HEALTHCARE SEEKING BEHAVIOR FOR BACK PAIN PATIENT ATTENDED AT CRP

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We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled **'HEALTHCARE SEEKING BEHAVIOR FOR BACK PAIN PATIENT ATTENDED AT CRP'**

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DECLARATION

I declare that the work presented here is my own. All sources used have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study. I would be bound to take written consent from the Department of Physiotherapy, Bangladesh Health Profession Institute (BHPI).

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Acronyms

BHPI	Bangladesh Health Professions Institute
BMRC	Bangladesh Medical Research Council
CRP	Centre for the Rehabilitation of the Paralysed
IRB	Institute Review Board
LBP	Low Back Pain
MLBP	Mechanical Low Back Pain
SPSS	Statistical Package of Social Science
WHO	World Health Organization

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Abstract

Purpose: The purpose of the study was to determine the healthcare seeking behavior for back pain patient. *Objectives:* To find out the socio demographic information of people suffered with MLBP. Find out the information of male & female, age groups, occupations, income level, and educational status of people suffered with LBP. To find out the lifestyle related information of people suffered with LBP. To find out the information of lack of regular exercise, sleeping posture, sleeping period, sleeping mattress, smoking and obesity (BMI) of people suffered with LBP. To find out the work & posture related information of people suffered with LBP. To find out the information about vulnerable postures e.g. sitting, standing, bending, squatting and walking sustained more than normal period of patient suffered with MLBP. To find out the information regarding MLBP of precipitated by responsible factors such as lifting heavy objects, employment periods, and previous episodes of MLBP. To get information about various types of injuries such as direct trauma, twisting, lifting, carrying that responsible for future MLBP. *Methodology:* A cross sectional study was conducted with a semi structured questionnaire to collect data from 70 participants, age ranging from 40-70 years. Data were numerically coded and captured in Microsoft Excel, using an SPSS 23 version software program. *Result:* This study revealed that most of the participant (61.4%; n=43) seek health care service from allopathy, (30.0%; n=21) participants seek health care service from tried myself, (1.4%; n=1) participants seek health care service from homeopathy, (1.4%; n=1) participants seek health care service from kaviraj, (5.7%; n=4) participants seek health care service from physiotherapy, Usually the received services from more than one option. *Conclusion:* The health care system of Bangladesh consists of several and wide range of distinct therapeutic choice reaching from self-care to folk and western medicine. As the typical back pain sectors are not sufficiently designed, the person with back pain illness can adapt a male-pattern of health care seeking. In Bangladesh, back pain health problem occurs in a great extent due to complex interaction among personal attribution, socio-cultural factors and inadequate health delivery system for the marginal people. Low level of education, particularly lack of knowledge concerning back pain, gender discrimination is other facets of poor health care seek

CHAPTER -I INTRODUCTION

1.1 Background Information

Low Back Pain (LBP) is the most common symptoms experienced by people throughout the world (Charoenchai et al., 2006). Globally, Low back pain is one of the most common health problems which create a large personal, community and functional burden (Hoy et al., 2012).

Low back pain (LBP) is well documented as an extremely common health problem it is the leading cause of activity limitation and work absence throughout much of the world, and it causes an enormous economic burden on individuals, families, communities, industry and governments (Kent and Keating, 2005). Low back pain is a common problem that causes considerable economic, social and psychological stresses for both the community and the individual (Wilde et al., 2007). Low back pain (LBP) is a major health problem with two thirds of adults suffering from LBP at some time in their lives and almost 12% to 44% have LBP at any particular time (Janwantanakul et al., 2011). There is evidence that 12% to 26% of children and adolescents experience low back pain although most cases of low back pain occur in persons between that ages of 25 and 60 yr, peaking at about 40 yr (Kravitz, and Andrews, 2010).

In Bangladesh, the number of people complaining low back pain is increasing and is a matter of concern. Bangladesh is one of the highly populated developing countries in the world (Sarkar & Rahman, 2007). According to World Health Organization statistics, 10% of population in Bangladesh is disabled (Hossain, 2001). Low back pain is one of the most common causes of disability and the burden for the individual, society and as well as the National Health Service in the world (McKenzie, 1995). Approximately 80% of all human beings experience LBP in their lives (Hills, 2006). It is the number one most common cause of activity limitation, the second most frequent cause of doctor's visit and the third most common cause of surgical procedure in USA (Apfel et al., 2010).

Demographic features such as age, gender etc and others some known risk factors for LBP are recurrent weight lifting, using vibrating equipment, sedentary life style, weakness of abdominal wall muscles, obesity, smoking, increased lumbar lordosis, scoliosis,

cardiovascular disorders, low socioeconomic level etc (Tucer et al., 2009). In India, Many episodes of LBP are disabling, thus making it one of the costly occupational health problem. The proper alignment and lifting operations during drilling process frequently exposed the oil-drilling workers to unusual strain on the spine and thus make them susceptible for developing low back pain (Tiwari et al., 2012).

LBP is recognized as a work related musculoskeletal disorder resulting in high economic costs to workers, business and government institutions and thus occupational drivers those under 45 years of age optional the increased risk for LBP regarding a variety of issues such as seating characteristics, prolong sitting, difficult posture, lifting and carrying (Prado-Leon et al., 2007).

People suffer from low back pain due to occupational stress and poor posture (Sarker & Rahman, 2007).The lumber disk herniation is the greatest regular condition of the backbone degenerative actions, and they cause of 30% to 80% of the lower back problems cases (Miller et al., 2006).

In India, Many episodes of LBP are disabling, thus making it one of the costly occupational health problem. The proper alignment and lifting operations during drilling process frequently exposed the oil-drilling workers to unusual strain on the spine and thus make them susceptible for developing low back pain (Tiwari et al., 2012). In the UK the number of days of invalidity benefit attributable to spinal disorders raised three fold over the 1980s (UK BEAM, 2003). At least 5 million patients with chronic and severely debilitating pain exist among the adult population in Germany, i.e. 8% of this population. Various biological sand psychosocial risk factors contribute to the continuing severity of pain, resulting in enormous direct and indirect costs totaling an estimated 38 billion euro annually (Zinmmermann, 2004). In Sweden, the indirect costs for chronic LBP appear to be substantially higher than the direct costs for pharmaceuticals, medical visits, physiotherapy, and hospitalizations. The high indirect costs indicate that more effective treatments for chronic LBP could potentially lead to cost savings even if the therapy costs were higher (Ekman et al., 2005)

Low-back pain is a significant cause of functioning disability in both working populations. During the general population around 60 to 80% and about 20% of the general population,

back pain of their back reduces every year, and European countries have an annual rate of about 40%. An annual incidence rate within the population of UK and Canada presented about 25 percent (Cole and Grimshaw, 2003).

LBP is one of the commonest causes of disability in the working population. Self-rated disability at work was strongly associated with the presence of musculoskeletal disorders or other musculoskeletal diseases (Miranda et al., 2010). Employees who are unable to work due to back pain spend a significant amount of time on sick leave, which impacts on productivity in the work place (Johanning, 2000)

Pain in the low back area is a common phenomenon. It is a primary cause of disability & work loss for chronic Low back pain patients and results in direct and indirect social costs (Fujii & Matsudaira, 2013). Mechanical problems are the most common cause (around 90%) and a majority (70% to 85%) does not have a specific cause identified. Any injury to one of the intervertebral discs (disc tear, disc herniation), ligament and joint also causes pain (Manusov, 2012).

The health care system of Bangladesh consists of several and wider range of distinct therapeutic choice ranging from self-care to folk and western medicine. As the mainstream back pain health sectors are not adequately designed, the caregivers of person with back pain illness can adapt a mal-pattern of health care seeking.

However, health care seeking is an element of a person's, a family's or a community's identity, which is the result of an evolving mix of social, personal, cultural and experiential factors . The processes of responding to the 'illness' or seeking care can rarely be translated into a simple choice or act, or be explained by a single model of health care seeking (Uzma et al., 1999).

Rahman (2000) demonstrated that a woman's decision to attend a particular health care facility is the composite result of personal need, social forces, the actions of health care providers, the location of services, the unofficial practices of doctors, and in some contexts has very little to do with physical facilities at a particular service point. The complexity of such finding is rarely traced in detail, and is usually disaggregated, losing all sense of the actual reality. This what seems to be missing in much of the literature around health care

seeking is a sense of how that process of ‘seeking’ extends over time, space and the health system in complex ways and it cannot be picked out as something intrinsic to the individual and their social, economic or cultural circumstances alone.

That’s why it is urgent to recognize the pattern of health care seeking behaviors from caregivers of the back pain health population for mainstreaming back pain health service for all. It will also help to develop policy regarding widening back pain health services across the community. Health care seeking from appropriate back pain health services also ensures early identification and treatment as well as reduces economic burden of the family by avoiding unnecessary cost.

1.2 Rationale

Low back pain is a general condition of a major health problem comprising of worldwide. It is ultimately affecting almost everyone in life, men and women equally. The annual incidence of back pain is estimated between 10%-15%. Low back pain is a self-limiting condition and affects the vast majority of population. Low back pain (LBP) is the most common musculoskeletal condition in Bangladesh. LBP has become now a major medical, social and economic problem and the costs are comparable to those associated with coronary heart disease, diabetes or depressions. Thus diminishing the cost of LBP is a major health problem issue also. Moreover a large part of population has lack of physical fitness, didn't regular physical exercise, and lack of normal posture and leading of a sedentary life are most common healthcare seeking behavior for back pain in Bangladesh. Most of the people experienced low back pain in any time of life span. A chronic pain hampers the quality of life that because physical limitation and psychological distress, sometime may develop disability (Savigny et al., 2009). Low level of education, particularly lack of knowledge regarding back pain is another facet of poor health care seeking. Besides, women are more vulnerable in terms of seeking back pain service due to gender discrimination. Moreover, back pain health problem causes subsequent financial burden on individual with back pain illness, their family, workplace, society and country as a whole. This phenomenon associated with health care seeking behavior from informal health sector and consequently the person with back pain become deprived from the early intervention program, also lead to significant economic loss. As back pain is associated with overall wellbeing that's why it is important to consider the impact of health care seeking behavior from the perspective of the developing countries. Likewise, research of this subject will help to find out the health care seeking behavior among Bangladeshi people. The researcher will able to know the characteristics of people with different health care seeking behavior. Then, they can better work with patients and caregivers to raise aware ness about seeking proper treatment options. It is the most common cause of pain at lumber that causes joint dysfunction, derangement muscle spasm, motionlessness etc. It is also the cause of activity limitation thus decrease the quality of life. For this region, researcher interested to conduct this research to find out new things. If the behavior of LBP is find out, it is very helpful to information about the nature of pain of LBP, types of pain

of LBP, duration of pain of LBP, pain associated symptoms of LBP, severity of pain of LBP, aggravating factors and relieving factors of LBP, clinical representation of LBP, response of the medication and response of previous intervention before receiving physiotherapy treatment. As a Physiotherapist it is help to diagnose low back pain easily and give details information to the patient about LBP so that people can modify their life style regarding LBP and know the percentage of acute and chronic LBP. And also know which type of intervention patient receive before physiotherapy treatment and their response. So physiotherapist can provide better treatment as well as essential advice to the patients. As a health professional it improves our knowledge. Research makes the profession strongest. So there is no alternative option to do research as a professional to develop the profession.

1.3 Research Question

What is the health care seeking behavior for back pain patient?

1.4 Aim

The aim of the research was to know the healthcare seeking behavior for back pain patient.

1.5 Objectives

1.5.1 General objectives

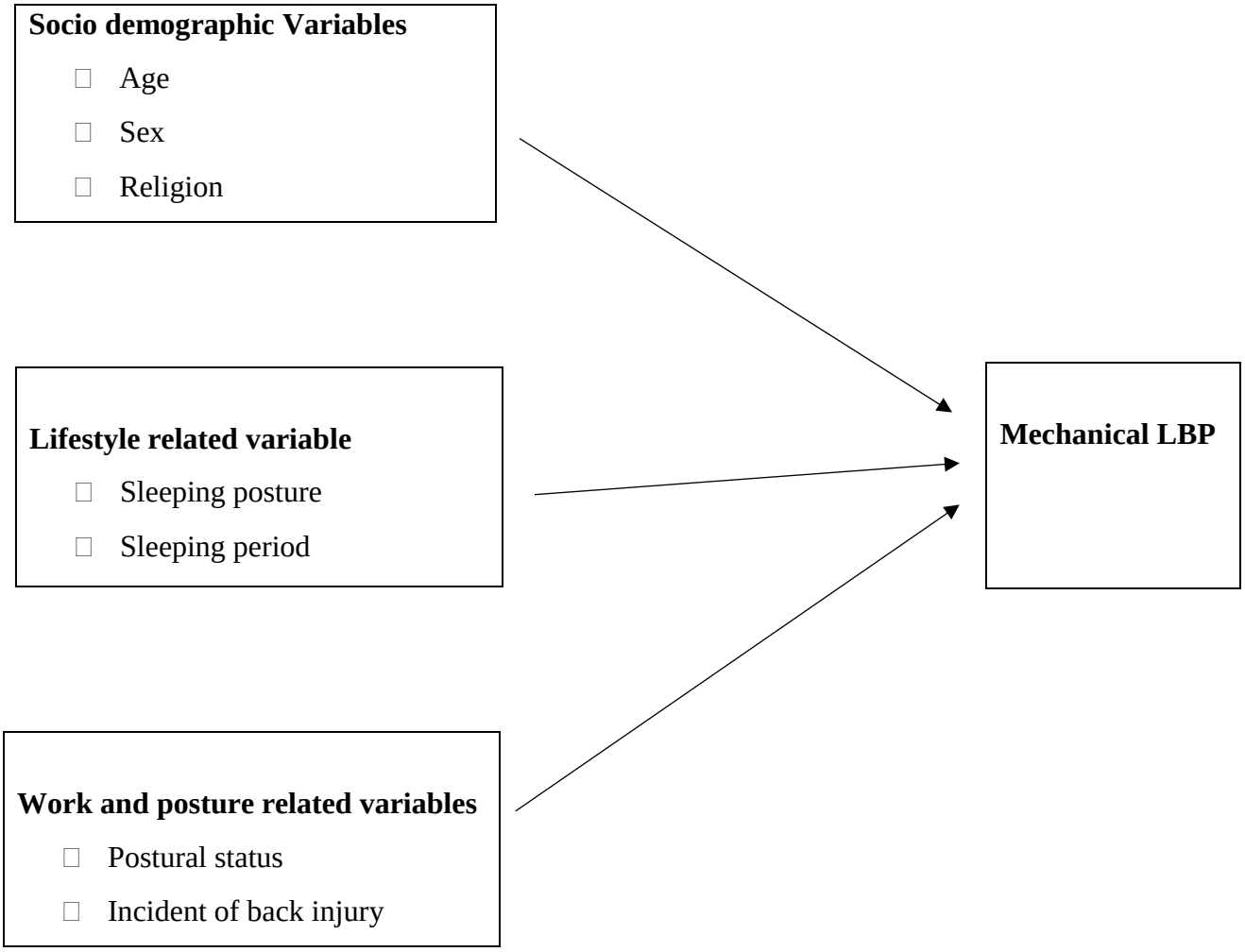
- To determine the healthcare seeking behavior for back pain patient.

1.5.2 Specific objectives

- To find out the socio demographic information of people suffered with MLBP;
- To find out the information of male & female, age groups, occupations, income level, and educational status of people suffered with LBP;
- To find out the lifestyle related information of people suffered with LBP;
- To find out the information of lack of regular exercise, sleeping posture, sleeping period, sleeping mattress, smoking and obesity (BMI) of people suffered with LBP;
- To find out the work & posture related information of people suffered with LBP;
- To find out the information about vulnerable postures e.g. sitting, standing, bending, squatting and walking sustained more than normal period of patient suffered with MLBP;
- To find out the information regarding MLBP of precipitated by responsible factors such as lifting heavy objects, employment periods, and previous episodes of MLBP;
- To get information about various types of injuries such as direct trauma, twisting;
- Lifting, carrying that responsible for future MLBP;

1.6 Conceptual Framework

Independent variable Dependent variable



1.7 Operational Definition

Health care seeking-Refers to the series of remedial action that individuals undertake when they perceive themselves as having health problem.

Appropriate health care seeking-Health care that is legally sanctioned, rational and necessary for the condition (Ahmed, 2005)

Formal health sector-This are the organized and legally sanctioned healing professionals (Helman, 2001). In this study allopathy, homeopathy, physiotherapy and clinical doctor were considered as formal health care.

Informal health care-In this study informal health sector consists of popular and folk sectors of health care. The popular sector refers to the lay and non-professional area of care such as self-care. The folk sector includes diverse practitioners of sacred or secular healing such as kabiraj, village doctors.

