)

Table 13: Relation between Monthly Income of the Respondents and Expense in Health Care per Month by the Respondents (in BDT)

		Expense in Health Care per Month by the Respondents (in BDT)						Total
		Below 50	50-100	100-200	200-500	500-1000	Above 1000	
Monthly Income of the Respondents	Below 2000	2	2	0	0	0	0	4
	2000-4000	5	6	5	4	1	0	21
	4000-6000	8	13	4	11	16	0	52
	4000-6000	0	0	0	0	2	7	9
	Above 8000	0	0	0	4	0	0	4
Total		15	21	9	19	19	7	90
Type of Analysis		**Obtained Value**			**df**		**Asymp. Sig. (2-sided)**	
Pearson Chi-Square		100.300			20		.000	

From Table 13, it appears that the obtained value 100.3 is greater than critical value 34.2. So, the null hypothesis is rejected and the alternative hypothesis is accepted. Therefore, it is tested that monthly income of the respondents influenced the expense in health care per month by the respondents.

Testing the Relation between Educational Status of the Respondents and Initial Consultation Persons When Ill by the Respondents

Table 14: Relation between Educational Status of the Respondents and Initial Consultation Persons When Ill by the Respondents

		Initial Consultation Persons When Ill				Total
		Friends and family members	Pharmacists	Health workers	Others	
Educational Status of the Respondents	Illiterate	30	15	2	1	48
	Signature ability only	8	5	5	4	22
	Primary	10	0	4	0	14
	Junior secondary	1	0	3	0	4
	Secondary	1	0	1	0	2
Total		50	20	15	5	90
Type of Analysis		Obtained Value		df	Asymp. Sig. (2-sided)	
Pearson Chi-Square		33.542		12	.001	

From Table 14, it appears that the obtained value 33.5 is greater than critical value 23.3. So, the null hypothesis is rejected and the alternative hypothesis is accepted. Therefore, it is tested that educational status of the respondents influenced the initial consultation persons when ill by the respondents.

Testing the Relation between Monthly Income of the Respondents and Major Problem to Take Quality Health Care for the Respondents

Table 15: Relation between Monthly Income of the Respondents and Major Problem to Take Quality Health Care for the Respondents

		Major Problem to Take Quality Health Care			Total
		Inadequate Money	Inadequate Medical facilities	Far distance	
Monthly Income	Below 2000	0	0	4	4
	2000-4000	14	2	5	21
	4000-6000	40	4	8	52
	4000-6000	7	1	1	9
	Above 8000	1	2	1	4
Total		62	9	19	90
Type of Analysis		Obtained Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square		24.699	8	.002	

From Table 15, it appears that the obtained value 24.7 is greater than critical value 17.5. So, the null hypothesis is rejected and the alternative hypothesis is accepted. Therefore, it is tested that the monthly income of the respondents influenced major problem to take quality health care for the respondents.

Findings of the study

Majority of the respondents were aged between 20 and 29 (37.8%). Among the respondents majority were male. The monthly income of the majority of the respondents was between 4000 and 6000 BDT (57.8%).

The day laborers of Satkhira are a class who has been victim of illness frequently. 81.1 percent of the respondents were victim of frequent illness where 47.9 percent of them were victim of illness at least once in a month. Major type of illness suffered by the respondents mostly was fever of all types (65.6%) and type of measures taken in illness was predominantly self-care (58.9%).

The general duration of illness among most of the respondents was less than or equal to 3 days (85.6%) and initial consultation persons by the respondents in illness were predominantly friends and family members (55.6%). There were a very high number of incidences of injury at workplace (95.6%) and the majority of 76.7 percent experienced injury at least once in a month at workplace.

Taking measures in illness was also usually delayed by the majority of the respondents (87.8%). Also the majority of the respondents took partly dosage in illness (77.8%). Sources of getting medicines were predominantly from allopathic pharmacies (62.2%) and the expenses in health care per month varied widely for the respondents.

There is a lack of presence of formal education or training among the respondents as 73.3 percent of the respondents had no formal education or training. The sources of common knowledge were predominantly from friends and family members (62.2%). Safety measures such as frequency of washing hands before and after eating meals was done by 75.6 percent of the respondents and frequency of washing hands with soap after going toilet was done by 58.9 percent of the respondents.

Due to lack of education and knowledge regarding health education majority of the respondents (90.0%) felt the need of more health education and knowledge Perceived by Respondents. The majority of 83.3 percent of the respondents think that the occupation was injurious to health. The majority of 68.9 percent of the respondents has also blamed inadequate money to take quality health care. Most of the respondents (75.6%) visited the government hospitals during illness for treatment purpose.

The relation between educational status of the respondents and type of measures taken in illness by the respondents was tested where the obtained value was higher than the critical value (46.3>34.2) with the asymmetric significance .001. It was also tested that the monthly income of the respondents influenced the type of measures taken in illness by the respondents where the obtained value was greater than the critical value (41.2>34.2) with the asymmetric significance .003. The relation between distance of the respondents' home from government hospital and types of hospitals visited in illness by the respondents was tested where the obtained value was greater than the critical value.

The type of medication dosage taken in illness by the respondents influenced the frequency of illness of the respondents was tested.

The monthly income of the respondents influenced major problem to take quality health care for the respondents.

Recommendations

These are as follows

1. Specific concentration to the day laborer class regarding health care is required as there is no special health service is provided for them.
2. Cost effective health care service is of greater importance for the day laborer class as they are financially disadvantaged in the society.
3. Equal access to the quality health care is important for day laborers. Effective initiatives can be taken to remove discrimination in health care access.

4. Providing more health education to day laborers is important as this can effectively increase consciousness and following of the safety measures.
5. Increasing the member of health care centers, staffs, doctors and nurses is recommended as there is insufficiency of manpower in health service sector. This can be useful for better coverage of health care of day laborer class.
6. Removal of gender discrimination in health care service sector is important for both female and male day laborers.
7. Increasing Government attention to the health care of the disadvantaged classes in the society is recommended.
8. Policy formulation and strategic planning regarding health service should be made labor class friendly involving privileges for the day laborers of the society who are economically vulnerable.

Conclusion

The health-seeking behavior is an issue of growing concern in Bangladesh as this study particularly focused on day laborers in Satkhira district. The study indicates that there are a lot of factors which are related to the health seeking behavior of the transportation and construction day laborers of village peoples. Due to factors like inadequate knowledge and education regarding health care among the day laborers at Satkhira, the frequency, type and duration of illness are, medication courses influenced significantly. Safety behavior was also less practiced by the day laborer class than needed. Various other problems also shape the heath-seeking behavior of the day laborers 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 laborers. Therefore, it can be concluded from the study that socio-economic conditions determine the health-seeking behavior of day laborers in Satkhira largely. At the same time, increasing the consciousness among the respondents becomes important and greater focus on the health care of day laborer class is recommended

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