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Socio-demographic characteristics of the clients receiving treatment from Urban Primary Health Care Services Delivery Project: a cross sectional study.

Hasan Mahfuz Reza [1]* and Md. Abdul Mukit Sarkar [2]
[1](Urban Primary Health Care Services Delivery Project, Kushtia Municipality, Kushtia, Bangladesh)
[2] (Department of Community Medicine, Islami Bank Medical College, Rajshahi, Bangladesh)
*Corresponding author: Hasan Mahfuz Reza, Urban Primary Health Care Services Delivery Project, Kushtia Municipality, Kushtia, Bangladesh.

Abstract: *Bangladesh is going through rapid urbanization and urban growth. Currently, about 27% of total population of Bangladesh lives in urban areas. The primary health care infrastructures in the cities have not been able to grow at a rate commensurate with the growth of the population of the cities. The result has been the very poor state of the health care situation of the urban populace. The main objective of this study was to exhibit the socio-demographic conditions of the clients received services from urban primary health care centers. This cross-sectional study was conducted in three selected urban primary health care centers in Kushtia municipality, Bangladesh from November 2017 to February 2018. A total of 576 patients were included in the study and their socio demographic data were collected. The result shows that most of the respondents 93.2% were female and 71.5% respondents were age range in 16-30 years. Educational qualifications were more on primary level about 48.8%. Most of the respondents were housewife 60.2% and day labors were the main occupation of respondents. Most of the clients used semi pucca house for living about 65.1% and used sanitary latrine about 85.4%. The result also shows that most of the client (84.0%) did not receive any kind of treatment before coming to the centers and about 73.3% had collected money from their income.*

Keywords: *UPHCSDP, Municipality, Socio-demographic status.*

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I. Introduction

Majority of people of Bangladesh being poor depend on government health structures for remedies from illness[1]. Child and mother malnutrition rate (70%) in Bangladesh remains highest in the world, and more severe than that of the most other developing countries, including Sub- Saharan Africa [2,3] . Maternal mortality rate is between 320 and 400 per 100,000 women, which is among the highest in the world and is still higher relative to many developing countries [4]. A majority of infant deaths occur during the first month of life (neonatal mortality)[5] . All districts of Bangladesh have various types of hospitals [6] and all union health care centers have people experienced with the training on family planning, reproductive health, and postnatal and prenatal care [7]. Access has at least three components—availability, utilization and timeliness[8] . Availability of services is a process indicator linked to the policies, funding levels and organizational arrangements in each country. Availability is reported as the level of inputs (physicians, nurses, hospitals, clinics) per population or within a geographic area[9] . The notion of timely access is increasingly being recognized as an important feature of access although indicators to measure this are few in the developing world[10] . Timely access is essential to save lives in some conditions (e.g., for malaria, birth complications, acute myocardial infarction) and to minimize suffering and disability in others (e.g., chronic illness)[11] . Achieving equity in health requires eliminating health disparities that are avoidable and unfair such as those due to inadequate access to services, unhealthy living or working conditions, or downward social mobility caused by ill health[12] . A common approach to measuring equity in service delivery is to analyze the markers? Of effectiveness (comprehensiveness, access, quality, continuity, patient satisfaction, etc.) by income quintile, ethnicity, gender, geographic location or other social stratifiers[13,14] . proposed that countries define locally specific indicators to measure reductions in geographical misdistribution of services and supplies, elimination of gender, cultural and other non-financial barriers to access, and the provision of an appropriate basket of services. Bangladesh has been implementing Urban Primary Health Care Project (UPHCP) since 1998. In May 2005, the Asian Development Bank (ADB) approved the Second Urban Primary Health Care Project (UPHCP-II) to improve the health status of the urban population, especially of the poor, in 6 city corporations and 5 municipalities. At least 30% of all the services are targeted at poor people earning less than taka 700 per month. The project improves access to and

use of urban primary health-care (PHC) services, focusing on the poorest, and the quality of urban PHC services. This brief gives an overview of a project that ensures decentralized PHC service provision through city corporations and municipalities, and provides PHC services through partnership agreements with nongovernment organizations. The specific project objectives are to improve (i) access to and use of urban primary health care (PHC) services in the project area, with a particular focus on extending provision to the poorest; (ii) the quality of urban PHC services in the project area; and (iii) the cost-effectiveness, efficiency, and institutional and financial sustainability of PHC to meet the needs of the urban poor[15].

II. Material and Methods

This cross-sectional study was carried out on patients of out-patient department and indoor of three urban primary health care centers, Kushtia, Bangladesh from November 2017 to February 2018. A total of 576 patients were for in this study.

Study Design: Comparative cross-sectional study.

Study Location: The out-patient department and indoor based study was carried out at three selected primary health care centers located in Uttor Baradi (PHCC-1), Masterpara Barkhada (PHCC-2) and East Vatapara, Mohashoshan (CRHCC), Kushtia Municipality, Kushtia, Bangladesh.

Study Duration: November 2017 to February 2018.

Sample size: 576 patients.