Self-care-In this study, self-care means any sort of treatment used for the person with back pain illness without any physicians prescription or any direct recommendation from any health service provide. Self-care could be only nursing, having no treatment, using previous prescriptions and purchasing medicine from medicine shop without consulting with a professional health service provider, or even having medicine as experiment as per friends or family recommendation. It could be even be considered self-care when the patient is treated by using common remedies that are the available within household (it could be traditional or modern remedies).

Folk sector- In this sector, healers are involved in either secular healing practice. These healers are not part of the official system. In this study, treatment from kabiraj and religious venue were considered as folk treatment.

Kabiraj-These are traditional healers who use locally available herbal remedies and limited biomedical remedies.Religious venue-Temples, mosques, churches and shrines were considered as religious venue.

CHAPTER-II LITERATURE REVIEW

Pain is a defense mechanism of the body to create an awareness of the subject to protect the injured part from further damage. Low back pain more accurately called lumbago or lumbosacral pain occurs below the 12th rib and above the gluteal fold (Sikiru & Hanifa, 2010).Pain is a normal protection mechanism and physiological reaction of the body to an abnormal stimulus and the main presenting symptom of patients with low back trouble. Although the symptoms of pins and needles, numbness, weakness, stiffness and instability are common, the most important symptom is pain. Pain has been defined by the International Association for the Study of Pain (IASP) as 'an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage' (Merskey & Bogduk, 1994).

Back pain is any type of pain or discomfort throughout the posterior or back portion of the trunk, from the pelvis up through the neck (Better Medicine, 2010) If the intervertebral disc of lumbosacral spine mechanism disturbance or serious pathology affecting muscles, ligaments, disc, epiphyseal joints and fascia's then occurs in low back pain (McKenzie, 1995) Low back pain can affect the back anywhere below the ribs and above the legs (WebMD, 2011) It is also defined as pain between the costal margins and inferior gluteal folds (Tucer et al., 2009) Back pain is more common in the lower back, which supports most of the body's weight (Times Health Guide, 2011) Generally, the back pain is in the lower back on one or both sides, occasionally extending into the buttocks or thighs (Gale Encyclopedia of Public Health, 2002). The term low back pain is a nonspecific phrase utilized to describe posterior trunk pain and muscular stiffness or spasm with or without diminished range of motion which is localized between the inferior costal margin and the posterior iliac crests and may include the present pain in combination with other symptoms such as buttock or leg pain (Rinkus and Knaub, 2008).

Types of low back pain-Category 1 depends on duration of pain -Acute pain develops suddenly and lasts up to several weeks. Sub-acute pain lasts up to 3 months. Chronic pain come on fast or slow, it lasts longer than 3 months (Times Health Guide, 2011).

Category 2 depends on nature of pain - Mechanical pain meaning that the underlying cause is an anatomic or functional abnormality, rather than the underlying disease, malignant neoplasm, or manifestation of visceral disease (john & Licciardone, 2004).A form of acute pain, is related or aggravated by movement and worsened by coughing and relieved with rest which is typical of a herniated disc or stress fracture. Non mechanical pain is constant and has little variation in intensity or with activity (RxPG, 2006).

Mechanical low back pain-Pain has a mechanical origin and occurs when the joint between two bones have been placed in a position that over stretches the surrounding soft tissues. This is true for mechanical pain in any joint of the body, including the spine .Structures such as intervertebral discs and joints lesion including degenerative disc lesion, synovitis or sprain of the sensory nerves of the various par vertebral structures that are responsible cause for mechanical back pain (Ebenezer, 2003)

Syndromes of MLBP- The postural syndrome is a mechanical deformation of postural origin causing pain of a strictly intermittent nature, which appears when the soft tissues surrounding the lumbar segments are placed on prolonged stretch. A frequently seen poor sitting posture includes a forward head, rounded shoulders, and a flexed low back. Dysfunction Syndrome Develops as a result of poor postural habit, spondylosis, trauma or derangement, the dysfunction syndrome is the condition in which adaptive shortening and resultant loss of mobility causes pain before achievement of full normal end range movement. Pain appears during test movements at end range and abolishes as soon as the patient's soft tissues are off stretch. Derangement syndrome is the situation in which the normal resting position of the articular surfaces of two adjacent vertebrae is disturbed as a result of a change in the position of the fluid nucleus between these surfaces. The alteration in the position of the nucleus may also disturb annular material (The McKenzie approach-Virtual Healthcare System, 2011).

The demography of LBP-Demo means human beings; Graph means to draw a chart or a picture. So, demography is the scientific study of human population (Reza, 2006) Oxford Concise Medical Dictionary (2002) defined demography as, ‘The statistical and quantitative study of characteristics of human populations on a national, regional or local

basis in terms of age, sex and other variables including patterns of migration and survival. It is used in public health medicine to help identify health needs and risk factors.

Mechanical causes of LBP-Common 3 McKenzie mechanical syndromes (The McKenzie approach Virtual Healthcare System, 2011).Osteoarthritis or degenerative disc disease or spondylosis (American Family Physician, 2000; WebMD, 2011).Spondylolisthesis (American Family Physician, 2000; WebMD, 2011).Spinal stenosis (Corrigan & Maitland, 1983; Kumar &Clark, 2002).Trauma (Kumar &Clark, 2002) initially it is mechanical but later it become chemical (McKenzie, 1981). Pregnancy (Apley & Solomon, 1993; Kumar & Clark, 2002).

The predisposing factors for low back and its recurrence are mostly related to position and the short and long term consequences of maintaining them. Movement and activity may precipitate low back pain and therefore contribute to its incidence and recurrence.
The most frequently risk factors for LBP is heavy physical workload including lifting, awkward posture and whole body vibration. Life style factors including smoking behavior, lack of physical exercise and short sleep hours also increases LBP. Working periods for working population less than 8 hours are also risk population of LBP and common ages of affected over 40 years (Tomita et al., 2010) Obesity and pregnancy in its later stages, can however, distort the curvature of the spine and result in back pain (Ehrlich, 2003).

Postures as a predisposing factors- Abnormal or faulty postural mechanism may produce pain in lower back region. Most commonly occur LBP in situation of prolong flexion. In that case ligaments are overstretched and loaded and produce mechanical stress on that structure (McKenzie, 1995) poor sitting posture may produce back pain in itself without any additional other strains of living (McKenzie, 1995). Some sleeping positions and work related postures such as standing and walking may develop low back pain. As the consequence postural or positional mechanism enhanced by overstretching of ligamentous structures may produce LBP (McKenzie, 1995) Working platforms' which are not adjusted to individual requirements, and poorly designed seating for domestic, commercial and transportation purpose will prompt poor sitting posture (McKenzie, 1995) Some authorities have suggested that as much as 75% of all postural back pain is related to hyperlordosis (Borenstein & Wiesel, 1989).

Other predisposing factors-Low back pain seems to be associated with physical activity at work and in leisure time, certain lifestyle factors and demographic characteristics (Bjorck-Van Dijken et al., 2008).Mechanical low back pain starts suddenly. It may be associated with occupations that involved heavy weight lifting, bending or twisting forces(Kumar & Clark, 2002) and heavy physical work, static work posture, pushing and pulling(Cox, 1999) Out of 230 reported LBP workers,8.2% had jobs with long working hours and 25.5% had service. In one study shows that 5.4% out of 378 were unemployed (Stanley et al., 2001). The role of gender for common LBP is complex. Some studies showed that both male and female has chance to be a risk factor which depends on more likely to visit a health professional for consultation. Ratio found that 6% of female compared with 4% of male (Ozguler et al., 2000) Male are more affected than female (Waddel, 1998) Females have equal generalized low back pain complains when compared with males (Malanga et al., 2003), (Stanley et al., (2001) found that in the age group 18 to 65 years had consulted with a new episode of LBP in the year before the study. Obesity and sedentary life also cause low back pain (Perez, 2008) smoking and Lack of physical activity are also responsible for LBP (Waddel, 1998). Body Mass Index is simple index of weight for height that is commonly used to classify underweight, overweight and obesity. The health risk associated with increasing BMI (WHO, 2004).

Aim of clinical assessment-Exclude Red Flags. Identify any neurological deficit requiring urgent specialist management. Assess functional limitations caused by the pain. Determine clinical management options (New Zealand Society of Physiotherapists, 2004).

Management of MLBP-A wide range of treatment is available for low back pain which depends on the causes and duration of lasting the symptoms. If patients are associated with acute low back pain, stay active rather than bed rest and consider taking over-the counter pain medicines. If the pain persists longer than 3 months, patient may benefit from more intensive treatment programmer. Surgery is rarely needed for low back pain (WebMD answers, 2011).

Medical management-Medications containing anti-inflammatory medications, or NSAIDs, are helpful in treatment of both back pain and the associated inflammation with facing some common side effects also. Narcotic pain medications and muscle relaxers are

often used to lead solve the symptoms of low back pain (Jonathan Cluett 2010) Spine surgery containing patient may benefit from surgical intervention, when all others treatment options seems to ineffective with progressive neurological deficit. Common spinal surgery consists of discectomy, foramenotomy, lumber laminectomy, lumbar spine fusion, kyphoplasty (EHow Health 2011).

Physiotherapy management-Physiotherapy is a health care profession concerned with human function and movement and maximizing potential: it uses physical approaches to promote, maintain and restore physical, psychological and social well-being, taking account of variations in health status it is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgment and informed interpretation is at its core Postural correction is the common treatment for all syndromes. It allows the release of end stress loading in posture and dysfunction syndrome and maintenance for reduction in a derangement syndrome (Poulter, 1996). In many cases, physical therapy is an essential part of acute back pain rehabilitation to promote rapid recovery from pain and return to work as early as possible. Altimeter applying of heat and ice is also helpful to relax the muscles and reduce inflammation (The Cleveland Clinic Foundation, 2011) In the treatment of sub-acute and chronic spine pain, osteopathic physicians and chiropractors provide spinal manipulation techniques, such as thrust, muscle energy, counter-strain, articulation, and myofascial release (Levin, 2002). The European Guidelines do not recommended the use of any specific programmers, such as stretching, strengthening, flexion or extension exercises for acute back pain. The McKenzie approach, is one of the most frequently used types of physiotherapy for back pain. A complete exercise program for the low back should consist of a combination of stretching for back pain relief, back strengthening exercises, low-impact aerobic exercise (Spine Health lower back pain, 2007). Regular, low impact cardiovascular exercises such as bicycling, walking or swimming ,Core strengthening exercises of abdominal and back muscles stability and gentle stretching for maintaining flexibility are group of exercise programmer for the back and spine to avoid or prevent re-injury (Danek, 2011).

On the other hand, the government primary health care services remain underutilized or poorly utilized and back pain ill people often seek health care services too late, when "extremely ill" to obtain adequate treatment. The importance of understanding constraints to health care seeking behavior of back pain ill people is fundamental importance, if a responsive and efficient health care system is to emerge. Back pain disorder constitute a major public health problem and contribute to global burden of disease measured as disability adjusted life years. From a systematic review on back pain service in Bangladesh it was found that back pain disorder are generally not prioritized in the health care delivery and health system. It has been proven in several studies that back pain health outcomes are optimized when back pain health is an essential component of public health, Government policies and actions protect and promote the back pain health and well-being of its peoples, services are appropriate, accountable, accessible, and equitable and people are treated in the least restrictive and intrusive manner.

Health seeking behavior- Health seeking is a state in which a person in stable health is actively seeking ways to alter his or her personal habits or environment in order to move toward a higher level of health. This is based on an explanatory model that represents a coherent picture of specific cultural features that affect people's health behavior. The explanatory model of a particular illness consists of signs and symptoms by which the illness is recognized; presumed cause of the illness and prognosis established (Foster, 1980). Health seeking is preceded by a decision making process that is further governed by individual and/or household behavior, community norms and expectations as well as provider related characteristics and behavior. For this reason the nature of care seeking is not homogenous depending on cognitive and non-cognitive factors that call for a contextual analysis of health care seeking. Context may be a factor of cognition or awareness, socio-cultural as well as economic factors (Young, 1981).

The researcher has been interested to facilitate the use of health services, and influence the people to behave differently in relation to their health. There are two approaches of health seeking. First approach which emphasize the end 'point' (utilization of the formal system, or health care seeking behavior); secondly, which emphasize the 'process' (illness response, or health seeking behavior (Tipping & Segal, 1995).

Health care seeking behavior-In this study the researcher is trying to explore the health care seeking behavior for back pain people (what types of service they receive, how do they utilize their formal and informal health services and when do they shifted from one service to others, etc.). In this study the researcher also got data on self-care, visit to traditional healers and others unofficial medical care, as often it found that emphasis to decide on these as their first treatment option (Ahmed et al., 2001).

There is often a tendency for studies to focus specifically on the act of seeking 'health care' including visits to more traditional healers and unofficial medical channels, these are often seen largely as something which should be prevented, with the emphasis on encouraging people to decide on first for the official channels (Ahmed et al., 2001). In another study Rahman (2000) found that in Bangladesh, 86% rural women received from the non-qualified health care providers such as village doctor, traditional healers that resulted delay diagnosis and proper treatment. Tipping and mentioned in their study that to make decision to seek health care service from a specific medical service is influenced by a range of factors including socio-economic variables, age, sex, position of the woman in her society, types of illness, access to service and perception about quality of service. Geographical, social, economic, cultural and organizational factors are acted as barrier in between client and service to seek a specific heath care service. Later on, these factors were categorized and broken down into spheres as formal, informal and infrastructures.

There determinants of health care seeking behavior are given below:-

Table-1: Breaking down determinants of health care seeking behavior (MacKian, S., 2003).

Category	**Determinant**	**Details**	**Spheres**
Social	Status of women	Elements of patriarchy	'Cultural property'
Socio-occupation status	Age and sex	Education level maternal Occupations marital	**Informal**
Economic	household resources	Economic status	
Economic	Costs of care	Treatment Travel Time	Physical
	Type and severity of illness		
Geographical	Distance and physical access		**Infrastructure**
Organization perceived Quality		Standard of drugs Standard of equipment Competence of staff Attitudes of staff Interpersonal process	Technical Staffing Interpersonal **Formal**

Back pain illness also consider as a ‘shameful’ condition not for the patient even for the family and community. In case of women, they have to follow quite different pathways that depend upon the type of her condition. It is relating predominantly to the role of the husband, social networks and cultural customs. These factors have clear implications for healthy systems development. (Ahmed et al., 2001) rooted especially in psychology, they emphasized health care seeking more generally; drawing out the factors which enable or prevent people from making ‘healthy choices’ in either their lifestyle behaviors or their use of medical care and treatment. Thus whilst in the former literature health care seeking behavior is conceptualized as a ‘sequence of remedial actions’ taken to rectify ‘perceived ill-health’ (Ahmed et al., 2001), in the second approach the latter part of the definition, responding specifically to perceived ill-health, may be dropped, as a wider perspective on affirmative, health promoting behaviors is adopted. A number of ‘social cognition models’ have been developed in this tradition, to predict possible behavior patterns. This are based on a mixture of demographic, social, emotional and cognitive factors, perceived symptoms, access to care and personality. The underlying assumption is that behavior is best understood in terms of an individual’s perception of their social environment (Conner & Norman, 1996). Nonetheless there is now growing recognition of the need to be more sensitive to the realities of healthcare seeking behavior.

Health care seeking in back pain-Health care seeking is part of a wider concept, health behavior. This brief review focused on models of health behavior in order to suggest a simple model for approaching back pain health behavior. In its widest sense, health behavior includes all those behaviors associated with establishing and retaining a healthy state, plus aspects of dealing with any departure form that state (MacKian, 2003).

There are two main types of health care-seeking behavior studies. The first analyses barriers to care that lie between the patients and the services. According (MacKian, 2003).The second type investigates the process of health care seeking. This involves identification of pathways to the formal health care system, often commencing with home care and traditional healers and extending to the formal system, pathways differing according to presenting condition.

(Vogel et at., 2011) mentioned in their study that a range of factors influences the decision to be engaged in a particular medical channel including different socio-economic variable, sex, and social status of the women, types of illness, access to services and perception regarding the quality of services. Even, people who suffers from chronic illness including diabetes, heart diseases and asthma have greater chance to develop behavioral problem and who does not care to seek health care service for their behavioral problems, later on they have to spent more money for their severity of illness and they have poor outcome of their diseases (Islam & Biswas, 2015).

Foster and Anderson (1980) noted that underutilization of modern health services is rarely due to due to the influence of local beliefs or an aversion of western medicine but rather depends on the cost and availability of those services. An essential factor in determining whether a person seeking health care complies with treatment and maintains a relationship with the health facility and provider is client satisfaction.

It is important to note that health care seeking is complex and no one-single method may be used to explain or establish any pattern. Health care seeking is a reflection of the prevailing conditions, which interact synergistically to produce a pattern of care seeking. Prompt health seeking is critical for appropriate management and for this reason, understanding the determinants of health care seeking becomes critical in the bid to provide client oriented services (Ringheim,2002).

