

**ORIGINAL ARTICLE**DOI: <https://doi.org/10.3329/mediscope.v7i2.49447>**A study on features and functions of family which are relevant to health behavior affecting family health of selected rural population in Bogura district****MJ Alam¹, KM Ali², *A Mahjabin³, JM Tamjid⁴, T Tamannum⁵****Abstract**

A descriptive type of Cross Sectional study was conducted in two villages named Joyvoga and Chokvochia of Gabtoli upazila, Bogra with a view to finding out the certain features and functions of family which are relevant to health behavior of selected rural population of Bogura district during the period of 20th and 23rd April 2015. Total 278 families were selected purposively. The respondents were aged 15 years and above and the data were collected through open ended pretested questionnaire by face to face interview. Out of 278 respondents, it was found that majority 121 (43.52%) of the respondents were within 31-45 years age group followed by 79 (28.41%) within the age group 15-30 years. Most of the respondents were females 165 (59.32%), agricultural workers 78 (28.05%), Muslims 276 (99.28%) & one- third of the respondents completed their primary education 78 (28.06%). It was found that majority of the families are nuclear 193 (69.42%). Regarding housing condition, majority had satisfactory ventilation status (84.17%), safe water using (93.17%), using of sanitary latrine (87.05%), satisfactory cleanliness (38.12%) & domestic waste disposal 25.18%. In case of child (under five) rearing majority were average in weight (88.85%) followed by underweight (7.91%), clean clothing condition (41.01%). Regarding socialization, attending social clubs 22.3%, schooling 78.42%, attending mosque 84.06% and taking part in games 87.77%. In case of personality formation most of the respondents can cope with the stress on an average 60.43% & had good relation with children (73.55%). In relation to care of the dependent adults most 82.56% of the chronically sick persons did not get proper care, majority (85.77%) got satisfactory care during pregnancy. In relation to family condition most of the families are problem family (90.2%) followed by peaceful family (9.73%). Regarding stress related diseases, majority suffered from hypertension (25.30%) followed by Peptic Ulcer Disease (24.10%). This study will help to early detection of health related wrong behavior & maintenance of family norm can prevent further breakdown of diseases related to family health of the rural people.

Keywords: Family type, Housing status, Sanitation, Waste disposal, Child rearing, Bangladesh.

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Introduction

Family is a group of biologically related individuals living together and eating from a common kitchen.¹ A family may be nuclear consisting of parents and their children or extended when a large group of relatives live together or in close contact with each other.² There may be other type of family that is broken family or problem family. In fact broken family is a problem family.³ Previously family was referred to extended family. Now a days family refers to nuclear family and existence of extended family is very rare in Bangladesh.⁴ Family plays vital role in reproduction, child rearing, education, economic support, support of the dependents and socialization. A peaceful family can perform these activities smoothly but a broken or problem family can result many health problems. For proper functioning of family, healthful housing, waste management and sanitation is needed. But only 56% of the population was estimated to have access to adequate sanitation facilities in 2010.⁵ Again, a significant percentage of the population has zero access to proper waste disposal service which will in effect lead to the problem of waste management.⁶ This in turn causes many diseases. Poor sanitation has serious consequences for health of the residents and report suggests that most of the child mortality could be related with diseases.⁷ Therefore this study will explore the different aspects & family functions and its effect on human behavior and occurrence of diseases.

Materials and methods

This cross sectional descriptive type of study was conducted during the period from 20th to 23rd April 2015 among purposively selected 278 people aged 15 years and above in two villages named Joyvoga and Chokvochia of Gabtoli, Bogura. The Data were collected through pretested open ended questionnaire by face to face interview to find out the certain

features and functions of family which are relevant to health behavior. The data thus collected were checked & verified for any omission & inconsistency. Finally data were analyzed by SPSS program & necessary significant tests were done. Then data were presented by necessary tables & charts.

