

**URBAN COMMUNITY HEALTH SERVICE AND PEOPLE'S SATISFACTION: A STUDY IN SYLHET METROPOLITAN AREA (BAGBARI AND SHEIKHGHAT AREA)**

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**ABSTRACT**

Health is a basic requirement to improve the quality of life. A national economic and social development depends on the state of health. Primary healthcare in Bangladesh is supposed to be a public responsibility, and until recently the government has tried to provide basic services directly through its own bureaucracy.

However, the public sector faces acute problems in meeting the growing needs of urban population, especially the poor. In recent years, new institutions such as partnerships with not-for-profit private organizations are sought to improve the access and quality of primary health care. This study tries to explore the public satisfaction in urban community health in Bangladesh. City Corporation is one of the tier among two tiers of rural urban local government is such a platform in urban area where poor people can directly get benefit from Urban Community Centre. Clinics under Urban Primary Health Care Project (UPHCP) provide an ESP (Essential Services Packages) service in the Sylhet City Corporation areas to the population. This is an exploratory study where Survey method has been used for collecting data and information from Bagbari and Sheikhghat areas which are located at the Sylhet City Corporation area. This Study identified the problems of Urban Community Health in ensuring health services at urban level. For ensuring better services by Urban Community Health, the Doctors and Staffs should be service oriented. The Government should take necessary actions by providing modern equipments and arranging training for the doctors and staffs.

**Key Words:** Urban Primary Health Care Project, Urban Community Centre , Essential Services Packages .

**1. INTRODUCTION**

Bangladesh is one of the few developing countries that have been experiencing rapid urbanization. According to the 2001 census about one in four persons live in urban areas (BBS 2003).the report suggest that by 2035 half of the Bangladesh population will be urban, which will have impacts on the requirements for provision of basic needs, including the health care services. The urban people in Bangladesh face more health risk than the rural people. Health problem in urban areas face severe crisis situation because of different kinds of pollution such as air pollution, water pollution etc., industrialization, unplanned infrastructural development and migration from rural areas to urban areas.

Urban Primary Health Care Services Delivery Project (UPHCSDP), a Public-Private Partnership is an innovative initiative with the goal to improve the health status of the urban population, specially the poor, particularly focusing on women and children. These population segments are

usually underserved by the health care facilities due to many reasons. UPHCSDP is committed to provide all essential health and reproductive health services to them for improvement of their livelihood. With the aim at contributing to achieve the national goals and targets of the Millennium Development Goals (MDGs), the First Urban Primary Health Care Services Delivery Project (UPHCSDP) and Second Urban Primary Health Care Services Delivery Project (UPHCSDP) were initiated in 1998 and 2005 respectively which are milestones in urban health care services. The current project covers all the six City Corporations of Bangladesh and five Municipalities (Bogra, Comilla, Madhabdi, Savar and Sirajgonj). Among six city corporations, Sylhet City Corporation is one of the urban primary health care project areas. SHIMANTIK (a non-governmental organization) provide urban primary health care and related services under UPHCP (Urban Primary Health Care Project) II in project areas of Sylhet metropolitan areas (<http://www.uphcp.org/>).

Health conditions for the urban poor are some times even worse than they are for the rural poor. The urban poor are consist of mainly the migrants who live in deplorable socio-economic conditions and face economic insecurity. thus they are valnerable to health risks, especially their children. As a results, in large cities of developing countries , child mortality is highest among children whose mother recently migrated from rural areas and who lives in slums (Brockerhoff,1995). The extent of childhood in these areas is closely related to poverty levels , quality of health care, clean water suplies and sanitation.

### 1.2 Rationale of the Study

Due to rapid growth of urbanization the people of urban areas are increasing day by day. About 33 % people of total population of Bangladesh live in urban areas, a large proportion of who are slum dwellers (World Bank, 2014). With the process of urbanization it is increasing the health problems in urban areas. Most of the urban population living in slums are not aware about health service and severely suffer from this problem. On the other hand health is one of the most important basic needs of all the people of our country. So to ensure this basic need is necessary. We think our study will help to solve the health problems in urban areas as well as will ensure this basic need of city dwellers. So our study is highly rational.

### 1.3 Objectives of the Study

The general objective of this study is to know the level of “*public satisfaction in urban community health service provided by Urban Primary Health Care in Sylhet City Corporation area*”.

Specific Objectives

1. To identify the present health condition of urban people.
2. To analyze the quality of services provided by health care centers.
3. To explore the problems of urban community health clinic in providing health services.

### 1.4 Research design:

This is an exploratory research. It is a mixed approach (quantitative and qualitative).

#### 1.4.1 Research method:

Social survey method has been used for collecting data and information. The information and data have been collected through questionnaire. Here the study chooses both open and close ended questions for collecting data and information. The study was based on primary and secondary sources of data collection.

