Khulna University Studies Volume 19(1): 164-176 : 2022

ORIGINAL ARTICLE

SOCIAL SCIENCE

HEALTH CARE SEEKING BEHAVIOR OF ADOLESCENT GIRLS IN RURAL AREAS OF KHULNA DISTRICT

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Manuscript submitted: November 30, 2021 Accepted: April 14, 2022

Abstract

The health care seeking behavior is a growing concern which in realizing the characteristics of health as well as level of health care knowledge of the adolescent girls in Bangladesh. The study aimed to explore the health care seeking behavior of the adolescent girls who were belonged to the age group of 13 to 19 in three villages under Batiaghata Upazilla of Khulna district. Following survey research design a self-administered questionnaire (SAQ) was used to collect data from 157 respondents by using simple random sampling. Findings reveal that majority of the respondent (66.9 percent) were Islam believers and accomplished secondary level (60.5 percent) of education. Moreover, maximum respondents were practicing allopath (66 percent), treatment received from pharmacy (42 percent). More than 50 percent (50.3%) maintained menstruation management by using sanitary napkin as well as taking primary knowledge from school (10.8 percent). However, household income was significantly associated with place of treatment ($p<.024$). In addition, education of mother was positively associated with level of health care knowledge ($p<.004$). Furthermore, household income is strongly correlated with cost of treatment of the respondent ($r =.577$, $p = .000$). Even year of schooling of the respondent is related with level of health care knowledge ($r = .185$, $p = .035$). Finally, it can be concluded that there is a necessity for taking proper initiatives by GOs and NGOs to improve the health care seeking behavior of adolescent girls in rural areas of Bangladesh.

Keywords: Health, care, seeking, behavior, knowledge, adolescent

Introduction

Bangladesh is a developing country in South Asian region with total 164 million populations. There are 50.8 million male and 49.2 million female remaining in the country. Among female, 13.7 million are adolescent girls who are mostly suffering in their health care seeking behavior [Bangladesh Bureau of Statistics (BBS), 2020]. However, in this study "Health Care Seeking Behavior" (HCSB) refers to decision or action taken by adolescent girls to maintain good health and to prevent illness (Chauhan *et al.*, 2015). Although the health care seeking behaviors of adolescents is an important pipe to human development but over population and poverty are pervasive. Even, over the last decade, it has become a serious concern in the world (Pradhan, 2013).

Moreover, The International Conference on Population and Development in 1994 formally recognized the health needs of adolescent girls who constitute about one fifth of the world population

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DOI: https://doi.org/10.53808/KUS.2022.19.01.2136-ss

addressed in health policies across the world (Sapkota *et al.*, 2016). In the rural areas of Bangladesh reported that 43 percent of the 200 adolescent girls ages 13-19 who were studied vulnerable in their health care issues (Ekong, 2016). Besides they face different complex situations in their family life as well as in the hospital in case of their health care seeking behavior and revealed that 64.3 percent girls suffered (Kumar *et al.,* 2018). Even many religious views and superstitions are remained at still in rural side, for this reason adolescent girls are getting less scope in their socio-economic factors (Katung, 2010). Among the rural respondents, 12.5 percent had an unpleasant experience at a health care center. Furthermore, adolescent health services provision to the respondents was generally poor; obviously the girls were ignorant about the existence of such services (Musoki *et al.*, 2014). The study found that the majority of female patients (53.3%) utilized primary treatment but main health care service among adolescents was medical problem (20.5%) whereas obstetrical & gastrical problems were least (13.8%) (Davey *et al.*, 2014).

