Original Article

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Exploring the Disease Pattern and Sociodemographic Profile among Patients Attending Patiya Upazila Health Complex of Chattogram

Sara Farahnaj[1*] A M M Ehteshamul Hoque[2] Sayeed Mahmud[3] Taifa Hazera Raffi[4]
Saeeda Risa[4] Ajoy Deb[5] Mukesh Kumar Datta[5] Pranay Kumar Mazumder[3]

ABSTRACT

Background: *To ensure satisfactory health care strategies of a country, morbidity and mortality data are very important. To understand the disease pattern and socio demographic profile of patients in rural Bangladesh.*

Materials and methods: *This was a descriptive cross section study. Data were collected among patients coming to Patiya Health Complex from January 2024 to May 2024. Total 200 patients were interviewed through purposive sampling.*

Results: *The study shows that 35(17.5%) belonged to age group 6 to 15 years, 50(25%) belonged to age group 16-30 years and 7(3.5%) were aged above 60 years. 136(68%) patients were female, 60(30%) were housewives, 110(55%) were married, 80(40%) had primary education and 120(60%) belonged to middle class. From the study it is also revealed that 110(55%) had a monthly income of Tk. 20,000 to 50,000 and 140(70%) belonged to joint family. Among the patients 120(60%) complained of fever, 112(56%) headache, 57(28.5%) loose motion, 78(39%) cough and 37(18.5%) skin rash. Study showed viral fever 150(75%), respiratory tract infections 49(24.5%), bronchial asthma 47(23.5%), 3(1.5%) dog bite, 8(4%) physical assault and 78(39%) skin diseases. Majority of the patients, 174(87%) said they were satisfied by the service rendered by health complex.*

Conclusion: *From the study, it is seen that majority of the diseases can be prevented.*

Key words: Disease, health complex, patient.

Introduction

Morbidity and mortality are the important indicators which reflects the health status of a nation. To ensure adequate health status it is important to collect information about morbidity and mortality pattern which helps in planning and implementing strategies regarding health care and monitoring the health care status of the nation.[1-3] Absence of morbidity related data in developing countries hampers improvement of the heath status.[4] Bangladesh is deficient of data.

1. Assistant Professor of Community Medicine
Institute of Applied Health Sciences (IAHS) Chattogram.
2. Professor of Nephrology
Institute of Applied Health Sciences (IAHS) Chattogram.
3. Professor of Community Medicine
Institute of Applied Health Sciences (IAHS) Chattogram.
4. Lecturer of Community Medicine
Institute of Applied Health Sciences (IAHS) Chattogram.
5. Associate Professor of Community Medicine
Chittagong Medical College, Chattogram.

*Correspondence : **Dr. Sara Farahnaj**
Cell : +88 01741 65 47 76
Email : sarafarahnaj@gmail.com

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Morbidity related study reflects the real picture of the community. To explore the morbidity pattern of the patients attending in health complex, clinical information were collected by interviewing the patients in Upazila Health Complex, union subcenter and community clinic.[5-6] In Bangladesh, 80% of the populations live in rural area and there are 492 upazila health complexes.[7] The health complexes are composed of 50 beds to provide indoor service for the people of the upazila. The Upazila Health Complex also provide outdoor service, primary health care, family planning services and other preventive health care services to the people of the upazila. Upazila health complex provides services to about 1 lac to 4 lac people.[8,9] UHC plays an important role in providing health care service in Bangladesh.[10] The UHC acts as referral centres for a number of grassroots level community clinics.[11] Each upazila health complex has to follow a reporting system as directed by the Ministry of Health and Family Welfare. Inspite of adequate facilities, clinical care of patients are done attending physicians are the mainstay of diagnosis of illness. Very little information is available regarding the disease pattern at the UHCs in Bangladesh for the policymakers to prioritize the healthcare needs at the upazila level. In this study, it was tried to explore the socio demographic profile and morbidity pattern among the patients in Patiya Upazlla Health Complex to guide the policy-

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makers in strengthening and prioritizing healthcare needs at the upazila level that would benefit the rural community of Bangladesh.

Materials and methods

This is a descriptive cross sectional study performed on 200 selected patients by convenience type of non probability sampling technique. Those who had come for treatment purpose, male and female were included in the study. Unwilling patients and sever sick category sufferer were discarded from the research.