#### **1.4.2 Area of the study:**

**Nagar Sastha Kendra-2** (Barnomala, Baghbari, and North Bagbari, near the Barnomala School) Sylhet and Sheikhghat are research area of this study. These are situated in the Sylhet City Corporation Area.

#### **1.4.3 Sampling:**

The total population of this study is 100 and the study has selected 60 samples (Krejcie and Morgan's Sample Size with 5.0% error) by the random and purposive sampling method. Among them 45 respondents are beneficiaries and left 20 are the doctors and staffs.

## **2. REVIEW OF RELEVANT LITERATURE**

In this study several national and international literatures has been reviewed. Among these literatures some major findings which are relevant to health policy of Bangladesh are given bellow:

In Bangladesh, Union health & family welfare centre is Upazila health complexes, District levels hospitals are in district level; specialized hospitals at Divisional level are the outcomes of many policies taken by government. Though Bangladesh has such strongest networks for delivering countrywide health services, still the quality of services are not at satisfactory level. The services are neither client oriented nor need based. Policy related loopholes and frequent regime changes as the causes of such situation (Md. Golam Rabbani, 2010).

A study was conducted on Sylhet City. Here urban health services are provided through UPHCP (Urban Primary Health Care Project). Most of the Clinics are situated in convenient locations, users are satisfied with the services, few are dissatisfied because they thought medicine supplies are insufficient. Many people are unaware about the clinics and services (RukhsanaGazi, 2010).

Ahmed found that the in UPHCP, there are lack of accountability and transparent. The programs are costly in terms of human resources because of multiple principals and agents involved compared to direct government provision. The beneficial impacts of UPHCP on urban primary care are well-documented, but such institutional arrangement would have difficulties in expansion on a large scale without external assistance (Alia Ahmad, 2007).

Bangladesh being a poor country with scarce resources, cannot afford to provide sophisticated medical care to the entire population. Emphasis is therefore given to primary health care covering the large number of population with the minimum cost in the shortest time (Salahuddin, Ali, Alam and Ali, 1988).

Poor socioeconomic status and inadequacy of urban services has had an immediate effect on urban health specially the slum poor in metropolitan cities in the country (M. A. Hossain, M Moniruzzaman and M A Islam, 2010).

**2.1 Knowledge gap:**

The differences of health facilities between the low and middle income areas would have been incorporated in the study. In addition to that it stated the quality aspects of health service system through effective service delivery to the urban poor people.