In many health systems, particularly in developing countries, illiteracy, under funding of health sector, poverty, inadequate water and poor sanitation facilities have a great impact on adolescent girl's health indicators (Farotimi *et al.*, 2015). The aspects of nature and pattern as well as factors which affect health care seeking behavior, education perception regarding health care, level of health care knowledge etc. are addressed to understand what type of health care behavior exists among the adolescent girls (John & Annear, 2020). The factors that mostly affect this behavior and quality of services that are being provided through primary health care facilities in the rural areas. For health related problems community members first discuss with family members and accordingly take decision regarding where to seek care and treatment (Jain *et al.,* 2016).In the study areas socio environmental approach stresses on the responsibilities of governments and other organizations for making socio environmental conditions for adolescent girls. It involves strategies of identifying the causes of health inequalities, developing policies to reduce them, incorporating them into the education and practice of health professionals (Katung,2010). This study tried to make a relationship between health issues and socio environmental approach. Apart from the social model of health focuses on how social processes work in defining and understanding the causes of illness or interpreting within the nature and pattern of health care system (Chauhan *et al.*, 2015).

However, the level of health care knowledge is developed by the training but in spite of being confronted with various barriers there was got their training on the behalf of different health care institutions (Patil *et al.*, 2017). There was a considerable increase in the awareness levels of girls with regard to knowledge of health problems, environmental health, nutritional aware. Improving the health and well-being of adolescent girls will require a concerted effort to see that they grow up safe and have access to responsive health care and supportive adults (Abraham & Sheeran, 2020).As adolescent girls are the important human resources for the development of a nation. Social, economic, environmental and demographic legal policy must be needed for their health improvement. Adolescent girls' health education should be built into the adolescent health program as well as the basic education curriculum (Busari, 2012). It can be included as a part of school health program and should be emphasized to make them aware about the importance of health care seeking behavior by breaking the silence. So, the purpose of this paper is to explore three questions a) what is the nature and pattern of health care seeking behavior of adolescent girls? b) What are the socio- economic factors influencing health care seeking behavior of adolescent girls? and c) How to know their levels of health knowledge in the context of Bangladesh.

Methodology

Observing the survey research design, this study is explanatory in nature as well as the study was carried out on adolescent girls who were chosen purposively under the Batiaghata Upazilla [Namely i) Sachibuniya, ii) Raingamari and iii) Dorgapur] in Khulna district of Bangladesh. To achieve the study objectives, some specifications were made to identify the respondents, the data were collected from i) adolescent girls who were unmarried ii) belonged to the age group of 13 to 19 iii) live in the selected study area for at least 1 year. A

questionnaire containing both open and closed questions in English as well as designed for data collection. According to the aforecited a criterion by census was conducted by the research, 265 adolescent girls were identified from Batiaghata Upazilla Selected through simple random sampling. In this research, the sample was determined by following the formula-

$$SS = \frac{Z^2 x\ \mathrm{P}(1-\mathrm{P})}{C^2}$$

$$SS_i = \frac{\mathrm{SS}}{1 + \frac{SS-1}{Pop}}$$

Here, *SS* = Sample Size; SS_i= Sample Size, according to Population; Z = Confidence Level (*i.e.* 1.96 for 95% confidence level); P = Percentage of Picking a Choice (*i.e.* 0.5 used for sample size needed); C = Confidence Interval (*i.e.* 5); Pop = Population.

Formula 1: The first formula had been used to define the sample size

$$\mathrm{SS} = \frac{(1.96)^2 \times o.5\ (1-0.5)}{(0.0500)^2} = \frac{3.842 \times 0.5 \times 0.5}{0.00250000} = \frac{0.9604}{0.002500} = 384.16$$

Formula 2: The first formula had been used for correction for finite Population

$$SS_i = \frac{\mathrm{ss}}{1 + \frac{\mathrm{ss}-1}{\mathrm{pop}}}$$

$$= \frac{384.16}{1+\frac{384.16-1}{265}} = \frac{384.16}{1+\frac{383.16}{265}} = \frac{384.16}{1+1.45} = \frac{384.16}{2.45} = 156.8 = 157$$

Table 1. Population and sample size of the Study Areas at a Glance

Name of the Rural Area	Population	Sample size
Sachibuniya	113	65
Raingamari	90	62
Dorgapur	62	30
Total	265	157