Availability: Availability means the geographical location of health facilities for health service users.

Accessibility: Accessibility includes the transportation, road to access the health facilities.

Affordability: Affordability means the direct, indirect cost of the health services.

Acceptability: Acceptability means the socio-cultural barriers.

Back pain person are vary essential part for long-term supervision and successful delivery of effective interventions for their clients.

CHAPTER-III METHODOLOGY

3.1 Study design

The study was done by using quantitative method explore health care seeking behavior of back pain patient in CRP. This research setting in which the study was carried out including research methods used in the study, study design, study population, sampling method, instrumentation and data collection etc.

Cross-sectional design was used to find out the quantitative information of different variable of this study. Data were collected once from the participants to reveal the relationship and other variables of interest. Therefore cross sectional studies provide a snapshot of the frequency of a disease or other health related characteristics in a population at a given point in time. In this study, data were collected once from all participants of this study at CRP to have a snap shot regarding their health care seeking behavior for the people with back pain. Reason behind selecting this design is, it is a cost effective and not time consuming method. Moreover, it captures data in a specific point in time, contains multiple variables.

3.2 Study site

Researcher was chosen musculoskeletal Department of CRP, Saver as a venue so that the researcher could obtain an appropriate sample with back pain. The researcher thought that it is the most suitable place because there has the availability of the desired sample.

3.3 Study period

All the data was collected and completed by the researcher himself. There was taken time for data collection about 6 weeks.

3.4 Study population

All the low back pain patient according to inclusion & exclusion criteria of attended in CRP musculoskeletal unit is considered as the study population.

3.5 Study sample

The sample was collected from the Centre for the rehabilitation of the paralyzed at Musculoskeletal unit. For this study, the researcher was selected the participants who were suffering from low back pain according to the inclusion and exclusion criteria.

3.6 Sample size

The actual sample size for this study was calculated of

Formula:

Here,

$$n = \left\{\frac{Z(1-\frac{\alpha}{2})}{d}\right\}^2 \times pq$$

Here,

$$Z(1-\frac{\alpha}{2}) = 1.96$$

P=77%

q = 1-p

d = 0.10

The actual sample size for this study is calculated as 68, but as the study performed as a part of academic research project and there were some limitations. So that 70 low back pain patients was taken as the sample of this study.

3.7 Inclusion criteria

- Patient who agree willingly participate in the study as maintaining ethical rules.
- Age range 40 to 70 years as LBP patient's most commonly found in this age range (Bronfort et al., 2011).
- Both sexes of equal priority and accepted as people suffered with LBP of both sexes affected and founded in Bangladesh.
- Patient suffering with mechanical low back pain as exclude from non-mechanical low back pain.

3.8 Exclusion criteria

- Children and older patient as mechanical LBP are rarely found on them.
- Mentally ill and medically unstable patient as they won't cooperate with researcher.
- Patient with cognitive problem as they won't cooperate with researcher.
- Acute PLID patients are unable to cooperate with researcher.
- Patient suffering from serious pathological diseases e.g. tumors, tuber sclerosis, rheumatoid arthritis, spondylitis etc as these are non-mechanical origin source.
- Any severe fracture or existing red flags of spinal pain or interference from a concerned orthopedic consultant.

3.9 Materials of Data Collection

Data was collected by using a structured questionnaire paper set, developed by the investigators and validated by a jury of experts involved in the of LBP (clinical physiotherapists),by conducting a face to face interview to collect information. The questionnaire sought information on identification demographic information, lifestyle related information and work & posture related information. The researcher was also used pen and pencils, approved forms and consent forms, SPSS 23 versions software,

3.10 Data collection procedure

Initially the researcher approved the thesis proposal from the thesis team including the respected assigned supervisor. Then he submitted all documents to have IRB of BHPI's permission. After having permission from IRB of BHPI, he received permission from the NIMH authority to conduct this survey at NIMH and to take interview there.

Finally, during data collection, the data collectors received consent from all of them. They also provide the information sheet to the participant prior to survey or the interview. The interview was taken place patients attended at CRP musculoskeletal unit. For the survey, each participant required 15 to 30 minutes. Interview duration varied because, the respondent who received various types of health care services required more time to respond. On the other hand, the respondent who seeks limited range of health care services; she/he had more not applicable options that leaded to skip the next question and reduced the interviewing duration.

Data management and analysis

Quantitative data

Data were managed through data entry, and analysis was performed by using the Statistical Package for social science (SPSS) version 23, and Microsoft excel spreadsheet. The presentation of data was organized in SPSS and in Microsoft Office Word. All data were inputted within the variables of SPSS. The SPSS was used to calculate all statistical data.

Data were analyzed through descriptive statistical analysis and it was presented by using tables, figures, bar and pie charts.

3.11 Ethical consideration

A research proposal was submitted to local ethical review committee of Bangladesh Health Professions Institute (BHPI) for being approval. At first was applying for official permission for the study from the head of the Physiotherapy Department of CRP. Then the head of the Physiotherapy Department of CRP permitted to collect data at musculoskeletal department of CRP, Saver. The ethical consideration was making sure by an informed consent letter to the participant.

Then he submitted her thesis proposal, Bangla and English version of information sheet, consent form and data collection tool such as survey form and semi structured questions to Institutional Review Board (IRB). After having permission from IRB, then permission had taken from the authority of NIMH for data collection. The researcher had taken written consent from the participants who were interested to participate in the study and informed them verbally about topic and purpose of study. The researcher also ensured that NIMH will not be harmed by this study. It was informed that there would be no risk or direct benefit to participate in the study. Information that was provided by participants will be confidential only the researcher and the supervisor (research team) have access to them.

CHAPTER: IV RESULTS

In this study cross sectional study design are used to conduct dissertation and all the data was analyzed by SPSS v.23 software. Here descriptive data were collected and presented by pie chart, bar chart and tables by using Microsoft excel office 2010. Self-administrated questionnaire. Total number of participants was 70.

Socio-demographic information

4.1 Gender:

Among the participants females were 60% (n=34), whereas males were 40% (n=34). So this result shows that males were more vulnerable than females.

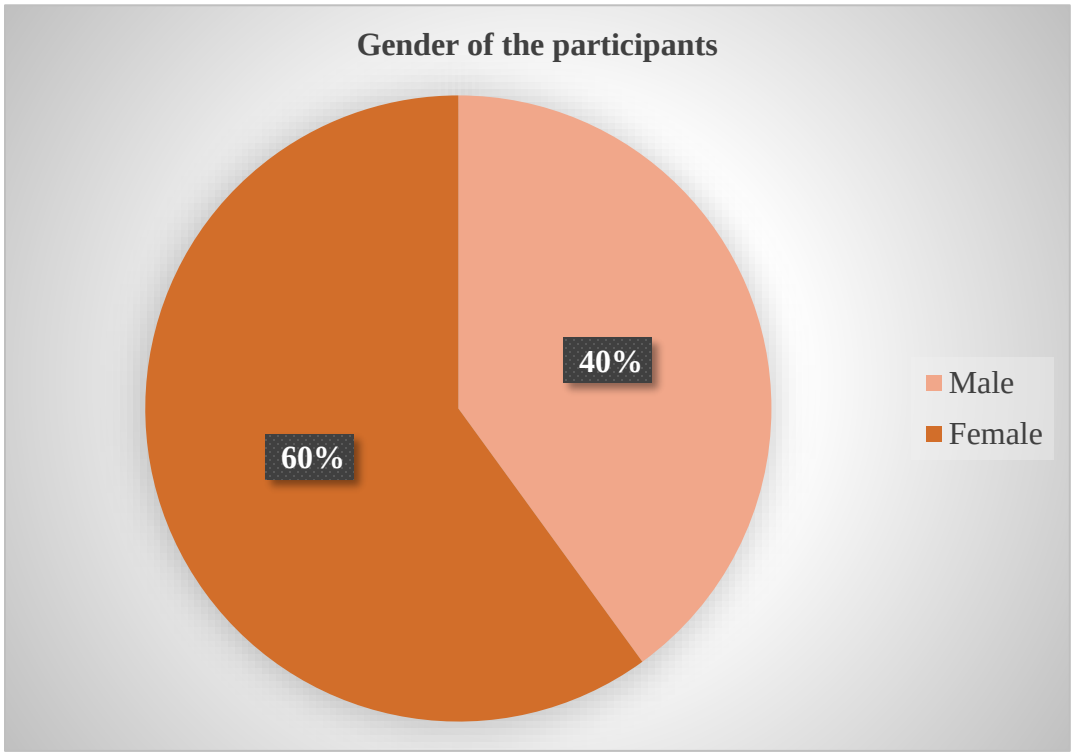


Figure-1: **Gender distribution of the LBP participants**

4.2 Age group:

The study was conducted with 70 participants. Among the participants most of them were 40-50 years range that was almost 48.6% (n=34), 51-60 yeas were 48.6% (n=34), 61-70 years were 2.9% (n=2) and this age group total Mean age 55.33.

Age group(years)	Frequency(n)	Percent %
40-50	34	48.6
51-60	34	48.6
61-70	2	2.9
Total	**70**	**100**

Table-2: Age of the participant

4.3 Living Area

In living area among were rural area 51% (n=36), were urban area 49% (n=34). (Figure-3)

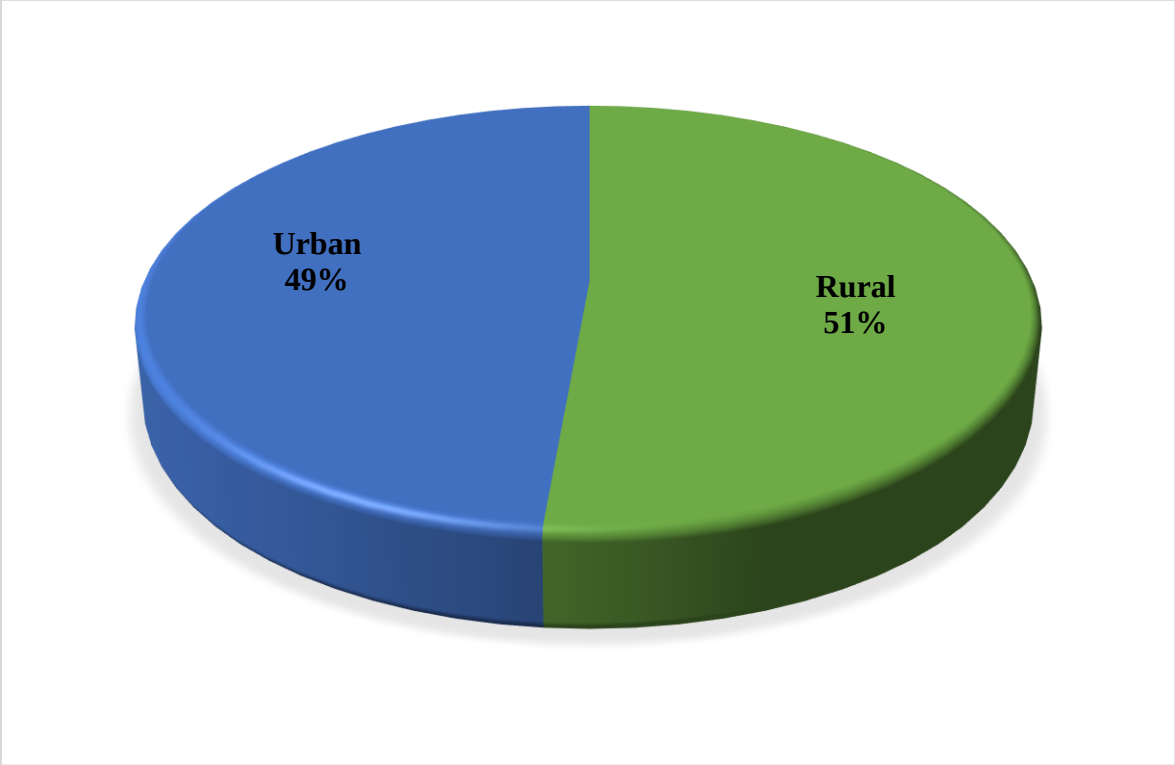


Figure-2: Living Area of the participants

4.4 Educational status

In this study 10.0% (n=7) participants were Illiterate, 5.7% (n=4) participants were Literate, 45.7% (n=32) participants were Primary level, 11.4% (n=8) participants were SSC, 8.6% (n=6) participants were HSC, 18.6% (n=13) participants were Masters and above.

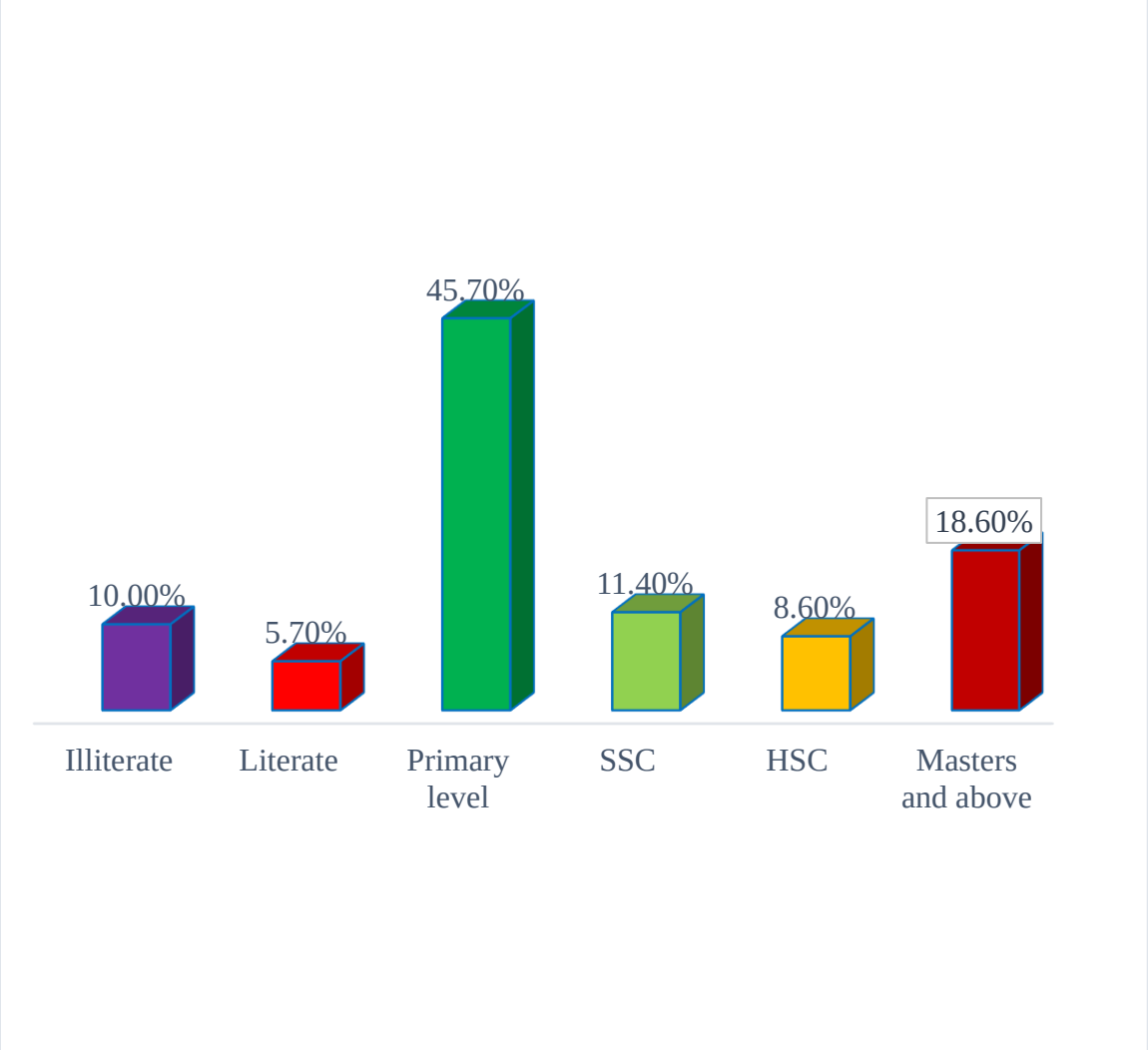


Fig-3: Educational status of the participant

4.5 Occupation

About 70 participants were involved as sample in this study. Among almost 4.3% (n=3) were Laborers, 52.9% (n=37) were Housewife, 18.6% (n=13) were Employee, 17.1% (n=13) were Business, 5.7% (n=4) were Farmer, 1.4% (n=1) were others.