Results & Discussion

Table 01: Socio-demographic characteristics of respondents (n= 278)

Characteristics	n	%
Age of the respondents		
15-30 years	79	28.41
31-45 years	121	43.52
46-60 years	58	20.86
>60 years	20	7.21
Sex of the respondents		
Male	113	40.68
Female	165	59.32
Religion of the respondents		
Islam	256	92.08
Hinduism	22	07.92
Educational status of the respondents		
Illiterate	80	28.77
Primary	78	28.06
Secondary	75	26.98
Higher Secondary and above	45	16.19
Occupation of the respondents		
Housewife	54	19.42
Service holder	35	12.59
Agriculture	78	28.05
Business	45	16.18
Day labourer	36	12.95
Others	30	10.81

The table shows that majority 121(43.52%) of the respondents were within 31-45 years age group followed by 79 (28.41%) within the age group 15-30 years. Most of the respondents were females 165 (59.32%), Muslims 276 (99.28%), agricultural workers 78 (28.05%) & one- third of the respondents completed their primary education 78 (28.06%).

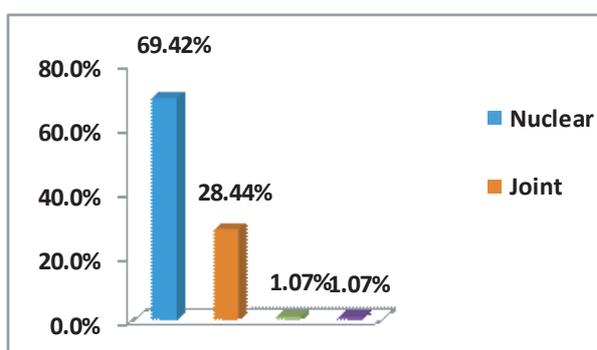


Figure 01: Distribution of respondents according to their family type (n=278)

This figure shows that, out of 278 respondents, 193 (69.42%) live in nuclear family followed by 79 (28.41%) joint family, 3 (1.07%) blended, 3 (1.07%) one parent families. Another study conducted in rural area of Bangladesh by Khan NRI, et al showed that 185 (69.8%) lived in a nuclear family, 69 (26%) respondents lived in a joint family and only 11 (4.2%) respondents lived in an extended family which are consistent to this study.⁸ This indicates that the old tradition of joint/extended family in our country is decreasing with the emergence of nuclear family as elsewhere in the world.

Table 02: Distribution of respondents according to their housing status (n=278)

Types	n	%
Cleanliness		
Satisfactory	106	38.13
Average	152	54.68
Not satisfactory	20	7.19
Ventilation		
Satisfactory	234	84.17
Not satisfactory	44	15.83
Water supply		
Safe	259	93.17
Not Safe	19	6.83
Sanitary Latrine		
Yes	242	87.05
No	36	12.95
Waste disposal		
Satisfactory	70	25.18
Average	174	62.59
Not satisfactory	34	12.23

This table shows that, more than half of the respondents had average clean house 152 (54.68%). Out of 278 respondents, ventilation of 234 (84.17%) is satisfactory, 259 (93.17%) people use safe water, 242 (87.05%) people use sanitary latrine and the domestic waste disposal of 174 (25.18%) people is average. According to some sources, in Bangladesh (2015), sanitation coverage was 61% which is inconsistent with the result of this study.^{9, 10} As per Banglapedia, 90% of the people have access to safe drinking water which is almost same with the result of this study.⁶

Table 03: Distribution of the respondents according to child rearing (n=272)

Attributes	n	%
Body built (According to standard measurements of BMI)		
Underweight	22	8.10
Average	247	90.80
Overweight	3	01.10
Clothing		
Well	95	34.91
Poor	57	20.96
Clean	114	41.91
Not clean	06	2.21

This table shows that, out of 278 respondents, body build of 247 (90.80%) is average, 22(8.10%) is under weight and 3(1.10%) is overweight. Clothing of 114(41.91%) is clean, 95(34.91%) is well, 57(20.96%) is poor and 6(2.21%) is not clean. Another study which was held in South Africa conducted by Danae Koetaan et al showed that the prevalence of underweight was 7.7% which is consistent with this study¹¹ & another study which was conducted in Bangladesh showed that prevalence of underweight was 32.6% that is inconsistent.¹²

Table 04: Distribution of the respondents according to socialization (n=278)