Table 1, a total of 265 adolescent girls aged between 13 to 19 years were identified by census. Then, in accordance three rural areas of the population in selected 157 adolescent girls were chosen respectively as the sample of the study. For the study, primary data were collected from 23 July to 15th August 2017 and the data were collected by the researcher herself. Secondary data were published which used to make an assessment of the quality of the information provided and to identify bias and pure imagination (Walliman, 2020). The nature and pattern of health care seeking behavior covers treatment pattern, illness type, cost of treatment, place of treatment etc. Socio-economic factors affecting health care seeking behavior that identifies large family size, traditional healing practices, low income and parental educational level. The level of health care knowledge involves level of formal education, HCSB related knowledge, access to health services and social environment etc. The hypothesis of this study mentioned that a) there is a relationship between household income and place of treatment of adolescent girls b) there is a relationship between education of mother and the level of health care knowledge of adolescent girls. c) there is a relationship between household income and nature of treatment of adolescent girls. So, the raw data were edited, coded, classified and cleaned by the researcher before analysis started. Tabulated data were preceded by computerizing and using computer

software's like SPSS and MS word. Answers of the respondents were counted through different value as given in the questionnaire. After data processing, data analysis and interpretation were done through using statistical techniques by using different software like (SPSS-20 and MS Word etc.). Additionally, means, standard deviations, Pearson's Chi–square test and correlation were calculated along with frequencies and percentages were calculated from respondents'. Following the variable, Table 2, (List of Indices) Likert scaling was used to measure socio-economic factors affecting health care seeking behavior and level of health care knowledge.

Table 2. List of Indices

Level	Score
Socio- economic Factors Affecting HCSB	
Low	≥25
Medium	26-30
High	≥31
Level of Health Care Knowledge	
Low	≥29
Medium	30-39
High	≥40

Results

Background information of the respondents: The data, presented in the Table 3, denominate that around 40.8 percent of the respondents were in the age group of 15 to 16 years as well as the higher percentage (66.9%) of the respondents belonged to Islam. Most of the respondents (82.8%) continued their study and 17.2 percent dropped out for many reasons. The data reveal that major portion of (53.5%) respondents had been studying higher secondary as well as 28 percent completed their secondary level. The mean year of schooling was 10.17 with standard deviation 1.63 years. In the case of monthly income, the average income of the respondents was BDT. 2922.03, the standard deviation of 4802.33 BDT. Even the mean of the monthly saving was 653.33 BDT with 547.97 BDT standard deviation.

Socio economic status of parents: Table 4 reveals that a greater number of household (87.3%) were headed by the respondent's father as well as only 8.9 percent were by her mother. In case of occupation, majority of the household head (46.5%) engaged in labor force, 23.6 percent having own business along with 29.9 percent belonged to service sector. Major portion of household heads (61.8%) and 75.0 percent mother completed secondary level education. Furthermore, the mean of family size and household income were respectively 3.79 and 13482.80 BDT. Meanwhile, the higher portion of household (85.4%) used modern sanitation facility and 14.6 percent included traditional ways.

HCSB Of the respondents: The highest portion of adolescent girls (59.9%) are affected by separate diseases in different seasonal time and 40.1 percent adolescent girls have no illness (Table 5**)**. Among the highest percentage (38.2%) suffered from gastrointestinal illness and the major part of the respondents (68.8%) is received allopath and pharmacy and some respondent (14.6%) practice the homeopath in various times. The highest percentage (66.5%) of respondents received services from allopath for available facilities and quick cures from illness. In spite of being absorbed the allopath, some respondents (17.2%) involved homeopath for better cure in the illness. maximum 44.6 percent of total adolescent girls chose that source of health care due to economic crisis. 11.5 percent respondents choose the traditional healing practices. But on the basis of

religious belief or superstitions there are 43.3 percent respondents utilizing cloth or tissue and the others are (5.7%) practiced traditional ways. The most of the adolescent girls (20.4%) were faced vomiting tendency and 14 percent suffered excessive bleeding. The study highlighted that pharmacy treatment (42%) were most available and 21 percent respondents took self-treatment at home. 34.4 percent respondents were moderately impacted by the socio economic factors and the mean impact is 29.19 with the standard deviation of 4.76. It is measured that most of respondents (92.4%) had knowledge about their health conscious and the main barrier was remaining not enough doctors (65%) There are 52.9 percent respondents reported to have moderate level of health care knowledge. Even it is a matter of fact that there were only 33.1percent owned higher level of health care knowledge.

