



Health shocks, care-seeking behavior and coping strategies of extreme poor households in Bangladesh's Chittagong Hill tracts



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A close-up photograph of a person's arm wearing a black blood pressure cuff. A hand is adjusting the cuff, and a stethoscope is visible at the bottom. The background is a solid teal color.

Outline:

01 Journal Information

Journal name, ID, affiliation information, author, Impact factor, cite score, received date, publication date

02 Introduction

Objectives, Introduction and Background

03 Methodology

Study site & population, Exclusion & inclusion criteria, Study design, Sample size, Sampling technique, Data collection, Table, Summary results

04 Discussion & Conclusion

Strength, Weakness, Critical comments, Conclusion, Recommendation



01- JOURNAL INFORMATION

Journal Information



Journal name: BMC Public Health

- Published: July 2019
- DOI: 10.1186/s12889-019-7335-7
- Article citations: 1675



Project

- Project: Economic Empowerment of the Poorest/Stimulating Household Improvements Resulting in Economic Empowerment (EEP/Shiree)
- Lab: Mathilde Maîtrot's Lab



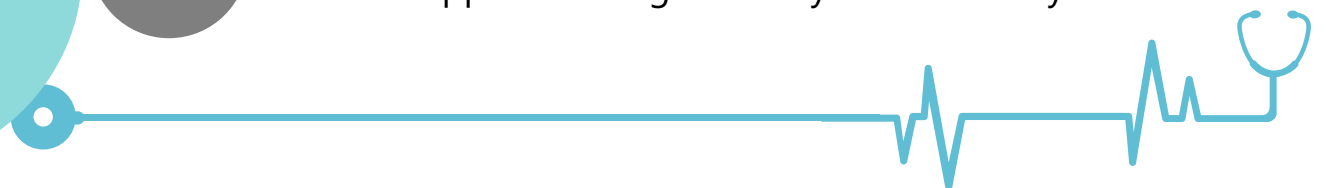
Impact factor

- 2019-2020: 2.837
- CiteScore rank: 3.90



Ethical Approval

Ethical approval was granted by the University of Bath



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02 - INTRODUCTION

Objective of the Study

To investigate whether and how health shocks, care-seeking processes and coping strategies interplay and impact the resilience of extremely poor Adivasi (ethnic minority) households in the Chittagong Hill Tracts (CHT), Bangladesh.

Unpredictable illnesses



Socioeconomic correlation

Determinants of poverty

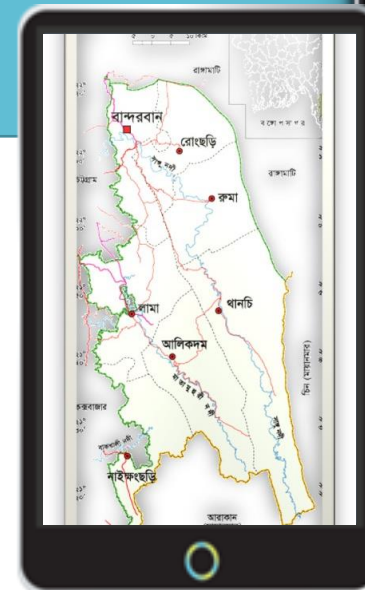


Healthcare Services

Treatment seeking



Extremely poor Adivasi





Introduction



Health shocks and poverty are deeply related. Health shocks defined as “unpredictable illnesses that diminish health status” are often recognized as a determining factor for poverty.



A common assumption is that when people experience health shocks, regardless of their magnitude, they all seek treatment



Yet, over the past two decades Bangladesh has made unparalleled progress in some selected socioeconomic and health indicators.



Largely reside in remote and peripheral area mostly Chittagong Hill Tracts, CHT henceforth) where socioeconomic development tends to be lower and improving at a slower rate than in plain land, and the medical systems and health services remain problematic for the region’s development



This study therefore contributes to addressing an information gap in research on poverty and offers a strong body of evidence for policy planners, programme managers, and implementers to design effective poverty-alleviation programmes targeting ethnic minorities.





03 - METHODOLOGY

Study Site, Population

Study Site

Three upazilas, namely Lama, Naikhongchhari, and Ruma of Bandarban.



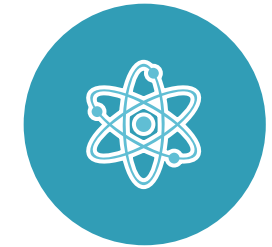
Total population

The total population is 113,413 according to the census of 2011.