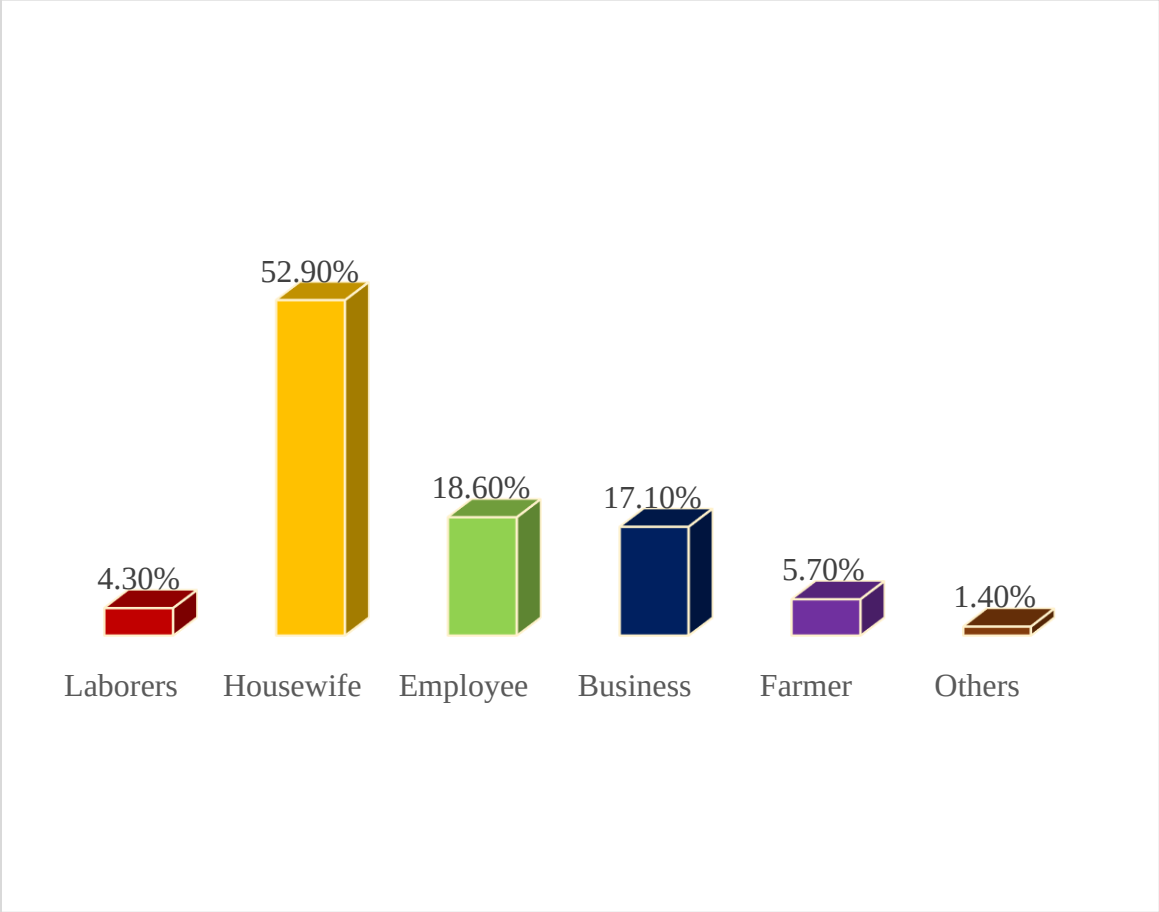


Fig-4: Occupations of the participants

4.6 Postural status

In 70 participants with low back pain there were 20.0% (n=14) were participants forward bending, 20.0% (n=14) were participants standing, 60.0% (n=42) were participants sitting at the work place.

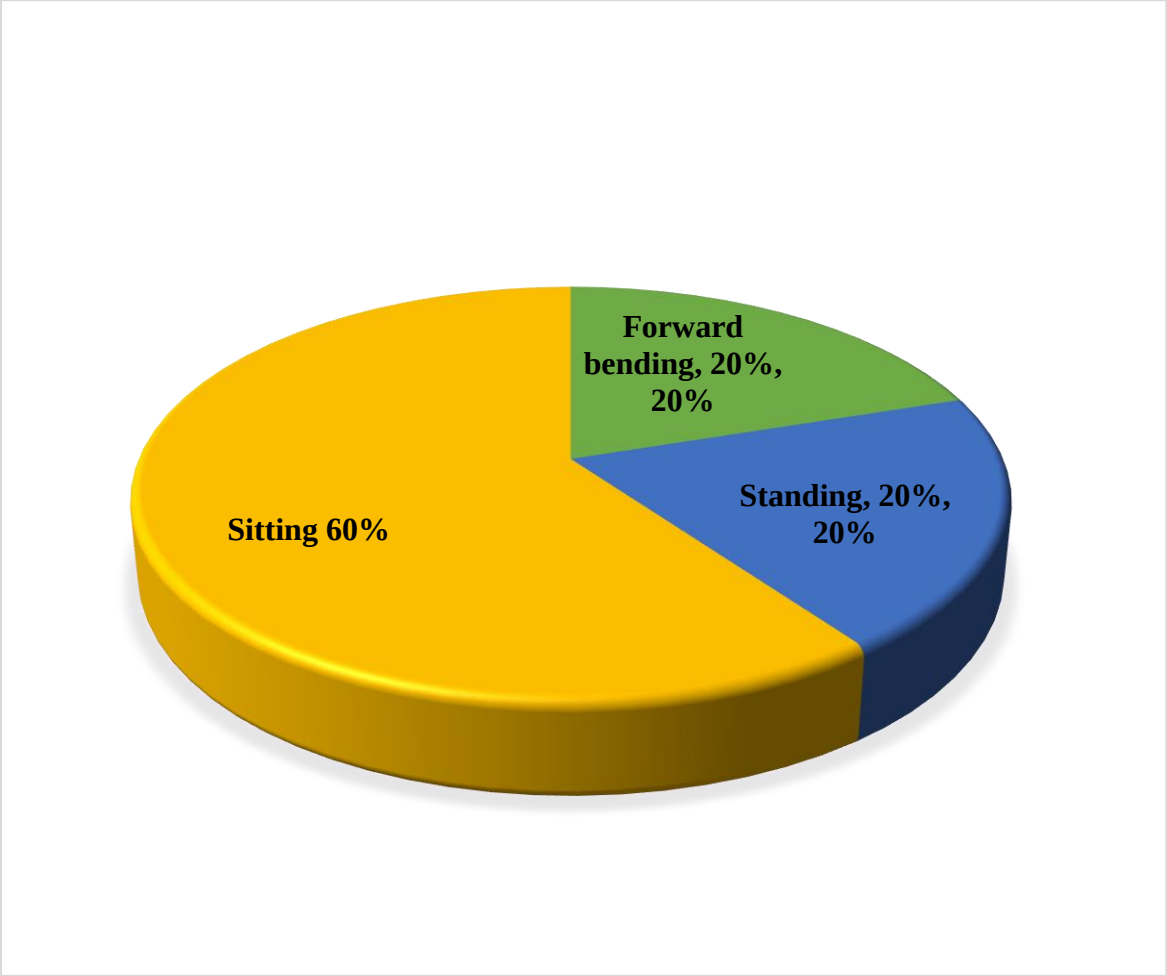


Fig-5: Postural status of the participants at the work place

4.7 Working time

The figure showed that among 70 participants, 7.1% (n=5) participants were most of the time in work in workplace, 48.6% (n=34) participants were often, 44.3% (n=31) participants were sometime work in workplace.

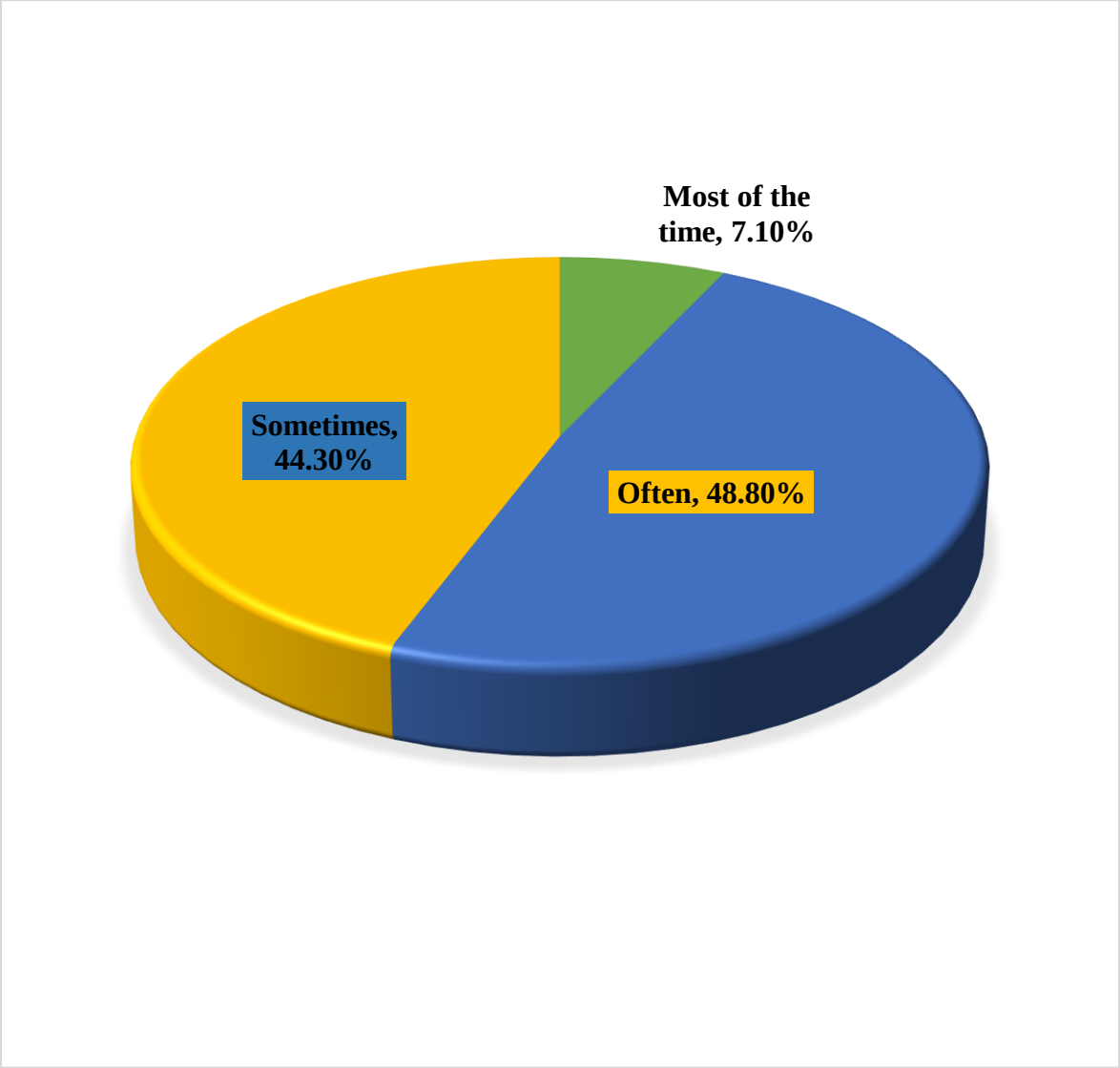


Fig-6: Working time of the participants

4.8 Time occurrence of LBP

In this study, 24.3% (n=17) participants were 1 to 2, 58.6% (n=41) participants were 3 to 5, 14.3% (n=10) participants were more then 5, 2.9% (n=2) participants were time occurrence of LBP.

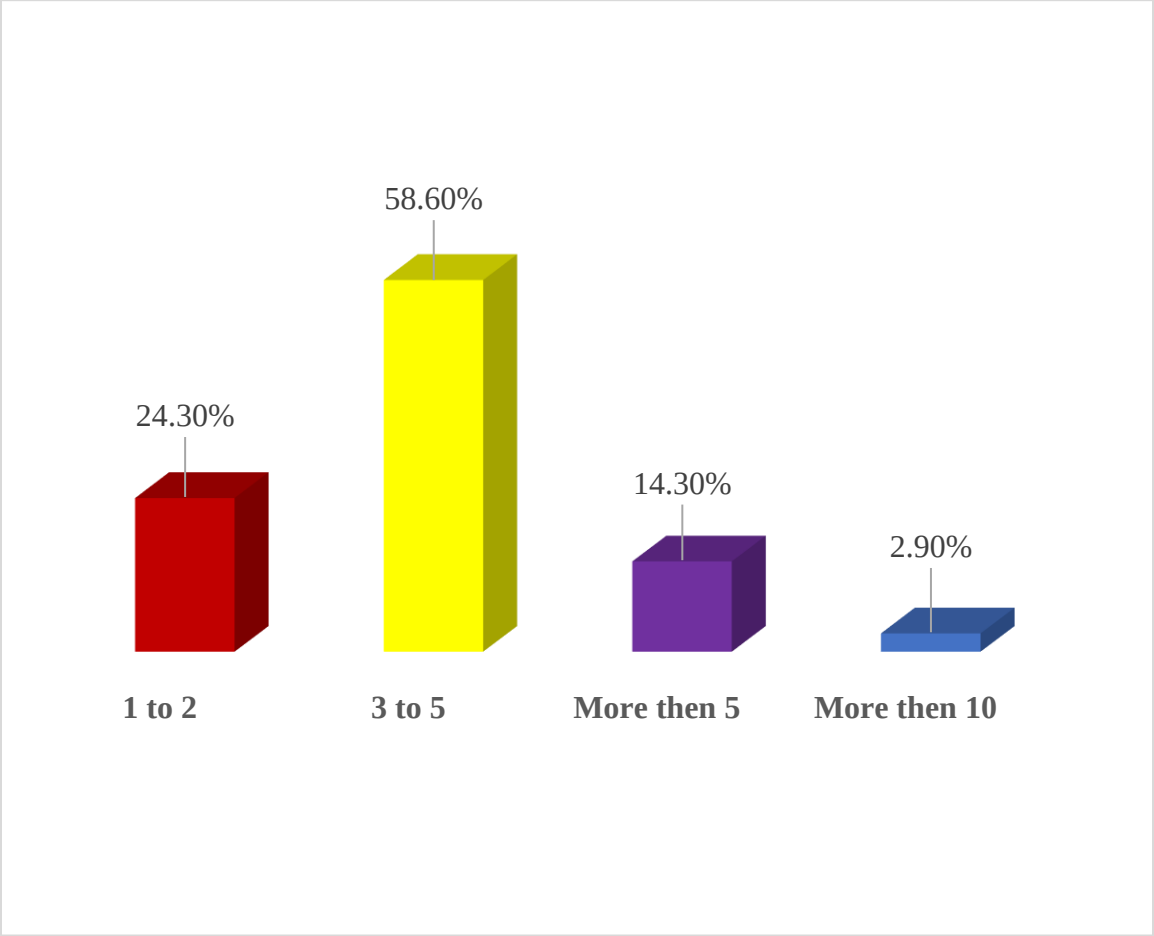


Fig-7: Time occurrence of LBP of the participants

4.9 Incident of back injury

In this study 70 participants, 25.7% (n=18) participants were yes incident of the back injury and 74.3% (n=52) participants were no incident of the back injury.