Table 3. Background profile of the respondents

Variables	Frequency	Percent (%)
Age (in Year)		
13-14	53	33.8
15- 16	64	40.8
17-19	40	25.5
Mean 16.15	Std. Deviation 1.63	
Religious Status		
Islam	105	66.9
Sanatan	37	23.6
Christianity	15	9.6
Continuous Study		
Yes	130	82.8
No	27	17.2
Year of Schooling		
≥8	2	1.3
9-16	44	28.0
≥17	84	53.5
No Schooling	27	17.2
Mean 10.17	Std. Deviation 1.63	
Monthly Income		
≥5000	53	33.8
≥5001	6	3.8
No income	98	68.4
Mean 2922.03	Std. Deviation 4802.33	
Monthly Saving		
≥500	32	20.4
501 -1000	8	5.1
≥1001	5	3.2
No Saving	112	71.3
Mean 653.33	Std. Deviation 547.97	

Table 4. Socio economic status of parents

Variables	Frequency	Percent (%)
Head of the Household		
Father	137	87.3
Mother	14	8.9
Sister	2	1.3
Brother	4	2.5
Occupation of the Head of the Household		
Labor	73	46.5
Business	37	23.6
Service man	47	29.9
Educational Status		
≥10	97	61.8
11-12	48	30.6
≥13	12	7.6
Mean 9.62	Std. Deviation 3.31	
Educational Status of Mother		
≥10	120	75.0
11-12	26	16.6
≥13	3	1.9
No Schooling	8	5.1
Mean 8.08	Std. Deviation 3.08	
Size of Family		
≥3	45	28.7
≥4	112	71.3
Mean 3.79	Std. Deviation 0.59	
Household Income		
≥15000	116	73.9
15001-30000	36	22.9
30001≥	5	3.2
Mean 13482.80	Std. Deviation 7224.07	
Source of Water		
Tape stand/ supply	54	34.4
Tube-well	93	59.2
Pond	4	2.5
Rainwater	6	3.8
Type of Sanitation Facility		
Modern	134	85.4
Traditional	23	14.6

Table 5. HCSB Of the respondents

Variables	Frequency	Percent (%)
Suffering from Illness		
Yes	59.9	59.9
No	40.1	40.1
Frequency of Illness		
No illness	63	40.1
At least once in a month	17	10.8
Once in a few month	71	45.3
Once or twice in a year	6	3.8
Type of illness		
Cold fever/ cough/ severe cold	48	30.6
Gastrointestinal illness	60	38.2
Menstrual problems	24	15.3
Skin/ eye/ ENT related illness	22	14.0
Headache	3	1.9
Taking Measure in Illness		
Self- care	9	5.7
Allopath and pharmacy	108	68.8
Kabiraj	11	7.0
Ayurbedic	6	3.8
Homeopath	23	14.6
Nature of Treatment		
Self- treatment	11	7
Allopath	106	66
Kabiraj	13	10
Homepath	27	17.2
Reason for Choosing Treatment		
Good reputation	13	8.3
Economic problem	70	44.6
Available health facilities	52	33.1
Traditional practice	18	11.5
Proximity	4	2.5
Menstruation Management		
Traditional	10	6.2
Sanitary napkin	79	50.3
Cloth or tissue	68	43.3
Types of Menstrual Problem		
No menstrual problem	87	55.4
Severe pain	16	10.2
Vomiting tendency	32	20.4
Excessive bleeding	22	14.0
Place of Treatment		
Hospital	56	35.7
Home	35	22.3
Pharmacy	66	42.0