Study time

This study was conducted between May and September 2015



Sampling Technique & Size

- A purposive sampling strategy
 - In-depth Interviews, n=25

Project intervention

Economic Empowerment of the Poorest/Stimulating Household Improvements Resulting in Economic Empowerment (EEP/Shiree)



Participants

Interviewed Adivasi Participants from ESLEP Project. In-depth interviewed among 'Marma' and 'Murang'

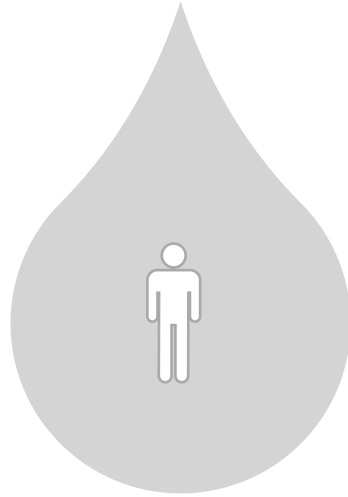


KII

Key Informant Interview conducted in Lama and Ruma

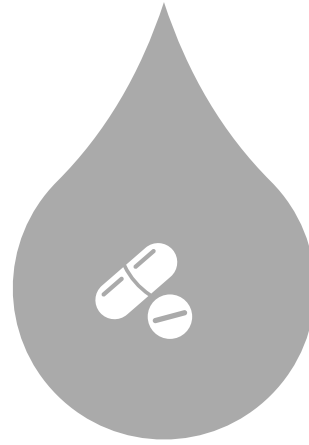


Data Collection



Team Size

A team with 3 interpreters and 3 researchers



Interviews and FGD

Interviews and FGDs were conducted in Bangla



IDI and FDG duration

Each IDI and FDG lasted between 50 and 65 min and 90 to 120 min



Recording and Translation

Interviews were recorded, transcribed verbatim, and subsequently translated into English



Data Analysis



First Step

Generated codes collectively through repeatedly reading the data, and then coded all transcripts.



Second Step

Having completed the initial coding of the interviews, we independently looked for clusters of several codes termed “themes” or “concepts.”



Third Step

To increase the validity of the coding as the research team members discussed emerging themes and early findings they triangulated the information collected before reaching a consensus on core concepts



Excluded

Software for textual analysis such as ATLAS-ti, and/or Nvivo were not used to organize or code the data.



Results-Summary



Mean age

The mean age for 'Marma' was 27 (SD \pm 8), and 29 (SD \pm 7) year for 'Murang'.



Educational status

More than half of participants had no formal schooling, while 1 had X grade schooling.



Marital status

The large majority of participants were married and belonged to a nuclear family structure.

- **Occupation:** The predominant occupation was jhum cultivation (10), followed by day laboring (5), handicraft (3), and small business



Results-Health shocks ...

Seasonality and chronic illnesses

Summer season, communicable disease and infection i.e. diarrheal diseases, malaria, and typhoid were prevalent in all three upazilas