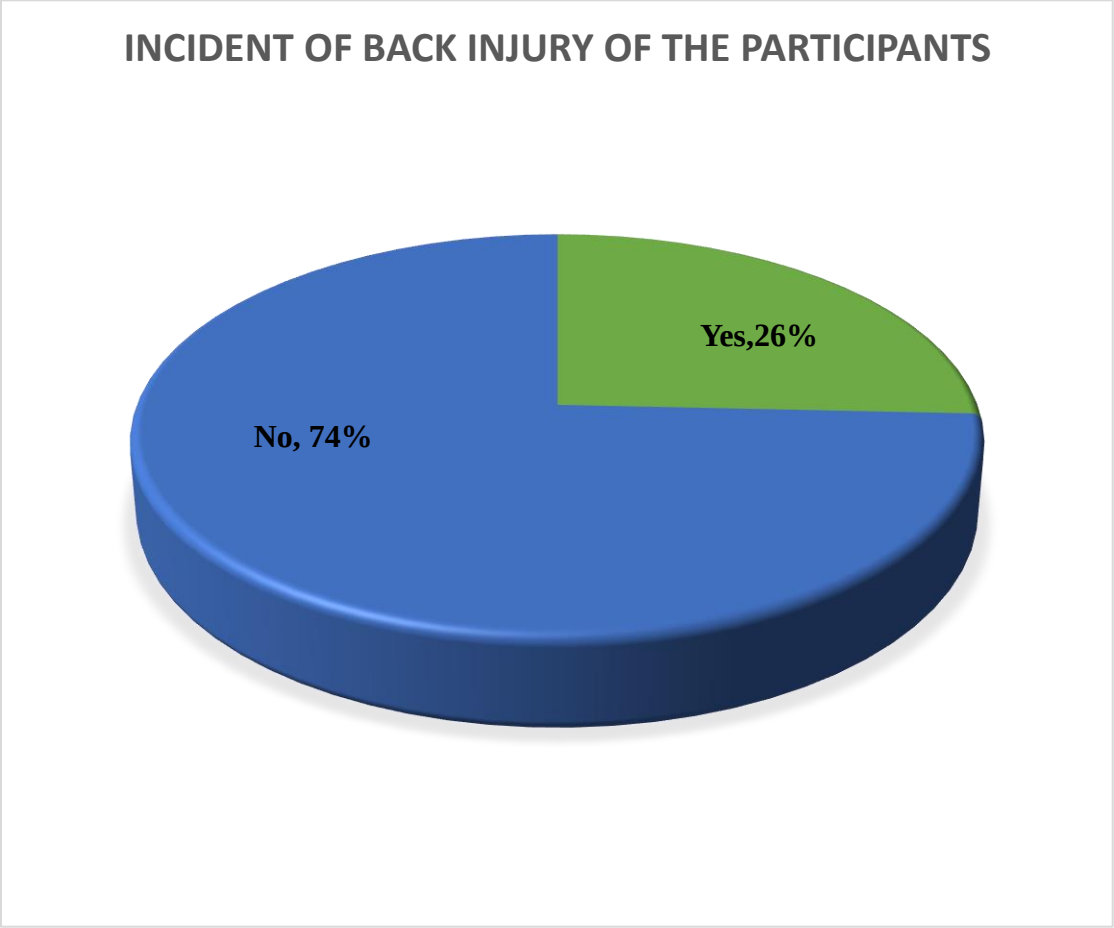


Fig-8: Incident of back injury

4.10 Cause of injury

The pie chart shows that 16.7% (n=3) participants were direct trauma type of injury, 11.1% (n=2) participants were twisting type of injury, 16.7% (n=12) participants were lifting type of injury, 5.6% (n=1) participants were carrying type of injury.

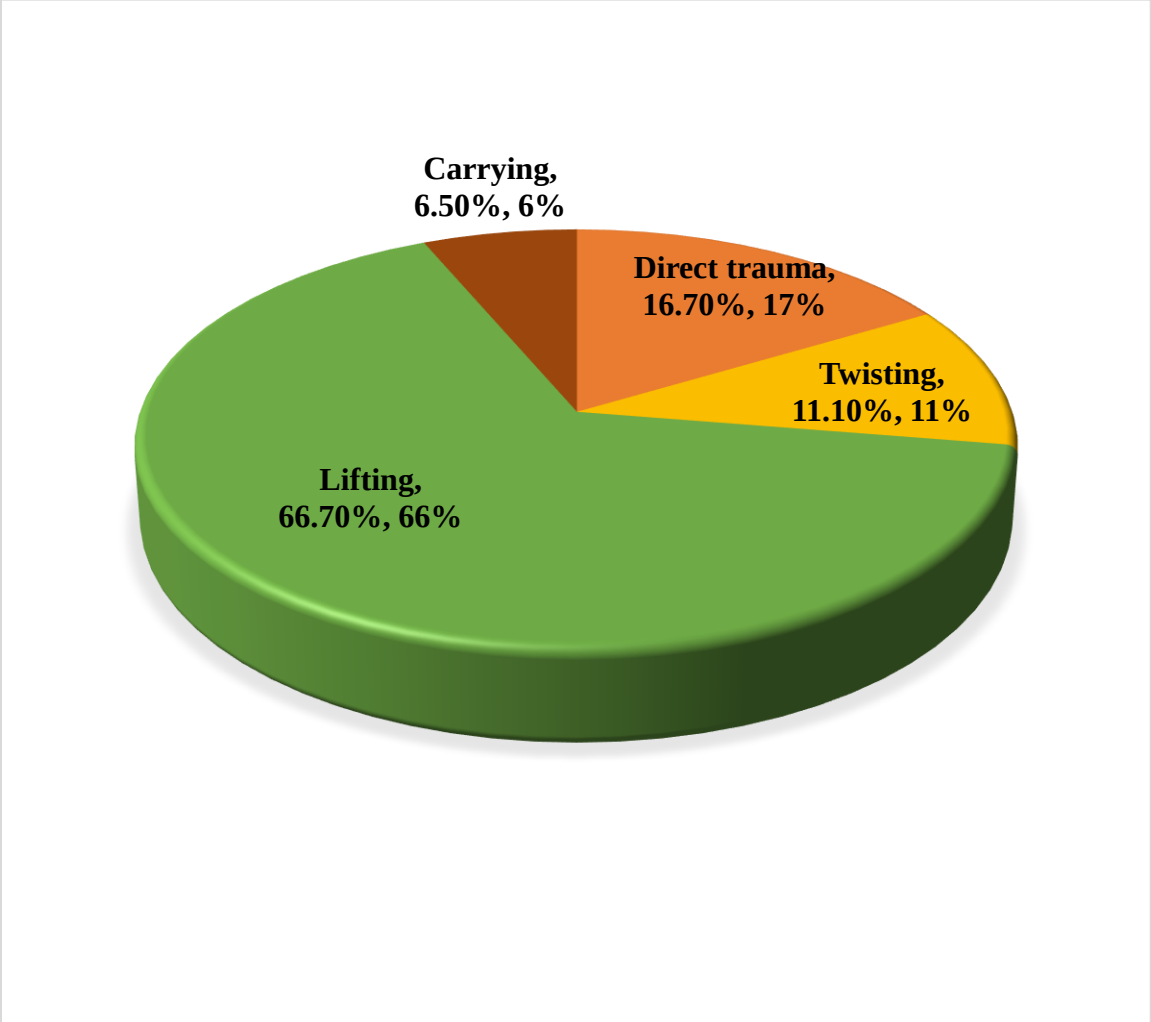


Fig-9: Cause of injury of the participants

4.11 Family bear back pain expenses

This bar chart shows that the 73.9% (n=51) participants were from current income, 8.6% (n=6) participants were from savings, 4.3% (n=3) participants were from loans, 4.3% (n=3) participants were from the sale of properties, 10.0% (n=7) participants were from relative's support from bear back pain expenses.

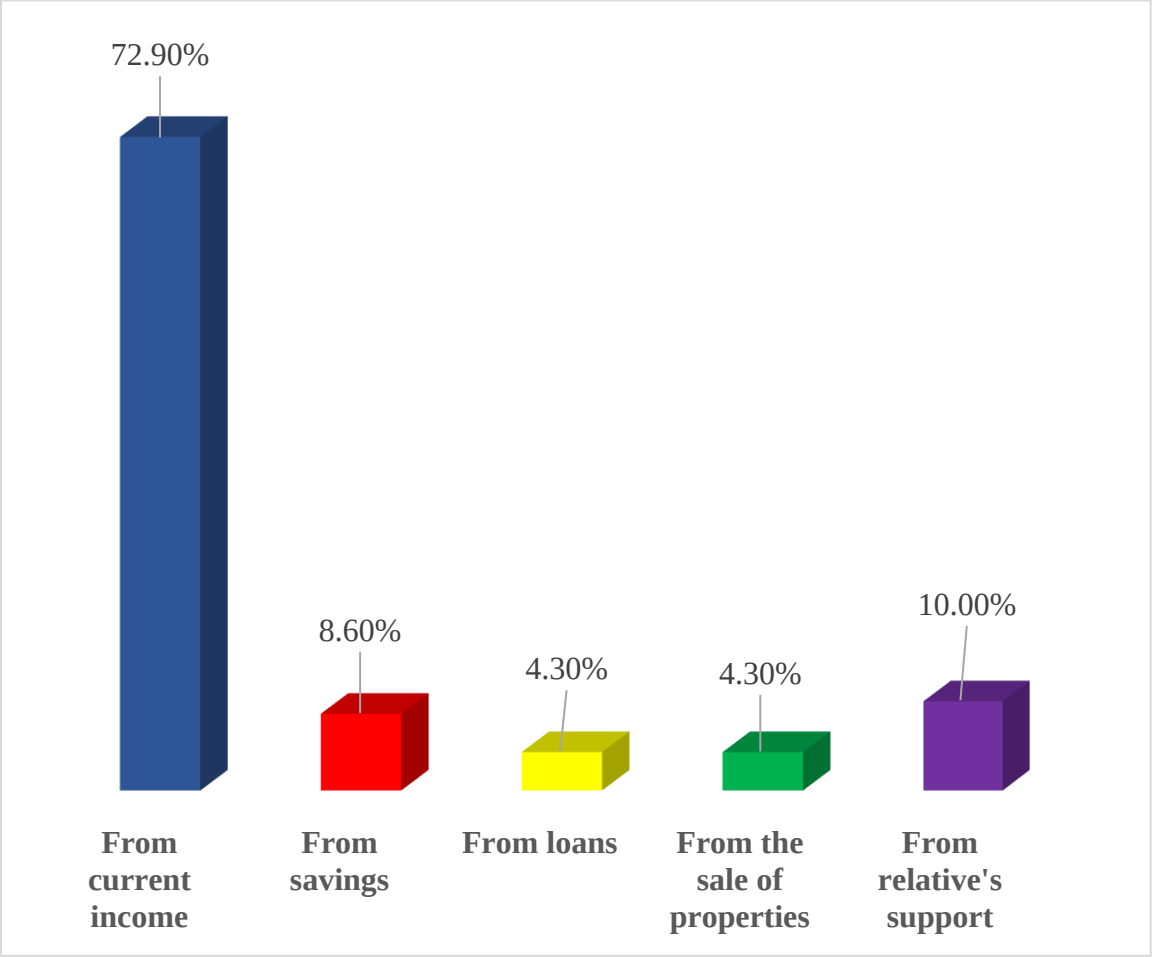


Fig10: Family bear back pain expenses of the participants

4.12 Cost of back pain treatments

Among the participants there were 98.6% (n=69) treatment cost 1 to 1 lakh range, 1.4% (n=1) participants were treatment cost 2 to 3 lakh range.

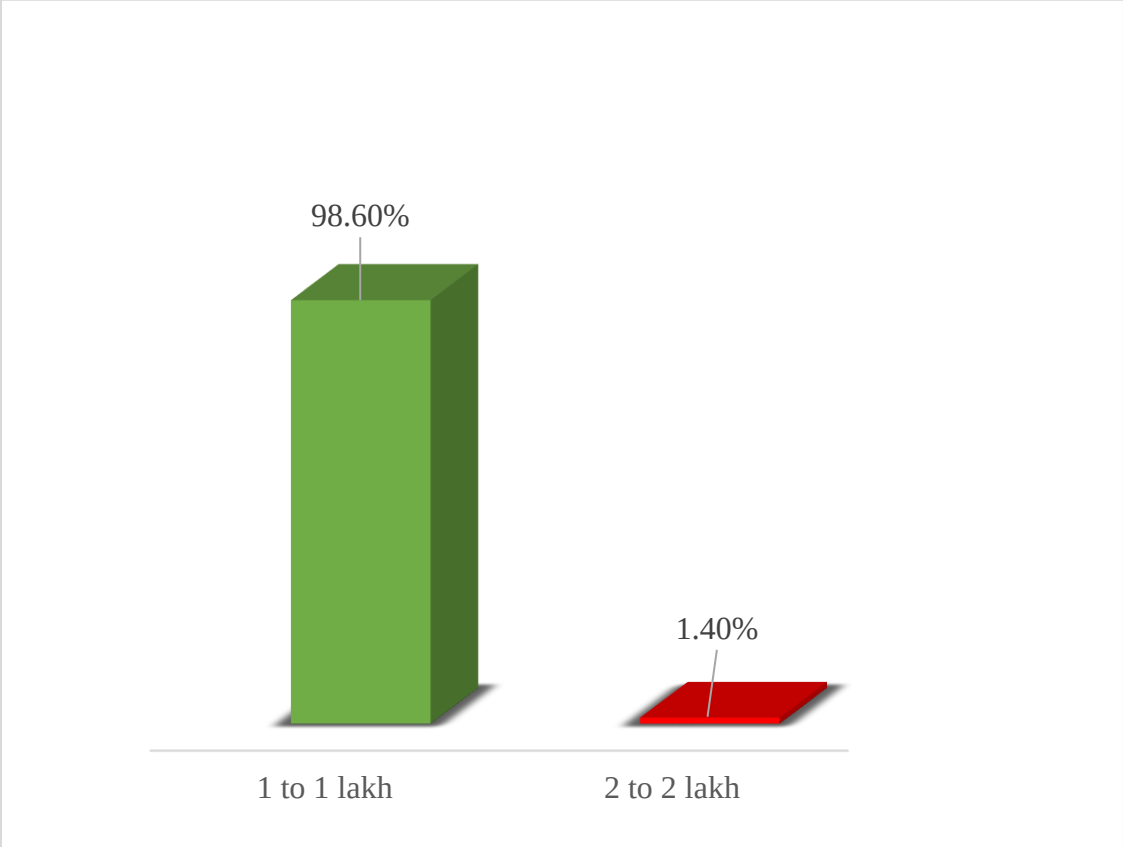


Fig11: How much cast back pain treatment of the participants

4.13 Taken back pain treatment any kabiraj /Fakir

In total 70 participants, 33.3% (n=23) yes and 66.7% (n=46) participants were no back pane treatment any kabiraj/fakir.

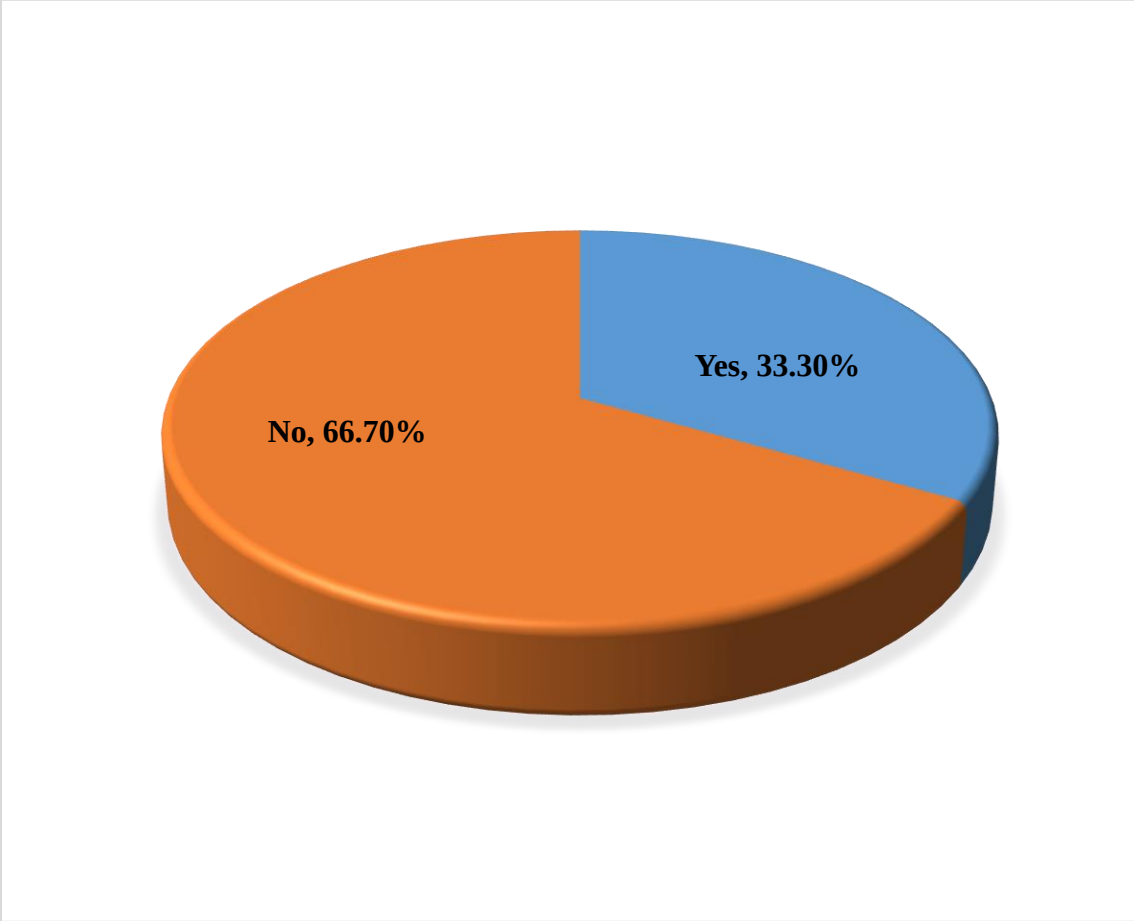


Fig-12: Taken back pain treatment any kabiraj/fakir

4.15 Why go to kaviraj/Fakir

In this study 4.3% (n=1) participants were no cost, 4.3% (n=1) participants were effective treatment, 26.1% (n=6) participants were family advice, 65.2% (n=15) participants were neighbor advice go to kabiraj/fakir.

