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ORIGINAL ARTICLE

Socio-Demographic Determinants of Health Status and Healthcare-Seeking Behavior Among ENT Outpatients in a Community Population of Bangladesh

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ABSTRACT

Background: *Health-seeking behavior is essential for timely diagnosis and management of illnesses. Understanding sociodemographic determinants and patterns of healthcare utilization helps improve healthcare delivery for community population. This study aimed to assess the sociodemographic factors, health practices, presenting complaints, and healthcare-seeking behavior of patients attending an ENT outpatient department at Gopalganj Medical College Hospital.* ***Methods & Materials:*** *A cross-sectional study was conducted from January to June 2024. A total of 102 patients of all ages and sexes were selected using convenience sampling. Data on socio-demographics, personal health practices, health status, presenting complaints, healthcare-seeking behavior, and satisfaction with hospital services were collected using a pretested semi-structured questionnaire and analyzed using descriptive statistics.* ***Results:*** *The majority of respondents were young (30.4% aged 1–18 years) and female (58.8%), with primary or secondary education. Most lived in small households (1–5 members) and had a monthly income of 26,000–50,000 BDT. Common presenting complaints were throat pain and hearing impairment (31.4% each). Most participants sought care from pharmacies (58.8%) or UHCs (34.3%), with nearly half traveling 11–100 km to access healthcare. Despite accessibility challenges, 69.6% rated hospital services as good.* ***Conclusion:*** *Most community members attending the ENT OPD had generally good personal health practices, with throat and ear complaints being the most common. Healthcare was primarily sought from pharmacies and UHCs, with some traveling long distances, and the majority were satisfied with hospital services. Improving access to formal healthcare services and enhancing awareness could promote timely and appropriate care.*

Keywords: *Health-seeking behavior, ENT outpatient, community population, sociodemographic factors, healthcare accessibility, patient satisfaction*

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INTRODUCTION

Health care–seeking behavior is a critical determinant of population health, as human capital can contribute to societal growth and development only when individuals maintain good health [1]. It is defined as an individual's willingness to seek medical care and their preferred choice of treatment [2]. Health-seeking decisions may involve the use of public or private, modern or traditional healthcare services, self-medication, home remedies, or no care at all. Optimal health-seeking behavior generally entails timely access to appropriate healthcare services [3].

Healthcare-seeking behavior is influenced by multiple factors, including age, sex, socioeconomic status, type of illness, access to facilities, and perceived quality of care, although findings are often inconsistent [4]. Populations with limited access to healthcare, such as those in remote or underserved areas, frequently experience barriers related to culture, education, geography, and inadequate healthcare financing, resulting in poorer health outcomes [5].

Evidence from global studies indicates that sociodemographic factors strongly influence health-seeking behavior. A systematic review reported that approximately 56% of patients with non-communicable diseases accessed formal health facilities, with higher age, female gender, advanced education, higher income, and urban residence positively associated with care-seeking [6]. Similarly, community-level studies in Africa demonstrate that age and health insurance coverage significantly shape decisions to use formal healthcare services, with older adults and insured individuals more likely to seek qualified care [7].

In Bangladesh, research on chronic non-communicable diseases shows that higher education, greater socioeconomic status, proximity to health facilities, and disease severity increase the likelihood of seeking professional care,

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highlighting persistent inequities in access due to social and economic factors [8]. Antenatal care studies further reveal that region, residence (urban/rural), education, wealth, and exposure to mass media significantly influence whether pregnant women utilize services [9]. For childhood illnesses, determinants of care-seeking include the child's age and sex, family size, household income, and distance to health facilities, while care-seeking for malnutrition remains low [10,11].

Despite these findings, existing literature in Bangladesh remains limited, often focusing on specific population groups with little comprehensive, national-level, or longitudinal data. Moreover, research addressing mental health, non-communicable diseases, and the interplay of cultural or health-system barriers is scarce. This study aims to investigate the sociodemographic determinants of healthcare-seeking behavior in the community, addressing these gaps and exploring factors influencing access to care for a broader range of health conditions.