Results

Table I Socio demographic profile of the patients (n=200)

Variables	Frequency	Percentage (%)
Age		
0-10 years	60	30.0
10-20 years	35	17.5
20-30 years	50	25.0
30-40 years	33	16.5
40-50 years	15	7.50
>50 years	7	3.50
Gender		
Female	136	68.0
Male	64	32.0
Occupation		
Student	60	30.0
Housewife	60	30.0
Businessmen	37	18.5
Daily labor	21	10.5
Farmer	11	5.50
Teachers	4	2.00
Rikshaw puller and driver	7	3.50
Marital status		
Married	110	55.0
Unmarried	80	40.0
Widow/Divorced	10	5.00
Education status		
Illiterate	07	3.50
Primary	80	40.0
Secondary	45	22.5
Higher secondary	55	27.5
Honors and above	13	6.50
Socio economic status		
Upper class	11	5.50
Upper middle class	35	17.5
Middle class	120	60.0
Lower middle class	24	12.0
Lower class	10	5.00

The above table reveals that 25% of patients belonged to age 20-30 years, 68% were females, 30% were housewife, 55% were married, 40% passed the primary school level and 60% belonged to middle class.

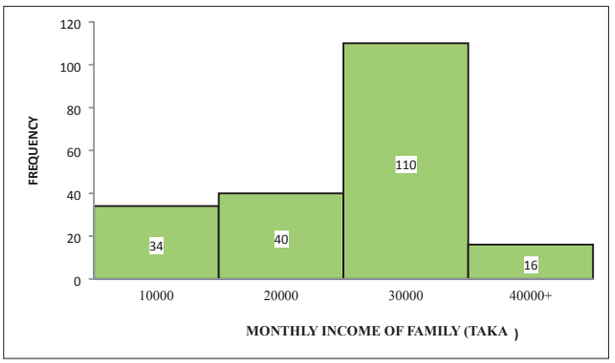

Figure 1 Monthly income of the family (n=200)

From the figure it is seen that majority 110(55%) of respondents had monthly income of Tk. 30,000 and only 16(8%) had Tk. 40,000 and above.

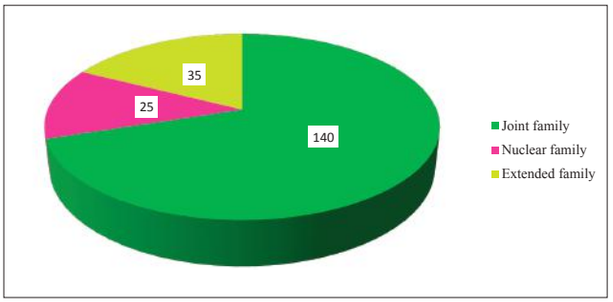

Figure 2 Types of family of the responding patients (n=200)

The above figure depicts that majority 140(70%) of respondents belonged to joint family.

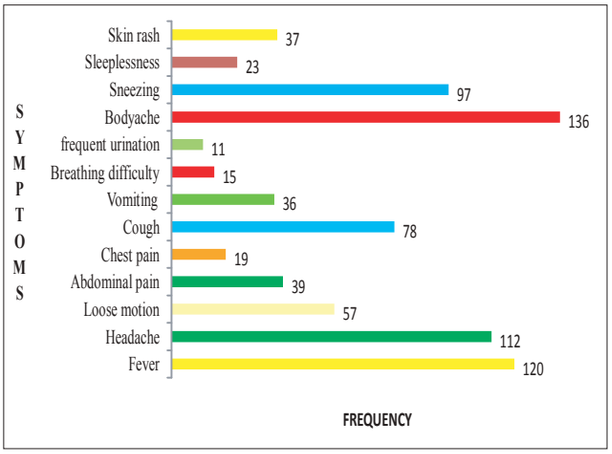

Figure 3 Health problems of the respondents (n=200)

From the above figure it is evident that majority 120 (60%) respondents complaints of fever, 112 (56%) had headache, 57(28.5%) suffered from loose motion, 78(39%) had cough.

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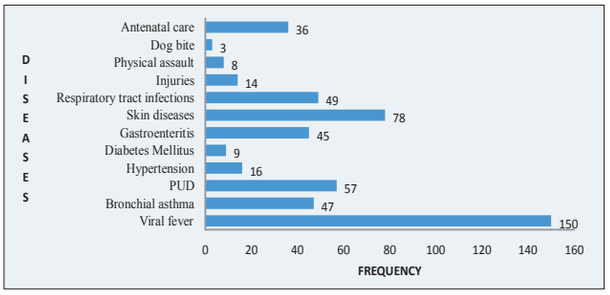

Figure 4 Pattern of disease of the patients (n=200)

It is explored from the figure that majority 150(75%) had suffered from viral fever, 47(23.5%) patients suffered from asthma, 78 patients suffered from skin diseases, 36(18%) persons came for antenatal check up, 3(1.5%) person suffered from dog bite.