Table 5. Cont'd…

Cost of Treatment		
≥500	113	72.0
501-1000	31	19.7
≥1101	13	8.3
Mean 584.39	Std. Deviation	619.16
Socio- economic Factors Affecting HCSB		
Low	36	22.9
Medium	54	34.4
High	67	42.7
Mean 29.19	Std. Deviation 4.76	
Knowledge about Health Care Seeking Behavior		
Yes	145	92.4
No	12	7.6
Knowledge about from Different Institutions		
No Knowledge	12	7.6
From Go/ NGO program	11	7.0
From school	75	47.8
From books/ internet	34	21.7
From friends and family members	25	15.9
Barrier from Hospital		
For medicine	38	24.2
Not Enough doctor	102	65.0
Behave of nurses	17	10.8
Level of Health Care Knowledge		
Low	22	14
Medium	83	52.9
High	52	31.1
Mean 36.15	Std. Deviation	5.99

Table 6. Relationship between Household Income and Place of Treatment

Household income		Place of treatment			Total
		Clinic/ Hospital	Home	Pharmacy	
≥15000	N	37	27	52	116
	%	23.6%	17.2%	33.1%	73.9%
150001- 30000	N	16	6	14	36
	%	10.2%	3.8%	8.9%	22.9%
≥300001	N	30	0	2	5
	%	19.1%	0.0%	1.3%	3.2%
Total	N	56	33	66	157
	%	35.7%	22.3%	42.0%	100.0%
Pearson Chi-Square $x^2 = 4.554;(6): p<.024$					
Fisher's Exact Test= 4.256					

Source: Field Survey, 2017

In Table 6, Household income is an important factor which is greatly associated with the place of treatment of the respondents. The findings clearly show that there is a strong relationship between household income and place of treatment of respondents as well as the differences were statistically significant Pearson's Chi-Square $x^2 = 4.554;(6)$: $p<.024$ and Fisher's Exact Test= 4.256.

In Table 7, Education of mother is associated with improving the level of health care knowledge of the respondents. The mother who were going to school up to different level, their adolescent girls had more health care knowledge along with accepted more health facilities than others. The findings clearly show that there is a strong relationship between education of mother and level of health care knowledge of respondents as well as the differences were statistically significant Pearson's Chi-Square $x^2 = 2.047;(4)$: $p<.004$ and Fisher's Exact Test= 2.01

Table7. Relationship between Education of Mother and Level of Health Care Knowledge

Education of Mother		Level of Health Care Knowledge			Total
		Low	Medium	High	
≥10	N	19	59	42	120
	%	12.8%	39.6%	28.2%	80.5%
11-12	N	1	18	7	26
	%	0.7%	12.1%	4.7%	17.4%
≥13	N	0	1	2	3
	%	0.0%	0.7%	1.3%	2.0%
Total	N	20	78	51	149
	%	13.4%	52.3%	34.2%	100.0%
Pearson Chi-Square $x^2 = 2.047;(4)$: $p<.004$					
Fisher's Exact Test= 2.018					

Source: Field Survey, 2017

In Table 8, the household income that was involved medium and higher income, the respondent of them was not used standard nature of treatment than low income. The findings clearly show that there is a weak relationship between household income and nature of treatment of respondents as well as the differences were statistically insignificant Pearson's Chi-Square $x^2 = 6.236;(8)$: $p>.621$and Fisher's Exact Test= 7.832.