METHODS & MATERIALS

This was a cross-sectional study conducted in the Outpatient Department (OPD) of the Department of Otolaryngology (ENT) at Gopalganj Medical College Hospital, Bangladesh, from January 2024 to June 2024. The study population consisted of patients of all ages and both sexes attending the ENT OPD during the study period with ENT-related complaints. A total of 102 respondents were selected using a convenience sampling technique, including those who agreed to participate, while critically ill patients, those unwilling to provide consent, and those with incomplete information were excluded.

Data were collected through face-to-face interviews using a pre-tested, semi-structured questionnaire that included socio-demographic characteristics, personal health practices, health status, presenting complaints, healthcare-seeking behavior, and satisfaction with hospital services. Clinical records were reviewed where necessary to verify provisional diagnoses and past medical history. After data collection, all responses were checked for completeness and consistency and then entered into SPSS software for analysis. Descriptive statistics such as frequencies and percentages were used, and results were presented in tables and figures.

Ethical approval was obtained from the Ethical Review Committee of Gopalganj Medical College Hospital. Written informed consent was taken from all participants or from guardians in the case of minors, and confidentiality and anonymity were strictly maintained throughout the study.

RESULTS

A cross-sectional study of 102 participants who attended ENT outdoor department of Gopalgong Medical College Hospital. The study was conducted using a pretested questionnaire to assess socio-demographics, health practices, and healthcare-seeking behavior.

Table I shows the study population was predominantly young, with most respondents aged 1–18 years (30.4%) and females (58.8%). Most were Muslim (85.3%) and had primary (28.4%) or secondary education (34.3%). Students (37.3%) and housewives (32.4%) were the main occupations, and the majority had a monthly income of 26,000–50,000 BDT (60.8%). Most families were small (1–5 members, 81.4%) and lived in semi-paka (60.8%) or building-type houses (36.3%), while consanguinity was uncommon (12.7%).

Table – I: Socio-Demographic Characteristics of Respondents (*n* = 102)

Category	Frequency (n)	Percentage (%)
Age		
1-18	31	30.4
19-25	22	21.6
26-35	21	20.6
36-50	13	12.7
51-65	12	11.8
66-100	3	2.9
Sex		
Male	42	41.2
Female	60	58.8
Religion		
Muslim	87	85.3
Hindu	15	14.7
Education		
No Education	16	15.7
Primary	29	28.4
Secondary	35	34.3
Higher Secondary	14	13.7
Honors	8	7.8
Occupation		
Cultivator	2	2.0
Small Business (<20000)	7	6.9
Business	2	2.0
Private Service	7	6.9
Govt Service	3	2.9
Abroad	1	1.0
Day labor	1	1.0
Fishing	1	1.0
Student	38	37.3
House wife	33	32.4
No Job	7	6.9
Monthly Income		
1000-25000	27	26.5
26000-50000	62	60.8
Above 50000	13	12.7
Family member		
1-5	83	81.4
6-10	17	16.7
11-20	2	2.0
Consanguinity		
Yes	13	12.7
No	89	87.3
House Condition		
Kacha	3	2.9
Semi Paka	62	60.8
Building	37	36.3

Table II shows most respondents practiced healthy habits, with 84.3% not using tobacco, 63.7% using tube-well water, and 81.4% washing hands with soap regularly. Sanitation was adequate for most, with 88.2% having Paka toilets. Overall, personal health practices were generally good.