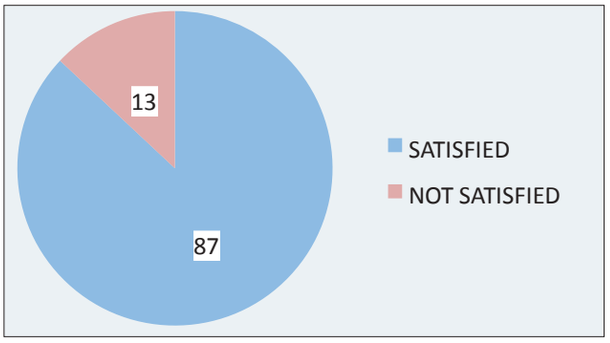

Figure 5 Satisfaction level of persons attended for treatment in UHC (n=200)

It is observed that majority 174(87%) of patients were satisfied by service provided by Upazila Health Complex, the remaining 26(13%) had negative view regarding this.

Discussion

This descriptive cross sectional study was done in the Patiya Upazila Health Complex. In this study it is seen that 60(30%) respondents were aged 0 to 10 years, 50(25%) were aged 20 to 30 years and 7(3.5%) were aged above 50 years. A study done in Tamil Nadu, India shows 43(4.3%) were aged under 5 years and 139(13.8%) were aged above 60 years.[12] The study showed that 68% patients were female whereas female constitutes about 55% in another study done in rural India.[13] From this study it is observed that 30% of patients were housewife, 18.5% were businessmen which corresponds to a similar study in Ghaziabad[12]. 55% of the patients were married, meanwhile in another study 72.5% of respondents were married.[12] Regarding education status in this study it is observed that 3.5% were illiterate, 40% passed primary school, 27.5% passed higher secondary school and 6.5% were of honors and above level. Meanwhile in another study of Gupta et al. it was seen that 34.5% respondents were illiterate and 48.7% had passed high school and above.[13] In this research, it is observed that majority 60% of respondents belonged to middle class whereas it is observed that 18.4% were from middle class depicted from another similar study performed by Begum et al.[13] Regarding the income it is seen that 55% have monthly income ranging from Tk.20,000 to Tk.40,000 and 8% had income more than Tk. 40,000/ per month. This findings matches with another similar study performed in Keranigonj, Dhaka.[14] In this study it is seen that 70% lives in joint family, 12.5% in nuclear family and 17.5% in extended family, which is similar to a Dhaka study.[14] Among the respondents in this study regarding illness, it is seen that 60% had fever, 56% had headache, 28.5% had loose motion, 19.5% had abdominal pain, 9.5% had pain, 39% had cough, 18% had vomiting, 7.5% had breathing problems, 5.5% had urination problems, 68% had generalized bodyache, 48.5% had sneezing problems, 11.5% had sleeping problems and 18.5% had skin related health problems. This findings correlates with findings of another study.[14] Regarding disease it is found that 75% suffered from viral fever, 23.5% from asthma, 28.5% PUD, 8% hypertension, 4.5% from diabetes mellitus, 22.5% had gastroenteritis, 39% from skin diseases, 24.5% suffered from respiratory tract infections, 7% from different injuries, 4% from physical assault, 3% suffered from dog bite and 18% came for antenatal care. This results corresponds to findings of another study done in Dhaka.[14] In this study 87% of the respondents said that they are satisfied with the services provided by the health care providers of the Upazilla Health Complex, whereas 96% of the respondents gave satisfactory response in another study of Dhaka.[14]

Conclusion

In Bangladesh, there are 495 Upazila (31 August 2021). The upazilas are the second lowest tier of regional administration in Bangladesh. There are 495 UHC in Bangladesh, had 31 and 50 beds for indoor services. Government Health and Family Planning programs are implemented in grass root level through the field workers of UHC. Ministry of Health and Family welfare is trying decentralization of Health care through UHC. Rural people who are living in remote areas can get their treatment facilities through primary level centers, which are definitely related with the essential health care of the citizens of Bangladesh. Among people coming for care at Patiya UHC, 87% were satisfied by the service which is undoubtedly a standard level.

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Disclosure

All the authors declared no competing interest.

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