Table 8. Relationship between Household Income and Nature of Treatment

Household Income		Nature of Treatment				Total
		Homeopath	Allopath	Kabiraj	Self- treatment	
≥15000	N	21	74	14	7	116
	%	13.4%	47.1%	8.9%	4.4%	73.9%
150001-30000	N	6	25	1	4	36
	%	3.8%	15.9%	0.6%	2.5%	22.9%
≥300001	N	0	4	1	0	5
	%	0.0%	2.5%	0.6%	0.0%	3.2%
Total	N	27	103	16	11	157
	%	17.2%	65.6%	10.2%	7.0%	100.0%
Pearson Chi-Square $x^2 = 6.236;(8)$: $p>.621$						
Fisher's Exact Test= 7.832						

Source: Field Survey, 2017

In Table 9, Education of mother is related with the menstruation management of the respondent. The findings of table-9 presents adolescent girls had no enough knowledge about standard menstruation management. The findings clearly show that there is a weak relationship between education of mother and menstruation management of respondents as well as the differences were statistically insignificant Pearson's Chi-Square x^2 = = 19.270;(6): p<.421and Fisher's Exact Test= 22.527.

Correlation of Different Variables of Health Care Seeking Behavior: A Pearson's Correlation was run to assess the possible explanation of this correlation was that the data, in the Table-10 shows year of schooling of the respondent, education of mother, size of family, household income followed by Pearson Correlation (r) .185, .876, .085, .347, .-.112, .223, .534, .247, .907, .197, -.105, .577 were associated with level of health care knowledge, socio–economic factors affecting HCSB, cost of treatment with correlation coefficients.

The table presents that year of schooling of the respondent, education of mother, size of family, household income followed by the P- value .035, .017, .336, .076, .164, .098, .050, .093, .009, .013, .190, .000 were associated with level of health care knowledge, socio–economic factors affecting HCSB, cost of treatment with correlation coefficients. Without the relationship education of mother (-.112), household income (-.105) with socio–economic factors affecting HCSB were negatively assisted but all other variables were positively related.

Table 9. Relationship Education of Mother and Menstruation Management

Education of Mother		Menstruation Management			Total
		Traditional	Sanitary Napkin	Cloth or Tissue	
≥10	N	7	48	65	120
	%	4.7%	32.2%	43.7%	80.5%
11-12	N	2	21	3	26
	%	1.3%	14.1%	2.0%	17.4%
≥13	N	0	3	0	3
	%	0.0%	2.0%	0.0%	2.0%
Total	N	9	72	68	149
	%	6.0%	48.3%	45.7%	100.0%
Pearson Chi-Square x^2 = 19.270;(6): p<.421					
Fisher's Exact Test= 22.527					

Source: Field Survey, 2017

Table 10. Correlation and Its Covariates

Independent Variables	Dependent Variables					
	Level of Health Care Knowledge		Socio–economic Factors Affecting HCSB		Cost of Treatment	
	Pearson Correlation (r)	P- value	Pearson Correlation (r)	P- value	Pearson Correlation (r)	P value
Year of Schooling of the Respondent	.185**	.035	.876*	.017	.085	. 336
Education of Mother	.347**	.o76	-.112	.164	.223	.098
Size of Family	.534	.050	.247*	.093	.907*	.009
Household Income	.197	.013	-.105	.190	.577***	.000

*** Correlation is significant at the 0.01 level (2-tailed); ** Correlation is significant at the 0.05 level (2-tailed); * Correlation is significant at the 0 level.

Discussion

The health care seeking behavior is the improvement of sound body for the purpose of finding an appropriate ways or remedy as this study particularly focused on adolescent girls (Aktar, 2020). This study indicates that nature and pattern of health care seeking behavior, socio-economic factors which influence the health care seeking behavior as well as the level of health care knowledge of adolescent girls in the countryside of Khulna district. However, lack of knowledge and activities, the health care seeking behavior is not so favorable for the adolescents. For this reason, most of the adolescent girls remain silent without seeking health care because of shyness or consciousness (Mollah, 2014).