Subjects and selection method: This observational study was carried out to exhibit the socio-demographic characteristics of patients from three primary health care centers, Kushtia during the period from November 2017 to February 2018. Total 576 patients from both sexes were selected for the study by using Simple Random Sampling Technique.

Procedure methodology: After written informed consent was obtained, a well-designed questionnaire was used to collect the data of the recruited patients. The questionnaire included socio-demographic characteristics such as age, gender, education and occupation, types of living house and latrine, types of treatment received before arrival to centers and sources of collecting money for treatment.

Statistical Analysis: Data were checked, entered and analyzed using the computer program Statistical Package for Social Sciences (SPSS) version 22. The statistical analyses include frequencies and percentage.

III. Result and Discussion

Table no 1shows the percentage distribution of demographic characteristics of patients attending urban primary health care centers in Kushtia Municipality. A total of 93.2% of the subjects were females whereas only 6.8% were males. Most of the clients (71.5%) were in age range of 16-30 years, 14.8% clients were in 31-45 years and only 4.7% & 2.8% clients were in age range of 0-15 years and more than 60 years respectively. A total of 48.8% of the subjects had primary education and 5.9% had no formal education. Only 2.1% of the clients were Graduate. Again 28.0% and 15.3% clients had secondary and intermediate education respectively. About 60.2% of subjects were unemployed or house wife and 10.8% were day labor. About 8.0% of the clients were maid servant. Only 1.0% of the clients were professional and 4.2% had clerical job.

Table no 1: Shows distribution of socio-demographic characteristics of the respondents

Variables	Frequency (N=576)	Percentage (%)
Gender		
Male	39	6.8
Female	537	93.2
Age Range (years)		
0 – 15	27	4.7
16 – 30	412	71.5
31 – 45	85	14.8
46 – 60	36	6.3
> 60	16	2.8
Educational background		
No formal education	34	5.9
Primary school	281	48.8
Secondary school	161	28.0
Intermediate school	88	15.3
Graduate and above	12	2.1
Occupation		
Unemployed/Housewife	347	60.2
Maid servant	46	8.0
Day labor	62	10.8

Shop Keeper	5	0.9
Clerical Job	24	4.2
Professional	6	1.0
Agriculture	18	3.1
Cattle/Poultry rearing	57	9.9
Non Responsive	11	1.9

Table no2 presents types of living house and household latrine of the respondents. Most of the respondents use semi pucca house for living about 65.1%. About 17.9% of the clients use tin made roof and straw/muddy house. Again 7.8% and 7.1% of the respondents use thatched and tin shade type of house. Only 2.1% of the respondents use pucca building for living. Most of the respondents use sanitary latrine about 85.4%. About 13.5% of the clients use pucca/ring slab type of latrine. Only 1.0% of the clients use hanging type of latrine.

Table no 2: Shows types of living house and household latrine of the respondents

Variables	Frequency (N=576)	Percentage (%)
Types of Living House		
Thatched	45	7.8
Tin made roof and straw/muddy	103	17.9
Tin shade	41	7.1
Semi pucca building	375	65.1
Pucca building	12	2.1
Types of Household Latrine		
Sanitary latrine (with water seal)	492	85.4
Pucca/ring slab latrine (without water seal)	78	13.5
Hanging latrine	6	1.1

Table no 3 present's different types of treatment received by the client before come to the health care facilities. Most of the client (84.0%) did not receive any kind of treatment before coming to the centers. About 10.0% of the subjects received treatment by buying medicine from pharmacy. Only 1.0% of the client received treatment from MBBS doctor's private chamber.

Table no 3: Shows types of treatment received by the patients before arrival to the centers

Variables	Frequency (N=576)	Percentage (%)
Types of treatment received		
None	484	84.0
Buying medicine from pharmacy	57	10.0
Village doctor/allopath doctor without degree	6	1.0
Homeopath	6	1.0
Traditional healers	5	0.9
MBBS Doctor (Private chamber)	6	1.0
Private clinic	12	2.1

Table no 4 shows that most of the client (73.3%) had collected money from their income. About 10.9% of the clients had collect money from savings, 6.1% had collect money from loan from relatives and 6.8% had collected money as loan with interest.

Table no 4: Shows sources of collecting money for treatment

Variables	Frequency (N=576)	Percentage (%)
Sources of collecting money		
Savings	63	10.9
Income	422	73.3
Leasing land/Asset	6	1.0
Selling land/Asset	11	1.9
Loan from relatives/friends	35	6.1
Loan with interest	39	6.8

IV. Conclusion

Based on the findings of the study, it could be concluded that most of the respondents 71.5% were age range in 16-30 years and female respondents were 93.2%. Educational qualifications were more on primary level about 48.8%. Most of the respondents were housewife 60.2% and day labors were the main occupation of respondents. Most of the clients used semi pucca house for living about 65.1% and used sanitary latrine about 85.4%. The result also shows that most of the client (84.0%) did not receive any kind of treatment before coming to the centers and about 73.3% had collected money from their income.

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