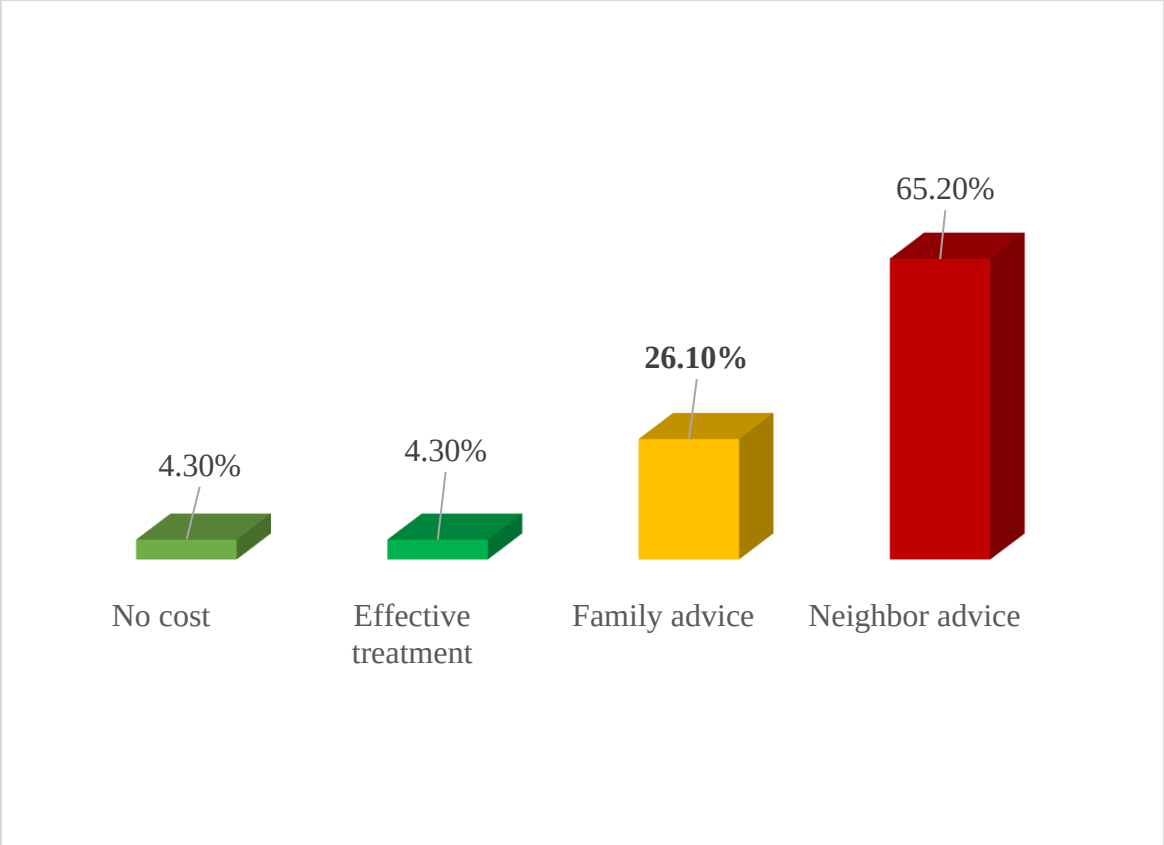


Fig-13: Why go to kabiraj/ Fakir of the participants

4.16 Back pain treatment taken any allopathy doctor

In this study 90.0% (n=63) participants were yes, 10.0% (n=7) participants were no back pain treatments taken any allopathy doctor.

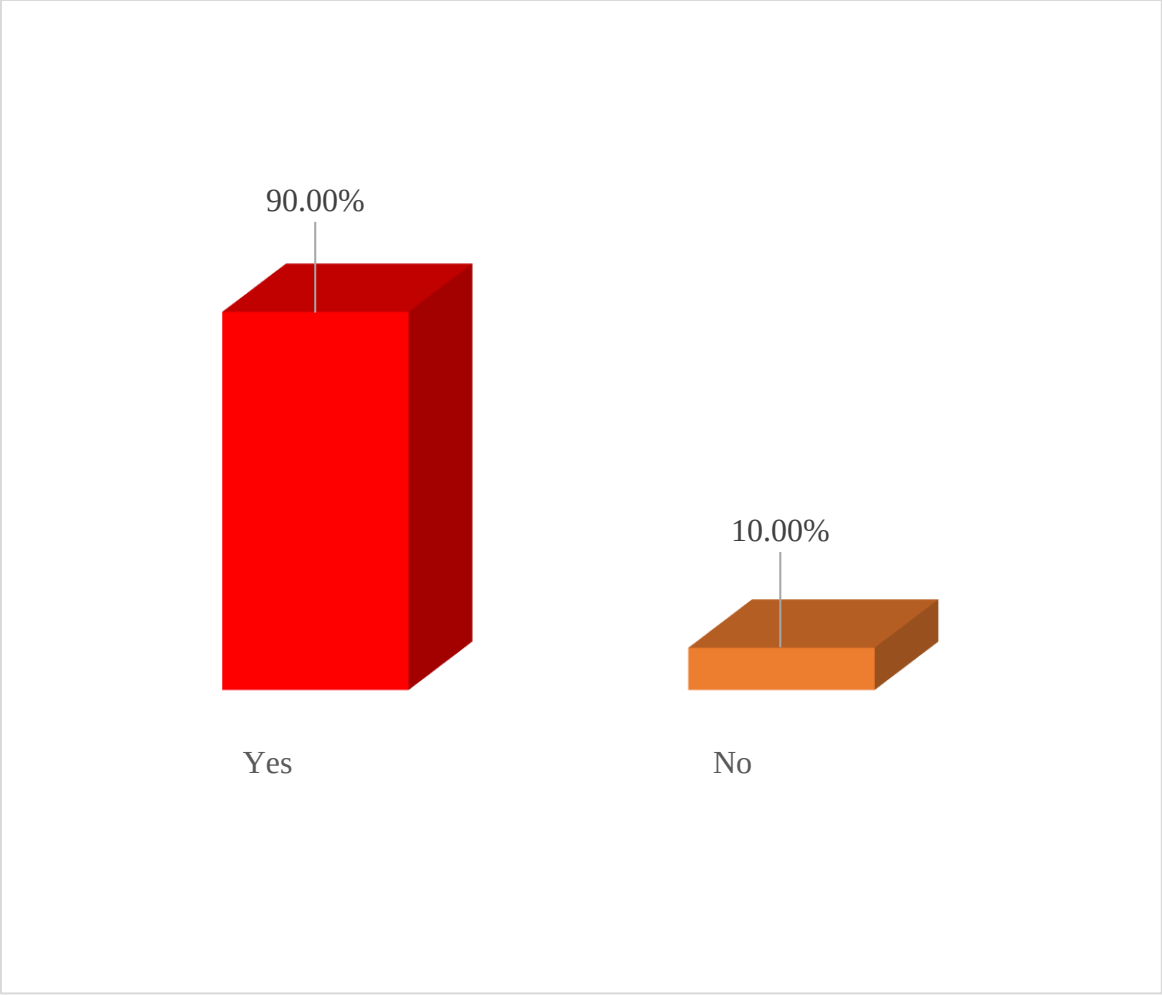


Fig-14: Back pain treatment taken any allopathy doctor of the participants

4.17 Why go to allopathy doctor

In this study 54.5% (n=36) participants were effective treatments, 39.4% (n=26) participants were family advice, 4.5% (n=3) participants were neighbor advice, 1.5% (n=1) participants were available to allopathy doctor.

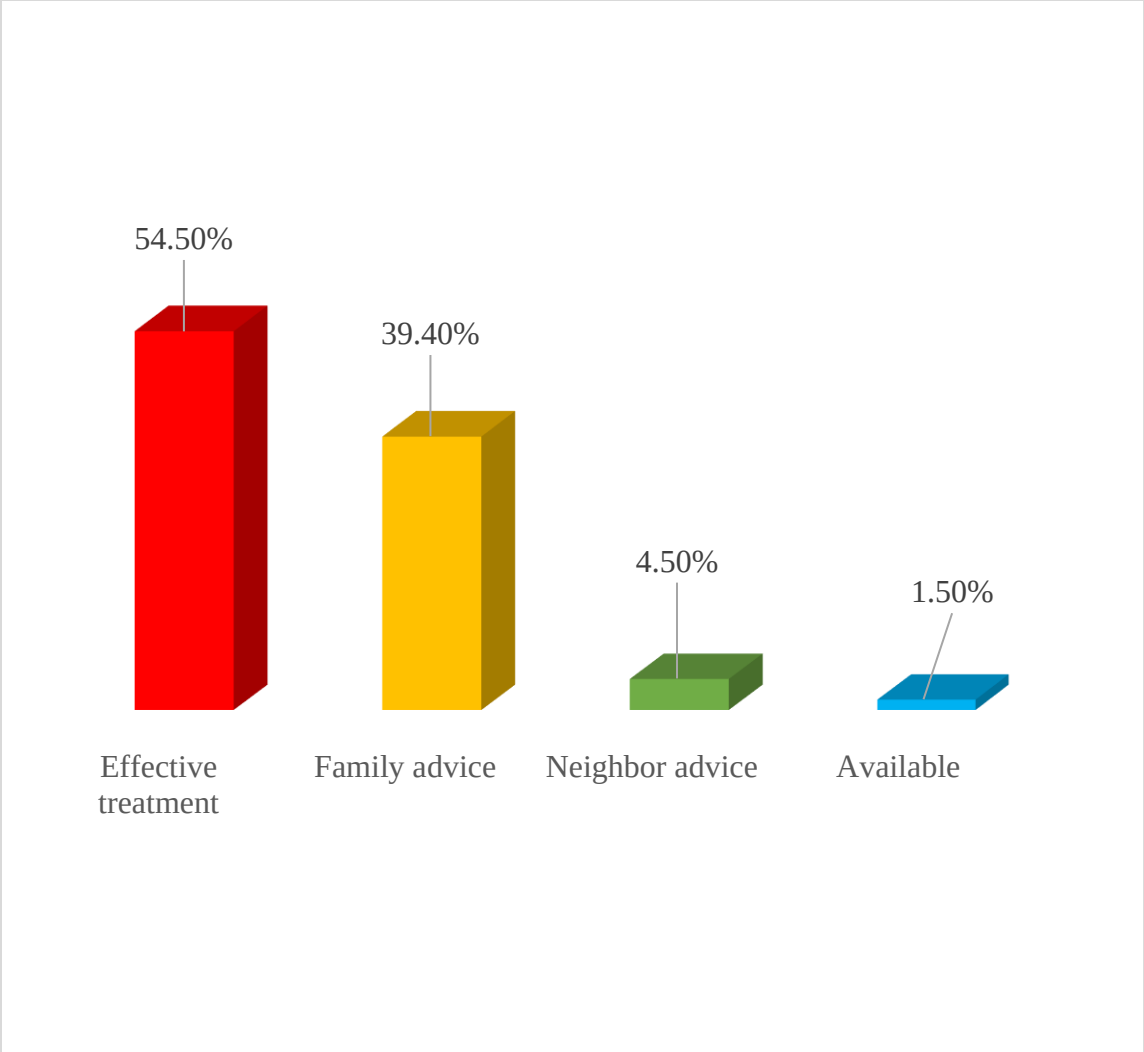


Fig-15: Why back pain treatment taken any allopathy doctor of the participants

4.18 Back pain treatment taken any physiotherapist

In this study 98.6% (n=69) participants were yes and 1.4% (n=1) participant were no back pain treatment of the participants.

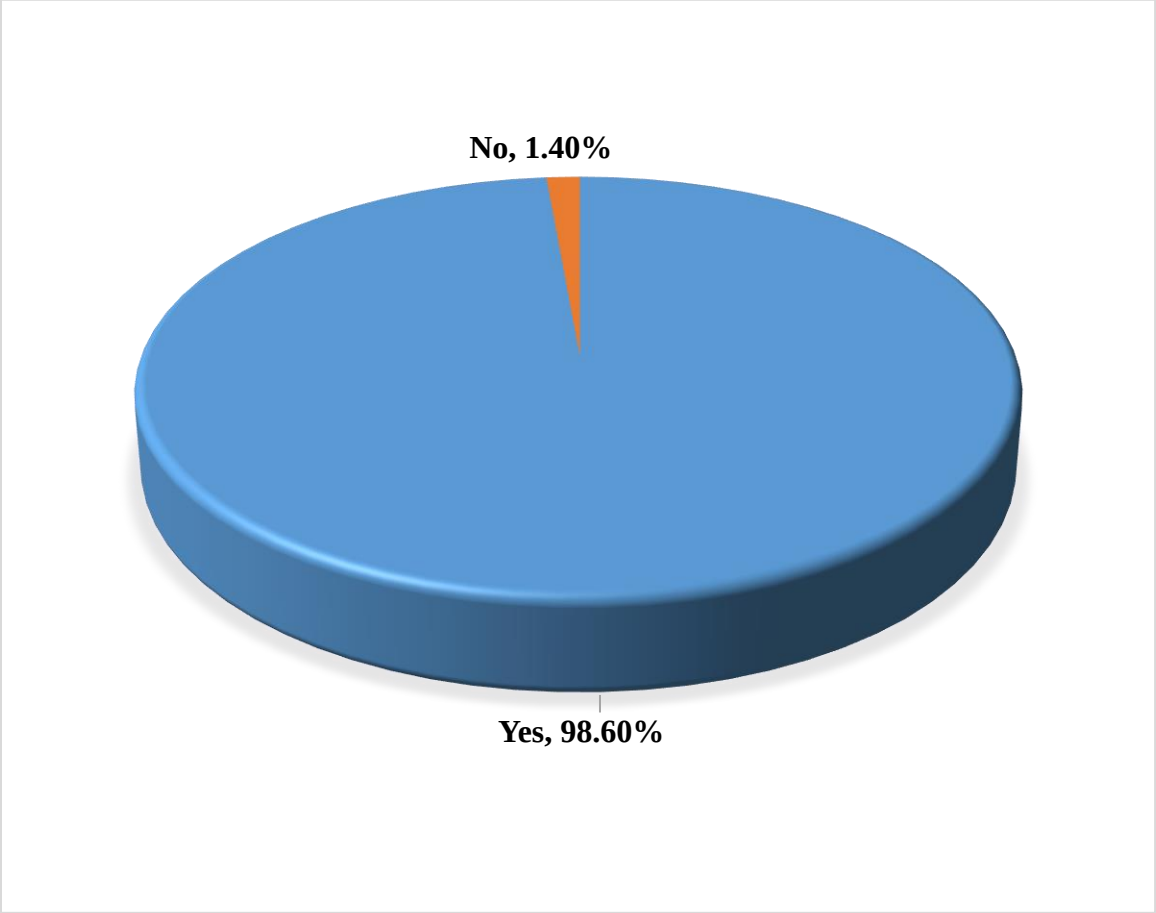


Fig-16: Back pain treatment taken any physiotherapist of the participant

4.19 Why back pain treatment taken physiotherapist

In this study 40.0% (n=28) participant were effective treatments, 30.0% (n=21) participants were family advice, 15.7% (n=11) participants were neighbor advice, 14.3% (n=10) participants were doctor advice taken back pain treatment of physiotherapist.