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Table – II: Personal Health Practices (*n* = 102)

Category	Frequency	Percentage (%)
Tobacco Use		
Yes	16	15.7
No	86	84.3
Drinking Water Source		
Tube-well	65	63.7
Pond/River	5	4.9
Boiled/Supply/Jar/Other	32	31.4
Handwashing		
Irregular Soap	19	18.6
Regular Soap	83	81.4
Sanitation		
Kacha	7	6.9
Paka	90	88.2
Others	5	4.9

Table III presents among the 102 respondents; a variety of past illnesses were reported. Upper respiratory tract infections were most common (15.7%), followed by hypertension (11.8%) and hypothyroidism (5.9%), while 15.7% reported no past illness. Other conditions accounted for 31.4%, indicating diverse health issues in the community. Most illnesses had persisted for 1–3 years (42.2%), with 26.5% lasting over three years, showing a significant burden of chronic or recurring conditions. Provisional diagnosis at the time of the study included DNS (16.7%) and CUTS (12.7%), with 71.6% classified as other conditions. Follow-up patterns varied: 29.4% followed up within 16–30 days, 28.4% after more than 30 days, 23.5% within 15 days, while 18.6% had no follow-up, indicating gaps in continuity of care. Overall, the table reflects a community with varied health conditions, mostly chronic or recurring, and inconsistent follow-up practices.

Table – III: Health Status of the Participants (*n* = 102)

Category	Frequency	Percentage (%)
Past Illness (H/O) *		
URTI/URT	16	15.7
HTN	12	11.8
PUD	5	4.9
Asthma	4	3.9
Hypothyroidism	6	5.9
Headache	3	2.9
Rhinitis	3	2.9
Aden tonsillitis	3	2/9
Diabetes	2	2
Others	32	31.4
No past illness	16	15.7
Duration of Past Illness		
<1 year	9	8.8
1–3 years	43	42.2
>3 years	27	26.5
Provisional Diagnosis*		
DNS	17	16.7
GIB	6	5.9
CUTS	13	12.7
Others	73	71.6
Follow-up Duration		
≤15 days	24	23.5
16–30 days	30	29.4
>30 days	29	28.4
No follow up	19	18.6

*NB: * multiple response variable*

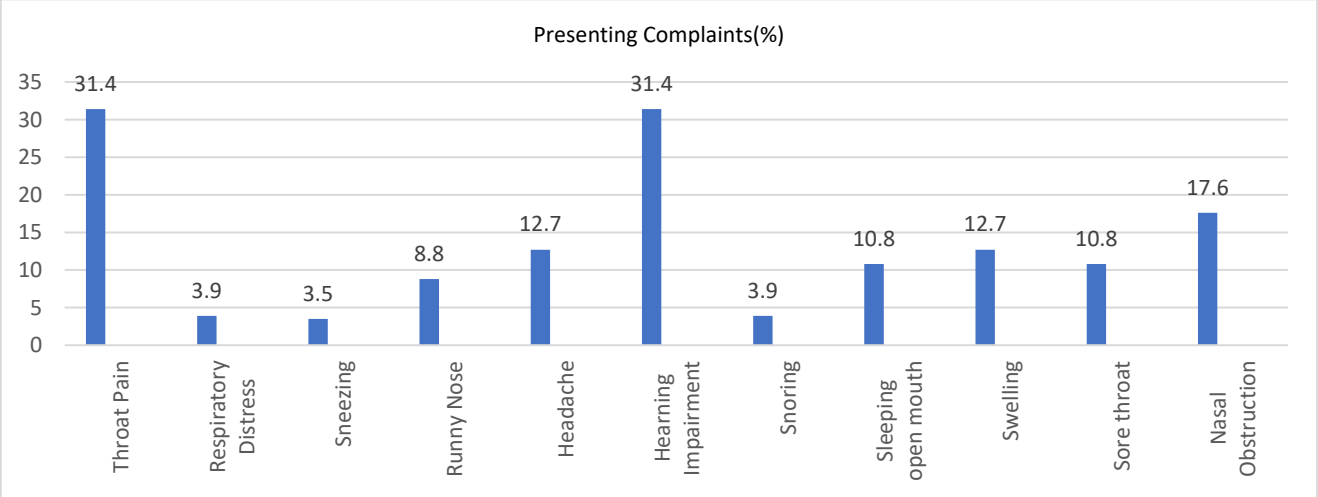

Figure 1: Distribution of Presenting Complaints Among Respondents (N = 102)