01

Respiratory and skin disease

Pneumonia, asthma, scabies, eczema, itching and skin allergy & fever

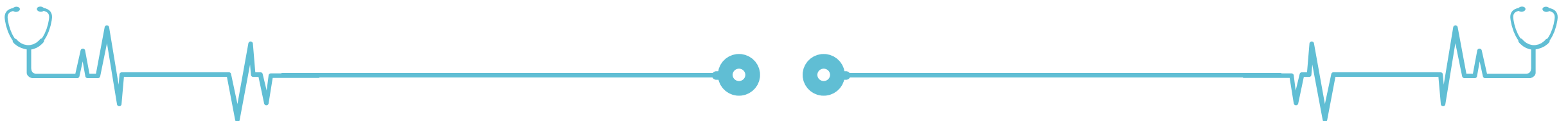
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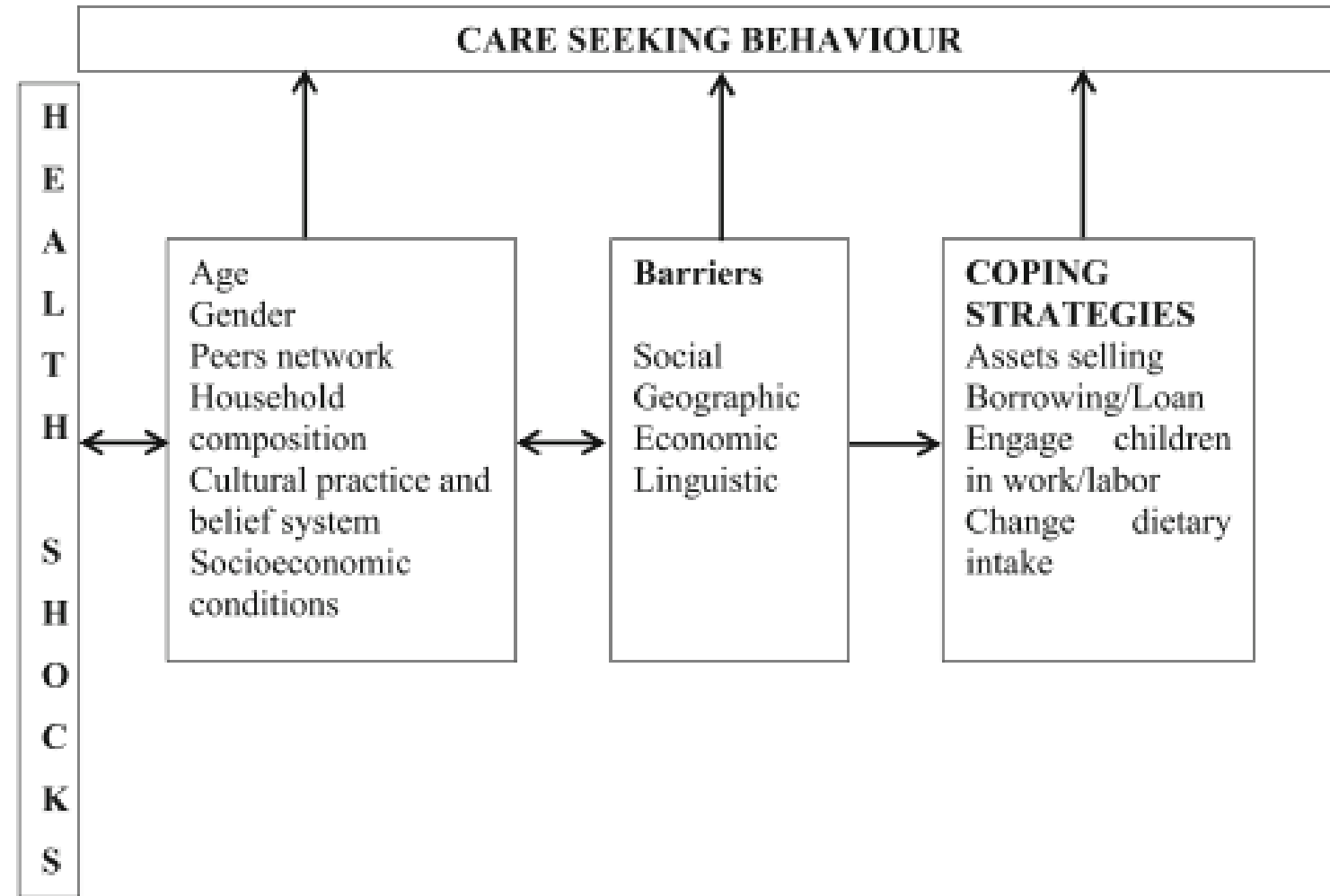
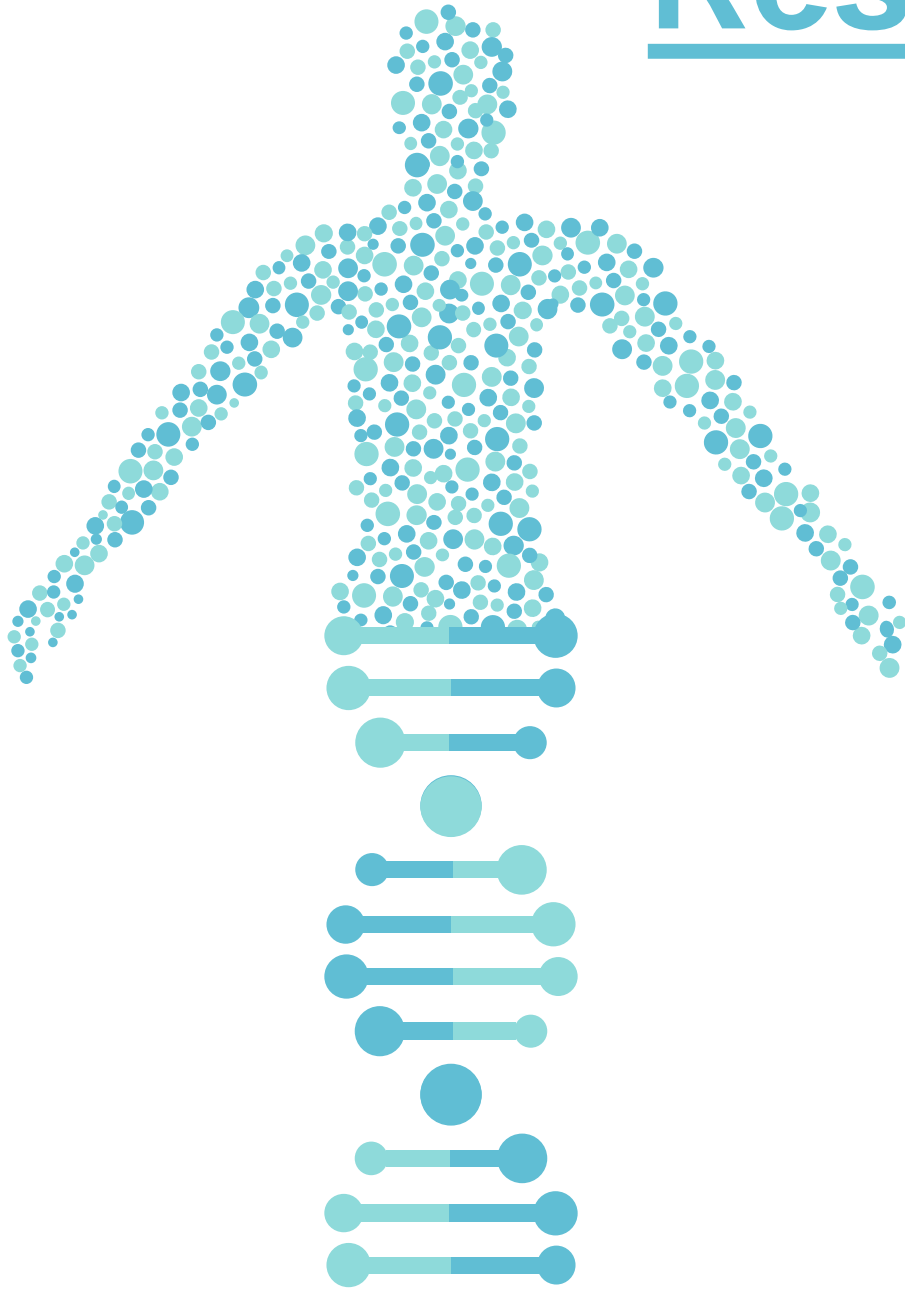
NCDs