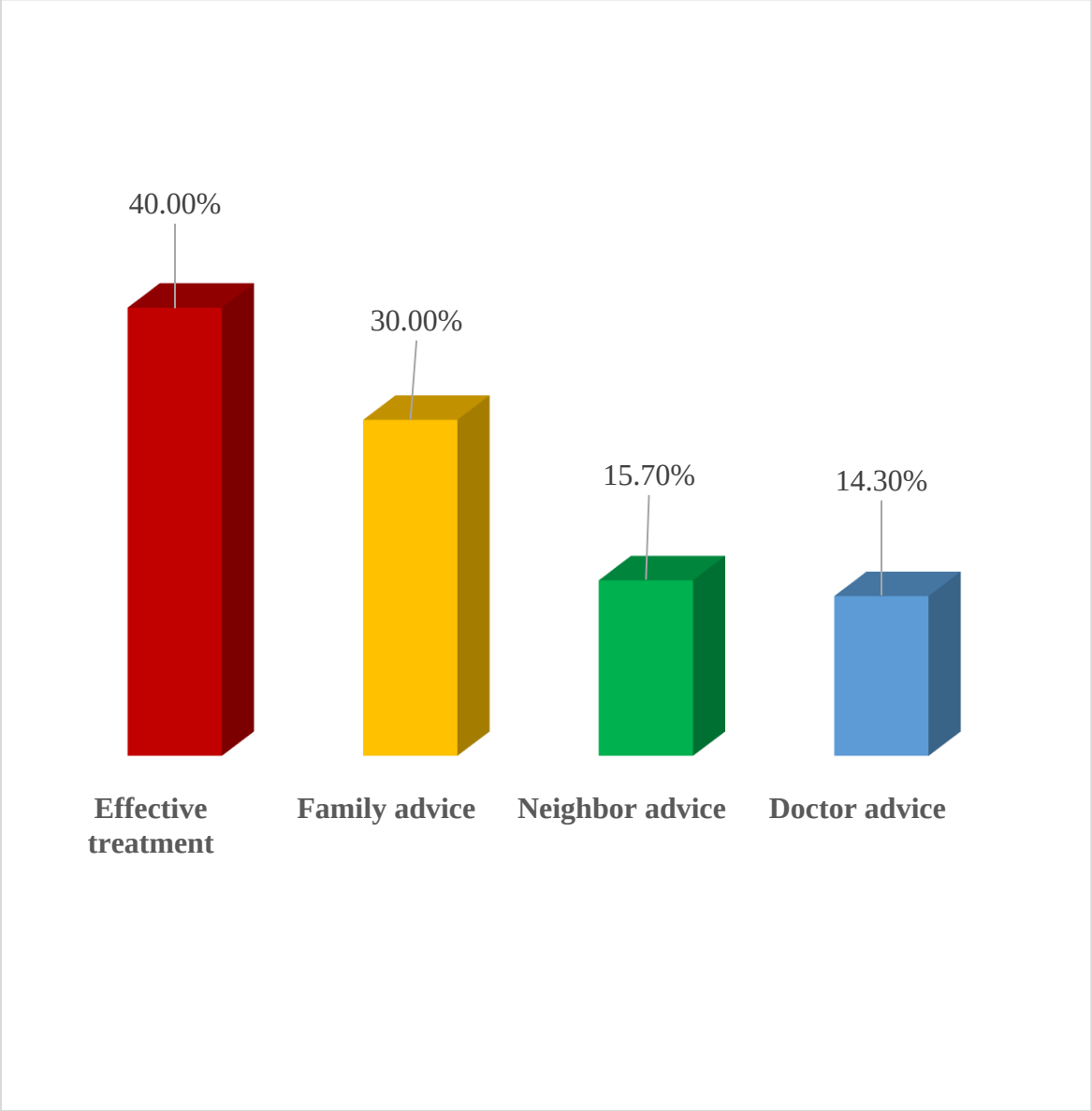


Fig-17: why back pain treatment taken any physiotherapist of the participant

CHAPTER: V DISCUSSION

5.1 Discussion

The researcher aim was to explore health care seeking behavior for back pain patient attended at CRP. In this study 70 patient with back pain.

This was a prospective type of survey on 70 participants who were complained of low back pain where 40.0 %(28) were male and 60.0 %(42) were female. A Swedish studies showed that, among 41% of the participants reported having low back pain and of these 55% were women and 45% men (Bjorck-van Dijken et al 2008). An epidemiol community health study stated that the most affecting age group was 30 to 39 aged people where men were 39.9% and women were 38.9% (Ozguler et al., 2000)

Most of the participants were housewife, about 52.9%. Others occupations were 1.4% participants were businessman, 17.7% participants were day labor, 18.6% participants were employed, 17.1% participants were Business and 1.4% participants were others (farmer, doctor, engineer, tailor, driver, security guard). By this study it was ensured that housewives are more vulnerable for LBP. A complex interrelationship between pain, usual activities and mental states may influence activities of recipient's different occupation (Clariborn et al., 2002).

In this study patients who lived in rural were more affected than the people who lived in rural. Among these approximately 51.4% (n=36) were in rural and 48.6% (n=34) were in urban area. Among 70 (100%) participants in the study about 10.0% (n=7) illiterate, 45.7% (n=32) took primary education, 11.4% (n=24) took secondary education and 8.6% (n=6) were undergraduate. So the result shows that most participants are in primary level. A study of India showed that almost 60-70% was illiterate. A Brazilian study showed that of the 60 patients, 38 (63.3%) had complete or incomplete primary education, 19 (31.7%) had complete or incomplete secondary education and 3 (5%) had college education (Blanes et al., 2009).

This study revealed that most of the participant 61.4% (n=43) seek health care service from allopathy, 30.0% (n=21) participants seek health care service from tried myself, 1.4% (n=1) participants seek health care service from homeopathy, 1.4% (n=1) participants seek health

care service from kabiraj, 5.7% (n=4) participants seek health care service from physiotherapy, Usually the received services from more than one option. Ahmed (2013) also described that usually seeking health care service from the village quack, religious venue. The prominent cause behind these seeking behaviors is lack of affordability to bear treatment cost. It result forced to accept traditional intervention for remedy. Moreover, the back pain people are confined at their home as self-care remedy and deprived them from their basic needs.

Most of the participant's 40.0% (n=26) seek health care service from allopath as their 2nd treatment choice. Respectively, 27.7% (n=18), 20.0% (n=13), 9.2% (n=18) and 3.1% (n=2) received service from the physiotherapy, homeopathy, kabiraj and tried myself. (MacKian, 2003) mentioned that often people seek health care service from allopath or trained practitioner to have desired outcome.

One participant described his health care seeking behavior for his client as-'At first I seek health care service from allopath, then went to kabiraj. But afterwards I shifted to allopath again as I could believe the kabiraj. During waiting time for the serial of doctor's appointment, I introduced with another caregiver of a person with back pain who brought me to another fakir. Now I am continuing both allopath and religious treatment at a time.

11.8% (n=6) participants seek health care service from allopath as their 3rd treatment option. Usually initially they seek service from others non-qualified, traditional healers or religious venue. In another study (Rahman, 2000) found that in Bangladesh, 00 rural women received from the non-qualified health care providers such as village doctor, traditional healers that resulted delay diagnosis and proper treatment.

Usually very minimum participants seek from homeopath, kabiraj and physiotherapist as their 4th or 5th treatment option in this study, it was revealed that 6.7 (n=2) seek service from homeopathy as their 4th treatment option and 76.7 (n=23) seek service from clinical physiotherapist as their 4th and 5th treatment choice.

One participant mentioned that- 'At that time we lived in rural area because of my father's job. There was no relative of mine. Then our neighbors suggested us to seek service from homeopath from my mother. In fact due to lack of accessibility and neighbor's advice we went to the homeopath'.

Usually caregivers seek service from doctor and physiotherapist when they were referred by the allopath doctors. People has lack of awareness regarding role these professionals especially in the field of back pain health.

5.2Limitatioms

The first limitation of this study was sample size. It was taken only 70 samples. As the study was done in the community, so transporting system was one of the limitation. Another major limitation was time. The period was very limited to conduct the research project on this topic. As the study period short so the adequate number of sample could not arrange for the study.

CHAPTER: VI CONCLUSION & RECOMMENDATION

Low back pain is a very common musculoskeletal condition in the developing country where Bangladesh is not out of range. Everyday a lot of patients of low back pain come to the physician's. Of them, most suffered from mechanical deformation of the spinal musculoskeletal structures, caused by an enormous surrounding factors whether it may low socioeconomic condition, harder labor activity, inadequate nutrition, lack of physical strength, prolong abnormal postural habit, lifting of heavy loads, stressful occupations, inadequate resting periods, recurrent number of back pain and sudden direct trauma by fall from height, fall of heavy objects, fall on slippery floor, road traffic accident or the normal aging process may precipitating factors for low back pain.

The result of the current study indicated that many factors are comparatively significant which are closely coordinated with individuals' lifestyles, abnormal position or posture, working environment, occupations and overall leading of poor socioeconomic condition. This study greatly emphasized on these factors to mark out the most prevalent mechanical characteristics among the patients of low back pain. For instances, most affecting age group is between 30 to 39 years, females are affected most, low educated and low economical people are highly affected, people who are obese, lack of regular physical exercise, frequent and prolong sitting, bending and squatting position in their workplace or home are more vulnerable groups for low back pain which are reasonably mechanical in origin.

The health care system of Bangladesh consists of several and wide range of distinct therapeutic choice ranging from self-care to folk and western medicine. As the mainstream back pain sectors are not adequately designed, the person with back pain illness can adapt a male-pattern of health care seeking. In Bangladesh, back pain health problem exists in a great extent due to complex interaction among personal attribution, socio-cultural factors and inadequate health delivery system for the marginal people. Low level of education, particularly lack of knowledge regarding back pain, gender discrimination is other facets of poor health care seeking. Persons with back pain health care from both formal and informal sector. Perception of causation of back pain illness, family and neighbor suggestion, easy accessibility, thought the service would be effective, severity of illness and treatment cost were facilitated them to shape their health care seeking behavior. Policy

planners should pay attention to implement their initiative to ensure proper health care delivery system for persons with back pain illness.

6.2 Recommendation

Comparative study to find out the complications among before admission, during admission and after admission at specialized rehabilitation center will be better one. But during further research it is recommended to take more samples with adequate time to solve the recent problems areas for better result and perspectives. Needs to arrange awareness program among the community based populations about specialized care, proper hygiene and prevention of complications.

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APPENDIX

মৌখিক অনুমতি পত্র

(অংশগ্রহনকারীকে পড়ে শোনাতে হবে)

আস্সালামু আলাইকুম/নমস্কার, আমার নাম আমিনা আক্তার, আমি এই গবেষনাটি বাংলাদেশ হেলথ্ প্রফেশনস্ ইনস্টিটিউট (বি এইচ পি আই), ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদ- এর অধিনে করছি যা আমার ফিজিওথেরাপী স্নাতক কোর্সের আংশিক অধিভুক্ত। যার শিরোনাম হল- "সি আর পিতে স্বাস্হ্যসেবার খোঁজে আগত কোমর ব্যথা রোগীদের আচরন/তথ্যাবলী"। আমি এক্ষেত্রে কিছু ব্যক্তিগত এবং আপনার সমস্যা সম্পর্কে আনুষাঙ্গিক কিছু তথ্য জানতে চাচ্ছি যা আনুমানিক ৩০-৪০ মিনিট সময় নিবে। আমি এই তথ্য সংগ্রহের জন্য শুধুমাত্র একবারই আপনার সাথে সাক্ষাৎ করব।

আমি আপনাকে অবগত করছি যে, এটা কেবল মাত্র আমার অধ্যায়নের সাথে সম্পর্কযুক্ত এবং এই তথ্যগুলো অন্য কোন উদ্দেশ্যে ব্যবহৃত হবে না। আমি আপনাকে আরও নিশ্চয়তা প্রদান করছি যে, আপনার এবং আপনার দেওয়া সকল তথ্যের গোপনীয়তা বজায় থাকবে।

এই অধ্যয়নে আপনার অংশগ্রহন স্বেচ্ছাপ্রণোদিত এবং আপনি যে কোন সময় এই অধ্যয়ন থেকে কোন নেতিবাচক ফলাফল ছাড়াই নিজেকে প্রত্যাহার করতে পারবেন। এছাড়াও আপনি যদি চান তবে এই সাক্ষাৎকারের যে কোন প্রশ্নের উত্তর নাও দিতে পারেন যেটা আপনার পছন্দ

উপরোক্ত সমস্ত তথ্যাবলী জেনে অংশগ্রহনকারী স্বেচ্ছায় গবেষনায় অংশগ্রহন ও সাহায্য করতে ইচ্ছুক

☐ হ্যা

☐ না

সাক্ষাৎকার প্রদানকারীর স্বাক্ষর ঃ..... তারিখ.....

সাক্ষাৎকার গ্রহনকারীর স্বাক্ষর ঃ..... ..তারিখ ঃ.....

CONSENT FORM

(Please read out to the participant)

Assalamualaikum/Namasker, my name is Amina akter, I am conducting this study for partial fulfillment of Bachelor of Science in Physiotherapy degree, titled “healthcare seeking behavior for back pain patient at CRP.” from Bangladesh Health Professions Institute (BHPI), University of Dhaka. I would like to know about some personal and other related information about Low Back Pain. You will answer some questions which are mention in this form. This will take approximately 30-40 minutes.

I would like to inform you that this is a purely academic study and will not be used for any other purpose. All information provided by you will be treated as confidential and in the event of any report or publication it will be ensured that the source of information remains anonymous.

Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don’t like or do not want to answer during interview.

So may I have your consent to proceed with the interview?

- YES
- NO

Signature of the participant ----------

Signature of the Interviewer ----------

সি আর পিতে স্বাস্হ্যসেবার খোঁজে আগত কোমর ব্যথা রোগীদের আচরন/তথ্যাবলী

প্রশ্নপত্র

জনসংখ্যা তাত্ত্বিক ও আর্থসামাজিকগত তথ্য

	আপনার সম্পর্কিত কিছু সাধারণ প্রশ্ন দিয়ে শুরু করবো:
১.	অংশগ্রহণকারীর পুরো নাম:
২.	লিঙ্গ: পুরুষ--------- মহিলা---------
৩.	আপনার বসবাসের এলাকা: গ্রাম অঞ্চল----- শহর অঞ্চল-----
৪.	আপনার বয়স কত ?-----বছর
৫.	আপনার ধর্ম কি ? আপনি----- মুসলিম----- বৌদ্ধ----- হিন্দু----- খ্রিস্টান----- অন্যান্য-----
৬.	আপনার সর্ব্বোচ্চ পড়াশোনা কি ? অশিক্ষিত----- এস.এস.সি----- অন্যান্য----- স্বাক্ষর জ্ঞান সম্পন্ন----- এইচ.এস.সি----- প্রাইমারি----- ব্যাচেলর ডিগ্রি/এর বেশি-----
৭.	আপনার পেশা কোনটি ? বেকার----- দোকানদার----- গৃহিনী----- কৃষক----- চাকুরীজীবী----- শিক্ষার্থী----- শ্রমিক---- ব্যবসায়ী----- অন্যান্য-----

কাজের সময় দেহের অবস্থান সম্পর্কিত তথ্য

৮.	আপনার কর্মস্থলে আপনি কোন অবস্থানে থেকে কাজ করেন? সামনে ঝুকে------ দন্ডায়মান------ বসা--- অন্যান্য-----
৯.	আপনার কর্মস্থলে উপোরক্ত অবস্থানে থেকে কতক্ষন কাজ করেন? সর্বক্ষণ---- প্রায়ই---- মাঝেমাঝে----- কখনও না------
১০.	কর্ম সময়সীমা: কর্মহীন---- ১২ ঘন্টার কম---- ১২ ঘন্টার বেশী---- অতিরিক্ত কর্ম------

কোমর ব্যাথার জন্য কি ধরনের চিকিৎসা নিয়েছেন তার তথ্য

১১.	কতবার কোমর ব্যাথা হয়েছে? এক থেকে দুই--- তিন থেকে পাঁচ--- পাঁচ এর অধিক---- দশ এর অধিক----
১২.	পিঠে আঘাতের পূর্বু ইতিহাস: হ্যাঁ----- না-------
১৩.	হ্যাঁ হলে , আঘাতের ধরণ: সরাসরি আঘাত----- কোমর বাঁকানোর সময় আঘাত---- ভারি বস্তু উঠানোর সময় আঘাত-----

	ভারি বস্তু বহন করার সময় আঘাত----- অন্যান্য----
১৪.	আপনার পরিবার কীভাবে কোমর ব্যাথার সকল খরচ বহন করছে? ক. বর্তমান আয় থেকে----- খ. জমানো/সঞ্চিত টাকা থেকে ----- গ. লোন থেকে ----- ঘ. জমি/সম্পদ বিক্রির টাকা থেকে ----- ঙ. আত্মীয়স্বজন সাহায্য নিয়ে ----- চ. অন্যন্য -----
১৫.	আপনার কোমর ব্যাথার জন্য মোটামুটি এ যাবৎ কেমন খরচ হয়েছে ---------- টাকা
১৬.	আপনি কী বাসায় নিজেই নিজের কোমর ব্যাথার চিকিৎসা শুরু করেছিলেন? হ্যাঁ----- না -----
১৭.	আপনি কেন বাসায় নিজেই কোমর ব্যাথার চিকিৎসা শুরু করেছিলেন? দয়া করে বলবেন কি? ক. কোন খরচ হয় না/খুব কম পরিমাণ টাকা খরচ হয় খ. পরিবারের পরামর্শে গ. প্রতিবেশীদের পরামর্শে ঘ. সহজে পাওয়া যায় ঙ.অন্যান্য
১৮.	আপনি কবিরাজ/ফকিরের কাছ থেকে কোমর ব্যাথার চিকিৎসা নিয়েছেন কি? হ্যাঁ ----- না -----
১৯.	কোমর ব্যাথার চিকিৎসার জন্য কবিরাজ/ফকিরের কাছে কেন গিয়েছেন দয়া করে বলবেন কি? ক. কোন খরচ হয় না/ খুব পরিমাণ টাকা খরচ হয় ----- খ. কার্যকরী চিকিৎসা ----- গ. পরিবারের পরামর্শে ----- ঘ. প্রতিবেশীদেও পরামর্শে ----- ঙ. তাদের কাছে সহজে পাওয়া যায় ----- চ. যথোপযুক্ত প্রতিষ্ঠান কম থাকায় ----- ছ.অন্যান্য
২০.	আপনি গ্রাম্য চিকিৎসকের কাছ থেকে কোমর ব্যাথার চিকিৎসা নিয়েছেন কি? হ্যাঁ ----- না -----