Figure 1 Shows Among the respondents, the most common complaints were throat pain and hearing impairment (both 31.4%), followed by nasal obstruction (17.6%) and headache or swelling (12.7% each). Other complaints included runny nose (8.8%), sneezing (7.8%), sleeping with an open mouth or sore throat (10.8% each), and respiratory distress or snoring (3.9% each). Overall, ENT-related symptoms, particularly throat and ear problems, were the most frequently reported issues in this community.

Table IV shows most respondents sought care from pharmacies (58.8%) or UHCs (34.3%), with few using paid services or homeopathy. Nearly half (49%) traveled 11–100 km to access health facilities, indicating reliance on pharmacies and challenges in healthcare accessibility.

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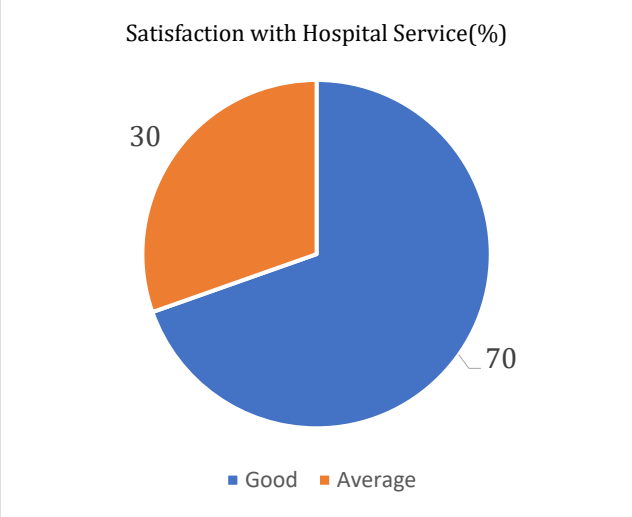
Table – IV: Healthcare-Seeking Behavior and Accessibility of Health Facilities among Respondents (*n* = 102)

Category	Frequency	Percentage (%)
Previous Source of Treatment		
UHC	35	34.3
Pharmacy	60	58.8
Paid	4	3.9
Homeopathy	3	2.9
Distance from Health Facility (km)		
1-5 km	37	36.3
6-10km	15	14.7
11-100km	50	49.0



1. **Figure – 2: Respondents' Satisfaction with Hospital Services (*n* = 102)"**

Figure 2 shows a majority of respondents (69.6%) rated hospital services as good, while 30.4% rated them as average, reflecting generally positive perceptions of care.

DISCUSSION

In our study, most respondents were young (30.4% aged 1–18 years) and female (58.8%), with secondary (34.3%) or primary education (28.4%). Islam & Begum (2020) reported an older urban sample (42.7% aged 25–40, 56% aged 40–75), predominantly male (88%), and better educated (30.7% degree or above, 7.3% no education) [12]. These differences highlight that our community is younger, more female, and moderately educated, which may affect health-seeking behavior compared with urban populations. In our study, most respondents had a monthly income of 26,000–50,000 BDT (60.8%) and lived in small households of 1–5 members (81.4%), indicating a middle-income population with manageable family size. Similarly, *Akter et al. (2023)* found that higher family income (>10,000 BDT) and smaller household size (≤5 members) were significantly associated with increased healthcare-seeking for childhood illnesses in slum communities [10]. In our study, 85.3% were Muslim, while Adam & Aigbokhaode (2018) reported 28% Muslims in rural Nigeria, showing that dominant religion varies by region but may influence health-seeking behavior [2]. In our study, 12.7% reported consanguinity while 87.3% did not, consistent with Bangladesh surveys showing 10–20% prevalence and associated genetic risks [13]. Most lived in semi-paka (60.8%) or building houses (36.3%), similar to national data (~65%), indicating adequate housing linked to better sanitation, lower disease risk, and improved healthcare use [14].