This study was conducted on the adolescent girls aged between 13 to 19 years of age where higher portions of the respondents belonged to the age group of 15 to 16 in rural areas under Batiaghata Upazilla of Khulna district. Otherwise another study showed that adolescent girls evolved within age range of 11-19 years in rural areas (Busari, 2012). As education is measured as year of schooling which is most valuable for increasing level of knowledge associated with of health care seeking behavior among adolescent girls. Most of the respondents completed higher secondary education and few dropped out for many reasons. Besides majority of the respondents were the follower of Islam and fathers were household head. The highest portion of adolescent girls were victim from gastrointestinal illness. On the other hand, the findings of another study were highlighted common problems of health to increase risk of infectious diseases (Hesketh *et al*., 2013). Moreover, the highest percentage practiced allopath and pharmacy in different reasons especially for low cost and available health facilities. Otherwise almost one-third of the study participants visited the private health facilities including pharmacies. The study highlights that pharmacy treatments were most available (Chauhan *et al*., 2015).In a modern time most of the respondents used sanitary napkin that is available in shops and different market place. In fact, religious values and practices discourage adolescents to share about this issues (Ajuwon *et al*., 2016).The knowledge and health seeking behavior about menstruation and menstrual knowledge positively associated with parental education and majority of the girls using modern absorbent (sanitary pad) while those from the illiterate mothers still using clothing materials as absorbent (Muriithi, 2013).

In the study identified that socio economic factors influenced adolescent girls' knowledge and mentioned the nature and pattern of health services which are badly needed for the respondents. This factors includes family size, healing practices, income, parental education, living environment facility, proper communication system and medical facilities etc. which impact the adolescent girl's health. Otherwise, another study factors that indicate health behavior may be socio- economic, physical, cultural, political, educational levels and daily practices etc. (Shaikh & Hatcher, 2014). Apart from the higher portion of the respondent's cost equal or less than 500 BDT that is budgeted for the health facilities. The lack of proper management and female doctors are the main barriers for the discrimination. The main barrier was remaining the enough doctors which indicated the lack of mainstream of medical treatment. It is identified that there are maximum respondents having to be medium level of health care knowledge which is the higher portions perception in the study area.

The findings clearly show that there is a positive relationship between household income and place of treatment of respondents as well as the differences was statistically significant. It is shown that there is a strong relationship between education of mother and level of health care knowledge of respondents as well as the differences was statistically significant. These findings complement the previous studies that adolescent's knowledge was positively associated with parental education, especially, mother's education (Adinew, 2013, Shiferaw, 2014). Besides there is a weak relationship between household income and nature of treatment of respondents as well as the differences was statistically insignificant. Moreover, the correlation presents that year of schooling of the respondent, education of mother, size of family, household income followed by the P-value were associated with level of health care knowledge, socio–economic factors affecting HCSB, cost of

treatment with correlation coefficients. However, in different studies maintained that some variables are affecting positively and some are negatively in various purposes (Sing, 2016.)

Conclusion

The health care seeking behavior of the adolescent girls is an important concern to human development which is the foundation for a wealthy and successful life. The rural adolescent girls don't get proper medical facilities, educational awareness, sanitation and economic support. Besides they face different complex situations in their family life as well as hospital in the case of taking health facilities. Most of the adolescents were suffering illnesses frequently in which majority multiple illnesses had the prevalence increased with age. The majority took treatment from government hospital and received allopathic as well as homeopathic. Education status, income, living arrangement and others socio-economic factors of adolescent girls were found to influence medium level of health consciousness. It can be concluded that socio economic factors determine the health care seeking behavior of adolescent girls in *Batiaghata* Upazilla largely. In addition, the policy makers must train adolescent and greater focus on the health care seeking behavior of adolescent girls.

Acknowledgement

In completing this research over the last several months, many people helped and supported me in various ways. Among them first and foremost, I am greatly obliged to my supervisor, Nusrat Jahan, Assistant Professor, Sociology Discipline, Khulna University for her kind supervision, intellectual motivation, valuable advice and continuous guidance. I would not be able to accomplish this work without her careful readings of my drafts, sharp and practical feedback, and guidance that she provided. Alongside I am grateful to all my teachers of sociology discipline who have supported me by their advices and guidance many times in my study period. I would like to thank earnestly to Rahul Halder, Suriya Yeasmin, Pulock Chandro and Sharmistha Rani especially who have provided their support and effort during data collection. I am also thankful to my batch mates for their unforgettable support during my research work.

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