২১.	কোমর ব্যাথার চিকিৎসার জন্য গ্রাম্য চিকিৎসকের কাছে কেন গিয়েছিলেন দয়া করে বলবেন কি? ক. কোন খরচ হয় না/ খুব পরিমাণ টাকা খরচ হয় ----- খ. কার্যকরী চিকিৎসা ----- গ. পরিবারের পরামর্শে ----- ঘ. প্রতিবেশীদেও পরামর্শে ----- ঙ. তাদের কাছে সহজে পাওয়া যায় ----- চ. যথোপযুক্ত প্রতিষ্ঠান কম থাকায় ----- ছ.অন্যান্য
২২.	আপনি এ্যালোপ্যাথি চিকিৎসকের কাছ থেকে কোমর ব্যাথার চিকিৎসা নিয়েছেন কি? হ্যাঁ ----- না -----
২৩.	কোমর ব্যাথার চিকিৎসার জন্য এ্যালোপ্যাথি চিকিৎসকের কাছে কেন গিয়েছেন দয়া করে বলবেন কি? ক. কোন খরচ হয় না/ খুব পরিমাণ টাকা খরচ হয় ----- খ. কার্যকরী চিকিৎসা ----- গ. পরিবারের পরামর্শে ----- ঘ. প্রতিবেশীদেও পরামর্শে ----- ঙ. তাদের কাছে সহজে পাওয়া যায় ----- চ. যথোপযুক্ত প্রতিষ্ঠান কম থাকায় ----- ছ.অন্যান্য
২৪.	আপনি হোমিওপ্যাথি চিকিৎসকের কাছ থেকে কোমর ব্যাথার চিকিৎসা নিয়েছেন কি? হ্যাঁ ----- না -----
২৫.	কোমর ব্যাথার চিকিৎসার জন্য হোমিওপ্যাথি চিকিৎসকের কাছে কেন গিয়েছেন দয়া করে বলবেন কি? ক. কোন খরচ হয় না/ খুব পরিমাণ টাকা খরচ হয় ----- খ. কার্যকরী চিকিৎসা ----- গ. পরিবারের পরামর্শে ----- ঘ. প্রতিবেশীদেও পরামর্শে ----- ঙ. তাদের কাছে সহজে পাওয়া যায় ----- চ. যথোপযুক্ত প্রতিষ্ঠান কম থাকায় ----- ছ.অন্যান্য
২৬.	আপনি ফিজিওথেরাপিস্টের কাছ থেকে কোমর ব্যাথার চিকিৎসা নিয়েছেন কি? হ্যাঁ ----- না -----

২৭.	কোমর ব্যাথার চিকিৎসার জন্য ফিজিওথেরাপিস্টের কাছে কেন গিয়েছেন দয়া করে বলবেন কি? ক. কোন খরচ হয় না/ খুব পরিমাণ টাকা খরচ হয় ----- খ. কার্যকরী চিকিৎসা ----- গ. পরিবারের পরামর্শে ----- ঘ. প্রতিবেশীদেও পরামর্শে ----- ঙ. তাদের কাছে সহজে পাওয়া যায় ----- চ. যথোপযুক্ত প্রতিষ্ঠান কম থাকায় ----- ছ.ডাক্তার যেতে বলেছিল----- জ.অন্যান্য
২৮.	আপনি প্রাইভেট ক্লিনিক/হাসপাতাল থেকে কোমর ব্যাথার চিকিৎসা নিয়েছেন কি? হ্যাঁ ----- না -----
২৯.	কোমর ব্যাথার চিকিৎসার জন্য প্রাইভেট ক্লিনিক/হাসপাতাল কেন গিয়েছেন দয়া করে বলবেন কি? ক. কোন খরচ হয় না/ খুব পরিমাণ টাকা খরচ হয় ----- খ. কার্যকরী চিকিৎসা ----- গ. পরিবারের পরামর্শে ----- ঘ. প্রতিবেশীদেও পরামর্শে ----- ঙ. তাদের কাছে সহজে পাওয়া যায় ----- চ. যথোপযুক্ত প্রতিষ্ঠান কম থাকায় ----- ছ.অন্যান্য
৩০.	আপনি সরকারী হাসপাতাল থেকে কোমর ব্যাথার চিকিৎসা নিয়েছেন কি? হ্যাঁ ----- না -----
৩১.	কোমর ব্যাথার চিকিৎসার জন্য সরকারী হাসপাতাল কেন গিয়েছেন দয়া করে বলবেন কি? ক. কোন খরচ হয় না/ খুব পরিমাণ টাকা খরচ হয় ----- খ. কার্যকরী চিকিৎসা ----- গ. পরিবারের পরামর্শে ----- ঘ. প্রতিবেশীদেও পরামর্শে ----- ঙ. তাদের কাছে সহজে পাওয়া যায় ----- চ. যথোপযুক্ত প্রতিষ্ঠান কম থাকায় ----- ছ.অন্যান্য
৩২.	আপনি অসুস্থ হবার কতদিন পরে প্রথম কোমর ব্যাথার চিকিৎসা নিয়েছেন?

	সাথেসাথেই ----- এক সপ্তাহের মধ্যেই ----- এক মাসের আগেই ----- তিন মাসের আগেই ----- তিন মাসের পরে ----- জানিনা ----- নিরুত্তর/উত্তর দেয়নি -----
৩৩.	যে সময় আপনি কোন কোমর ব্যাথার চিকিৎসা নেননি তখন নিজের জন্য কি করেছেন? কিছুই না ----- নিজে নিজে চিকিৎসা করেছি ----- চিকিৎসার জন্য চেষ্টা করেছি ----- প্রযোজ্য নয় ----- নিরুত্তর/উত্তর দেয়নি ----- জানিনা
৩৪.	বর্তমান অসুস্থতার জন্য সর্বোপ্রথম কোমর ব্যাথার জন্য কোন চিকিৎসা নিয়েছেন ? নিজে চেষ্টা করেছি ----- এ্যালোপ্যাথি ----- হোমিওপ্যাথী ----- কবিরাজ/ফকিরের কাছ থেকে----- ফিজিওথেরাপী ----- প্রযোজ্য নয়-----
৩৫.	বর্তমান অসুস্থতার জন্য দ্বিতীয়বার কোমর ব্যাথার জন্য কোন চিকিৎসা নিয়েছেন ? নিজে চেষ্টা করেছি ----- এ্যালোপ্যাথি ----- হোমিওপ্যাথী ----- কবিরাজ/ফকিরের কাছ থেকে----- ফিজিওথেরাপী ----- প্রযোজ্য নয়-----
৩৬.	বর্তমান অসুস্থতার জন্য তৃতীয়বার কোমর ব্যাথার জন্য কোন চিকিৎসা নিয়েছেন ? নিজে চেষ্টা করেছি ----- এ্যালোপ্যাথি ----- হোমিওপ্যাথী ----- কবিরাজ/ফকিরের কাছ থেকে----- ফিজিওথেরাপী ----- প্রযোজ্য নয়-----
৩৭.	বর্তমান অসুস্থতার জন্য চতুর্থবার কোমর ব্যাথার জন্য কোন চিকিৎসা নিয়েছেন ? নিজে চেষ্টা করেছি ----- এ্যালোপ্যাথি ----- হোমিওপ্যাথী ----- কবিরাজ/ফকিরের কাছ থেকে----- ফিজিওথেরাপী ----- প্রযোজ্য নয়-----

৩৮.	বর্তমান অসুস্থতার জন্য পঞ্চমবার কোমর ব্যাথার জন্য কোন চিকিৎসা নিয়েছেন ? নিজে চেষ্টা করেছি ----- এ্যালোপ্যাথি ----- হোমিওপ্যাথী ----- কবিরাজ/ফকিরের কাছ থেকে----- ফিজিওথেরাপী ----- প্রযোজ্য নয়-----
৩৯.	আপনি বলছেন যে, আপনি কোমর ব্যাথার জন্য বিভিন্ন ধরণের চিকিৎসা নিয়েছেন। কেন আপনি এক ধরণের চিকিৎসা থেকে আরেক ধরণের চিকিৎস নিয়েছেন? ক. অবস্থার উন্নতি হচ্ছিল না---- খ. একজন আরেকজনের কাছে পাঠাচ্ছিল----- গ. অন্যরা বলেছিল----- ঘ. আগের চিকিৎসায় অনেক খরচ হলো----- ঙ. আগের চিকিৎসায় আমাদের মনমত উন্নতি হয়নি----- চ. অন্যান্য-----
৪০.	কোমর ব্যাথার জন্য কোন্ চিকিৎসা পুণরায় নিয়েছেন? নিজে চেষ্টা করেছি ----- এ্যালোপ্যাথি ----- হোমিওপ্যাথী ----- কবিরাজ/ফকিরের কাছ থেকে----- ফিজিওথেরাপী ----- প্রযোজ্য নয়-----
৪১.	আপনি কি এখনও একই সাথে কবিরাজ/ফকির এবং মেডিক্যালে কোমর ব্যাথার জন্য চিকিৎসা নিচ্ছেন? হ্যাঁ----- না-----

‘HEALTHCARE SEEKING BEHAVIOR FOR BACK PAIN PATIENT ATTENDED AT CRP’

Questionnaire form

Socio-demographic information

	You will start with some common questions about yourself
1.	The full name of the participant
2.	Gender/sex: □ Male □ Female
3.	Living area : Rural----- Urban-----
4.	Age : ------- years
5.	Religion: □ Islam □ Hinduism □ Christianity □ Buddhist □ Other
6.	Educational status : □ Illiterate □ Literate □ Primary level □ SSC □ HSC □ Graduation □ Masters and above □ Other
7.	Occupations :

	□ Office worker □ Laborers □ Driver □ Housewife □ Employee □ Unemployed □ Business □ Retired □ Student □ Farmer □ Others

Information about body location at work

8.	postural status at the work place: □ Forward bending □ Standing □ Sitting □ Other
9.	How long does it work in your workplace? □ Most of the time/always □ Often □ Sometimes □ Never/seldom
10.	Previous episodes of low back pain: □ Jobless □ Less than 12 □ More than 12 □ Overtime

Back pain treatment related Information

11.	How many times of low back pain: □ 1-2 □ 3-5 □ More then 5 □ More then 10
12.	Incident of back injury: □ Yes □ No
13.	If yes, types of injury: □ Direct trauma □ Twisting □ Lifting □ Carrying □ Others
14.	How does your family bear back pain expenses? a. From current income----- b. From savings ----- c. From loans----- d. From the sale of properties ----- e, From relative's support----- f. others-----
15.	How much has it cost for your back pain treatment till now? ----- Taka
16.	Did you start your back pain treatment by yourself at home? yes----- no-----
17.	Will you please tell me why did you start your back pain treatment by yourself at home? a. no cost----- b. Family advice ----- c. Neighbor advice----- d. Available-----
18.	Have you taken your back pain treatment from any Kabiraj/Fakir?

	yes----- no-----
19.	Will you please tell me why have you gone to Kabiraj/Fakir? a. no cost----- b. effective treatment----- c. Family advice----- d. Neighbor advice----- e. available----- f. Other
20.	Have you taken your back pain treatment from any village doctor? yes----- no-----
21.	Will you please tell me why have you gone to a village doctor? a. no cost----- b. effective treatment----- c. family advice----- d. neighbor advice----- e. available----- f. Other
22.	Have you taken your back pain treatment from any allopathy doctor? yes----- no-----
23.	Will you please tell me why have you gone to allopathy doctor? a. no cost----- b. effective treatment----- c. family advice----- d. neighbor advice----- e. available----- f. Other
24.	Have you taken your back pain treatment from any homeopathy doctor? yes----- no-----
25.	Will you please tell me why have you gone to homeopathy doctor? a. no cost----- b. effective treatment----- c. family advice----- d. neighbor advice-----

	e. available----- f. Other
26.	Have you taken your treatment from any physiotherapist? yes----- no-----
27.	Will you please tell me why have you gone to physiotherapist? a. no cost----- b. effective treatment----- c. family advice----- d. neighbor advice----- e. Doctor advice------ f. available-----
28.	Have you taken your back pain treatment from any private clinic/hospital? yes----- no-----
29.	Will you please tell me why have you gone to private clinic/hospital? a. no cost----- b. effective treatment----- c. family advice----- d. neighbor advice----- e. available----- f. other
30.	Have you taken your back pain treatment from any government hospital? yes----- no-----
31.	Will you please tell me why have you gone to government hospital? a. no cost----- b. effective treatment----- c. family advice----- d. neighbor advice----- e. available----- f. other
32.	How long did it take to get back pain treatment first? Direct----- Before 1 weak-----

	Before 1 month----- Before 3 months----- After 3 months----- Don't know----- No answer-----
33.	What have you done for yourself when you didn't take any back pain treatment? nothing----- self-treatment----- tried for treatment----- don't know----- no answer-----
34.	What was the first back pain treatment you have taken? Tried myself----- allopathy----- homeopathy----- Kabiraj----- physiotherapy----- No answer-----
35.	What was the second back pain treatment you have taken? Tried myself----- allopathy----- homeopathy----- Kabiraj----- physiotherapy----- No answer-----
36.	What was the third back pain treatment you have taken? Tried myself----- allopathy----- homeopathy----- Kabiraj----- physiotherapy----- No answer-----
37.	What was the fourth back pain treatment you have taken? Tried myself----- allopathy----- homeopathy----- Kabiraj----- physiotherapy----- No answer-----
38.	What was the fifth back pain treatment you have taken? Tried myself----- allopathy----- homeopathy----- Kabiraj----- physiotherapy-----

	No answer-----
39.	Why have you changed your back pain treatment in different times? Condition unimproved----- Others advice----- Referred to others----- others-----
40.	Which back pain treatment have you taken twice? Tried myself----- allopathy----- homeopathy----- Kabiraj----- physiotherapy----- No answer-----
41.	Are you taking both kabiraj/fakir and medical back pain treatment at a time? yes----- no-----

Permission letter

06 May, 2017
Head of the Department,
Department of Physiotherapy,
Centre for the Rehabilitation of the Paralysed.
Chapain, Savar, Dhaka-1343.

Through: Head of the Physiotherapy Department, BHPI.

Subject: Seeking permission for data collection to conduct my research project.

Dear Sir,

With due respect and humble submission, I would like to state that I am Amina Akter a student of 4th year B.Sc. in Physiotherapy at Bangladesh Health Professions Institute (BHPI). My dissertation title is '**Healthcare seeking behavior for back pain patient attended at CRP'.** To conduct this research, I want to collect data from the patients with musculoskeletal unit form CRP. So, I need permission for data collection. I would like to assure that anything of my study will not be harmful for the participants. I have received ethical permissions from Institutional Review Board (IRB) of BHPI.

I therefore, pray and hope that you would be kind enough to give me the permission to make this research project successful.

Sincerely

Amina Akter
06/05/2017
Amina Akter
4th Professional B.Sc. in Physiotherapy
Class Roll-40, Session: 2011-2012
Bangladesh Health Professions Institute (BHPI)
(An academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343.

Approved
08/05/17
Mohammad Anwar Hossain
Associate Professor &
Head of Physiotherapy Dept.
CRP, Chapain, Savar, Dhaka-1343

Forwarded & Recommended
Nellufar Yasmeen
06/05/2017

Recommended & Forwarded
06/05/17
Md. Obaidul Haque
Associate Professor & Head of the Department
Department of Physiotherapy
Bangladesh Health Professions Institute (BHPI)
CRP, Chapain, Savar, Dhaka-1343

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/04/17/119 *Date:* 15/04/2017

To
Amina Akter
B.Sc.in Physiotherapy
Session: 2011-2012, Student ID 112110076
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Healthcare seeking behavior for back pain patient attended at CRP
Dear Amina Akter,

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application on 08/08/2016 to conduct the above mentioned thesis, with yourself, as the Principal investigator. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Thesis Proposal
2	Questionnaire (English and Bengali version)
3	Information sheet & consent form.

Since the study involves a self-administered questionnaire that takes 40 to 45 minutes and have no likelihood of any harm to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 09:00 AM on August 17, 2016 at BHPI.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Assistant Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

CRP-Chapain, Savar, Dhaka-1343. Tel: 02-7745464-5, 7741404 , Fax: 02-7745069,
Email: contact@crp-bangladesh.org, www.crp-bangladesh.org