In this study, 84.3% of respondents did not use tobacco, indicating relatively low prevalence of tobacco use compared with Bangladesh's overall tobacco prevalence of about 19.5% reported in national surveys, where socio-demographic factors influence use patterns [15]. In our study, 63.7% of respondents used tube-well water, 81.4% washed hands with soap regularly, and 88.2% had Paka toilets, indicating generally good sanitation and hygiene practices. These findings are similar to national data, where ~65% of households used improved water, 78% practiced handwashing, and 85% had proper sanitation, though ethnic populations had lower overall access [16].

In this study, URTIs were the most common past illness (15.7%), followed by hypertension (11.8%) and hypothyroidism (5.9%), with most conditions lasting 1–3 years (42.2%) or over three years (26.5%), indicating a substantial burden of chronic and recurrent illnesses. These findings are consistent with Lukama et al. (2023), who reported frequent persistent ENT conditions in low-resource hospitals [17], and Rahman et al. (2011), who observed prolonged or recurring illnesses in rural Bangladeshi populations [18]. Provisional diagnoses, including deviated nasal septum (16.7%) and chronic upper tract sinusitis (12.7%), reflect diverse health problems. Gender and socio-economic factors may influence these patterns, as women and lower-income individuals often experience delayed care, contributing to prolonged illness [19].

In this study, the most common presenting complaints were throat pain and hearing impairment (31.4% each), followed by nasal obstruction (17.6%) and headache or swelling (12.7% each). These findings are consistent with Mahfuz et al. (2017), who reported that upper respiratory tract symptoms, ear problems, and nasal complaints were the most frequent reasons for outpatient ENT visits in district hospitals in Bangladesh [20]. Similar patterns have been observed in other countries, where sore throat and ear-related complaints are primary motivators for seeking care, often prompting both self-management and formal healthcare visits [21]. Studies in India also show that suppurative otitis media and associated ear symptoms are common causes of outpatient visits, emphasizing the high prevalence of ear-related morbidity in community populations [22]. The predominance of throat and ear complaints in this study reflects both the burden of ENT diseases in rural settings and the tendency for patients to seek care when discomfort affects daily activities, consistent with prior reports from rural Bangladesh and low-resource hospitals [18,22].

Most respondents sought care from pharmacies (58.8%) or UHCs (34.3%), with few using paid services or homeopathy, and nearly half traveled 11–100 km to access facilities. This reflects limited healthcare accessibility and reliance on pharmacies, consistent with previous studies [17, 23], who reported that patients in low-resource settings often seek primary or informal care for ENT conditions. Community pharmacy initiatives can improve access and appropriate referral, highlighting their potential role in bridging healthcare gaps [23,24].

In our study, 69.6% of respondents rated hospital services as good, while 30.4% rated them as average, indicating generally positive perceptions of care. This aligns with findings from Islam et al., where over 70% of households reported satisfaction with health services in rural Bangladesh, highlighting that accessibility, quality of care, and staff behavior significantly influence patient satisfaction [2]. Similarly, Begum et al. reported that almost two-thirds (65%) of patients admitted to tertiary care hospitals in Bangladesh were satisfied with the hospital services they received [25].

CONCLUSION

This study highlights that health-seeking behavior among patients attending the ENT outpatient department at Gopalganj Medical College Hospital. The majority of respondents were young, female, and moderately educated, with generally good personal health practices and adequate sanitation. Upper respiratory and ENT-related complaints were the most common presenting issues, prompting care primarily from pharmacies and UHCs due to limited accessibility. Despite challenges in healthcare access, most respondents expressed satisfaction with hospital services. These findings underscore the need to improve accessibility to formal healthcare facilities, strengthen community-based interventions, and enhance awareness to promote timely and appropriate health-seeking behavior in community people in Bangladesh.

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