Diabetes, cardiac complications, and maternal illnesses, were commonly reported from all sites

03



Results-Health Seeking ...





Coping Strategies

Results-Coping Strategies ...

01

Assets selling/ breaking savings

Adopted two strategies to cope with health shocks—firstly, to increase income or money flow in the household and secondly, to reduce expenses.

02

Engage children in work or labor

Most of the time coping strategies of extremely poor ill health sufferers directly affect children's wellbeing and education.

03

Borrowing loan

I hope and I believe that this Template will your Time, Money and Reputation .

04

Change dietary intake

Participants reported that their households significantly compromised on the quantity and quality of the food they consumed in an attempt to reduce their daily expenses, mobilize more cash savings and meet healthcare costs and repay loans

05

Resilience

Participants reported having little ability to mobilise sufficient funds for treatment from their savings. Most of the time, they use their cash savings for daily expenditures. As a result, they compromise on daily food consumption and children-related expenses



04 - DISCUSSION

Strength and Weakness

- Clear and fair understanding of health socks, care seeking behavior and coping strategies among ethnic community in CHT
- Focused on this study is on ethnic minorities in a geographically unique region of Bangladesh

Strength

Weakness

- Small sample size
- Result triangulated by KIIs and FGD only
- Results may not be applicable for plain lands Muslims people.



Conclusion



The findings of this study argue that health shocks are a common phenomenon among extremely poor Adivasi households in the CHT. A number of complex factors made the treatment-seeking process difficult and as a result the extreme poor lack access to adequate medical care and the treatment seeking process is lengthened.



Recommendations



The coping strategies analyzed in this paper also suggest that this processes has inter-generational implications for the prospects of Adivasi households' children.

Out-of-pocket payment system coupled with high opportunity costs resulted in extreme poor households being unable to pursue their livelihood strategy and in many cases caused them to fall deeper into extreme poverty

- **Study reveals that language skills reported to be a major inhibiting factor for seeking care**
- **Health shocks were frequently reported throughout the interviews causing larger healthcare expense, which was made via out-of-pocket payments**



Critical Comments



Note taker

Missing note taker information

FGD after meeting

Examine the data for patterns, themes, new questions, and conclusions.

In-Depth interviews

5–10 interviews with each important subgroup.

Key Informant Interview (KII)

Range can be In depth interviews with 15-35 people.





Thank You

Stay home Stay safe