Traits	n	%
Schooling		
Yes	220	79.13
no	58	20.86
Attend Social Clubs		
Yes	62	22.30
No	216	77.70
Attend Mosque		
Yes	234	84.17
No	44	15.83
Take part in games		
Yes	246	88.48
No	32	11.51

This table shows that, out of 278 respondents the number of school going person is 220 (79.13%), the number of person who attend club is 62 (22.30%), the number of person who attend mosque is 234 (84.17%) and participation in game is 246 (88.48%). According to the Annual Primary School Census 2017, the dropout rate in the primary education is 18.8% which is almost same with the result of this study.¹³

Table 05: Personality formation to develop the capacity to withstand stress (n=278)

Conditions	n	%
Coping with stress (effect on daily life)		
Easily cope	89	32.01
Easily upset	21	7.55
Average	168	60.44
Relation with children		
Good	205	73.74
Average	70	25.36
Poor	03	1.09

This table shows that, out of 278 respondents, regarding personality formation, 168 (60.44%) people can cope with stress on an average followed by 89 (32.01%) easily cope and 21 (7.55%) easily become upset. Relation with children of 205 (73.74%) is good, 70 (25.18%) is average and 3(1.08%) is poor.

Table 06: Distribution of the respondents according to the care of dependent adult (n=278)

Trait	n	%
Chronically sick person		
yes	49	17.63
No	229	82.37
Care during pregnancy		
Satisfactory	239	85.77
Not satisfactory	39	14.23
Care above 60 years (n=132)		
Well	106	80.30
Poor	26	19.70
Care of the handicapped (n=37)		
Well	28	75.68
Poor	09	24.32

This table shows that out of 278 respondents, taking care of 49 (17.63%) chronically sick person and 239(85.77%) during pregnancy is satisfactory. Out of 132 respondents, care above 60 years old person is well 106(80.30%) and 26(19.70%) is poor. A studies held in rural area of Bangladesh conducted by F. Mahejabin et al showed that 76.8% of the respondents received antenatal services which is more or less same with this study.¹⁴ Another study conducted by Farah S, et al showed that 63.4% of the respondents received antenatal services which is similar to this study.¹⁵ Out of 37 respondents, care of the handicapped is well in 28(75.68%) and poor in 09(24.32%) families.

Table No. 07 Distribution of the respondents according to family condition (n=278)

Traits	n	%
Broken family		
Parents separated	8	2.87
Parent/s deceased	13	4.67
Problem family		
Poverty	98	35.26
Severe chronic illness	108	38.84
Emotional instability	21	7.55
Character defect	3	1.08
Others (Peaceful family)	27	9.73

This table shows that, out of 278 respondents, the number of parent separated broken family is 8 (2.87%) and the number of parent death broken family is 13 (4.67%) This table also shows that, 108 (38.84%) families have severe chronic illness, 98 (35.26%) families are suffering from poverty, 21 (7.55%) families have emotional instability and 3 (1.08%) families have character defect.

Table 08: Distribution of the respondents according to stress related diseases (n=278)

Types	n	%
Peptic Ulcer disease	67	24.10
Hypertension	72	25.30
Bronchial Asthma	42	15.11
Rheumatism	20	7.19
Drug addiction	5	1.80
Alcoholism	1	0.03

This table shows that, out of 278 respondents, 72 (25.30%) people are suffering from hypertension, followed by 67 (24.10%) peptic ulcer disease, 42 (15.11%) bronchial asthma, 20 (7.19%) rheumatism, 5 (1.80%) drug addiction and 1 (0.03%) alcoholism. According to BBS (2017), the prevalence of hypertension & bronchial asthma were 5.45% and 2.33% respectively which are inconsistent

with the result of this study.¹⁰ A study held in Manikganj conducted by Alam, M.J., et al revealed that prevalence of hypertension & bronchial asthma were 7.7% and 0.7% respectively which are quite different with the findings of this study.¹⁶

Conclusion

Family is a fundamental social unit. It is the main place for health development, education, personality & social development of the people. Occurrence of many diseases is also related directly or indirectly with healthful family environment, housing condition, sanitation & waste disposal. Therefore, the result of this study will help the concerned authority to take necessary steps to improve the health of the families of rural people of Bangladesh.

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