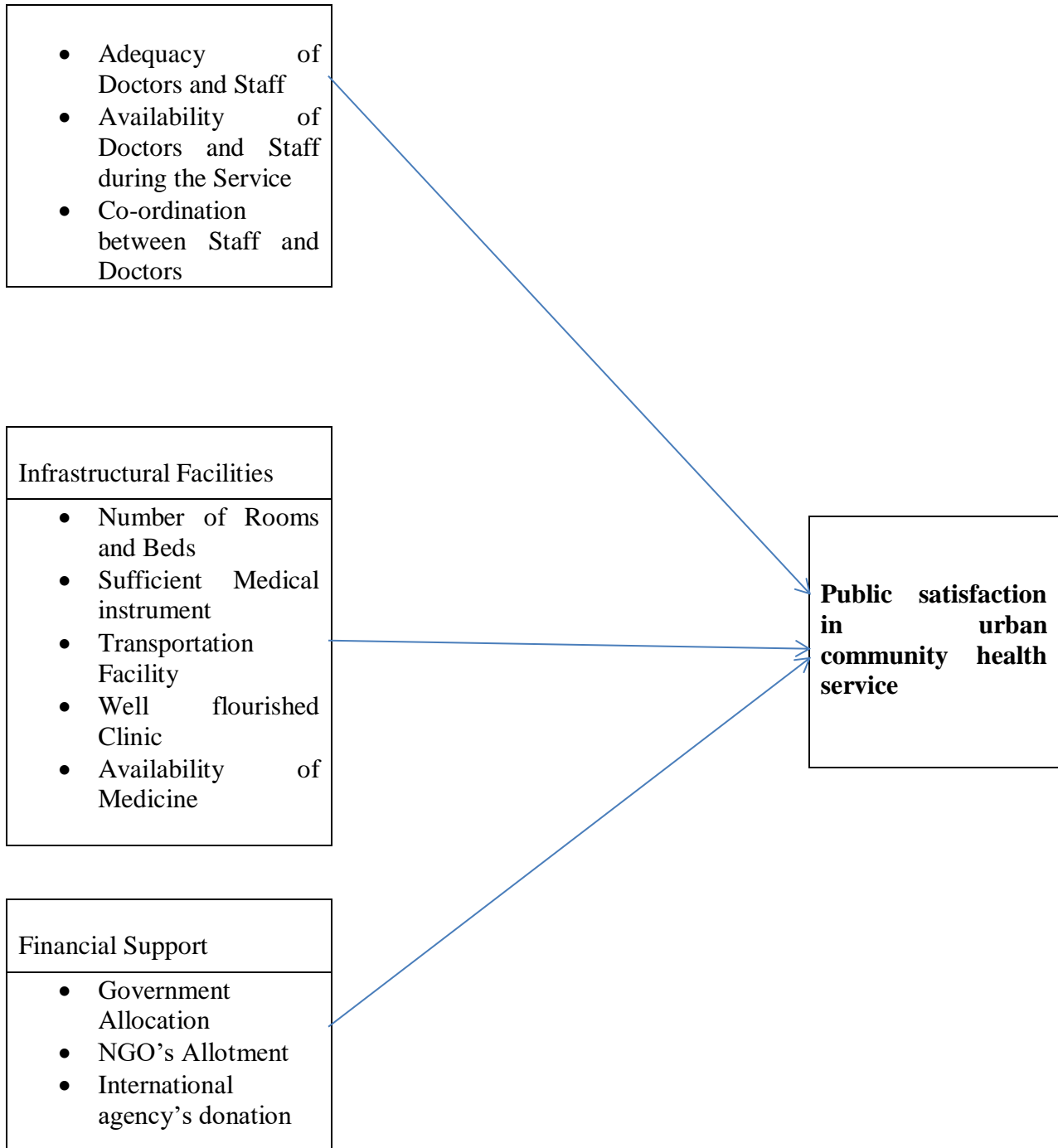
**2.2 Conceptual Framework:**

The conceptual framework presented the relationship between the specific concepts which have been studied in this research. Different variables are identified on the basis of relationship. There are two types of variable; Independent variables and dependent Variable.

**Independent Variables**

Human Resources

**Dependent Variables**



**Fig:** Conceptual Framework of the Study

**2.3: Data Presentation and Analysis:**

To identify the level of public satisfaction in urban community health service provided by Urban Primary Health Care Project (UPHCP) in Sylhet Metropolitan area, number of questions were asked to the respondents of local people of Bagbari and Sheikhghat areas and the doctors and staffs of Nagar Sastha Kendro.

Here the beneficiaries' data are analyzed below.

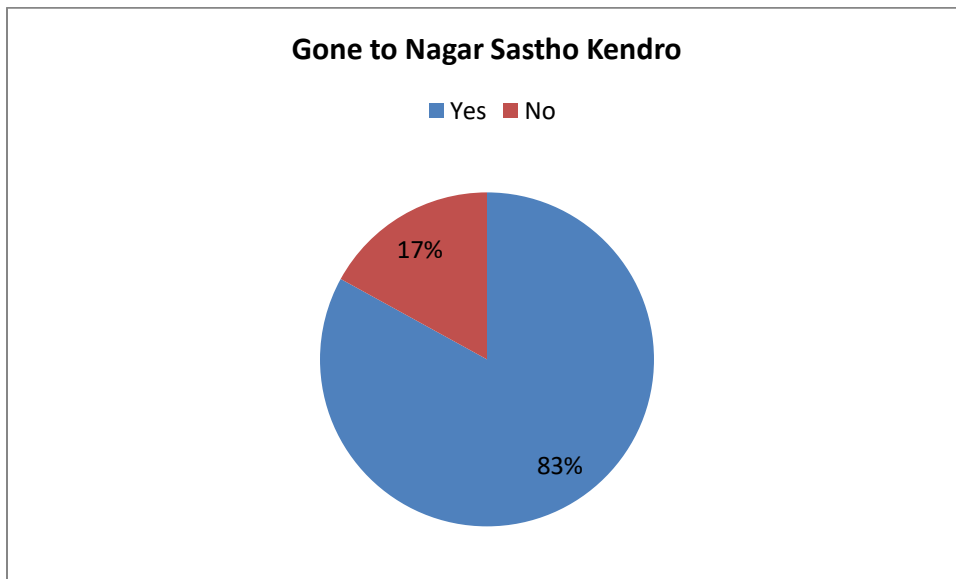
**Table-1: Knowledge about Urban Primary Health Care Project (UPHCP)**

Opinion	Number of respondents	Percentage (%)
Yes	55	92%
No	5	8%
Total	60	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020.

Table-1 Showed that among 45 respondents of different classes, 92% are aware about the Nagar Sastha Kendro .Most of the respondents are women. They are aware of women related illness such pregnancy, child born and their others illness and take such services. On the other hand 8% respondents have no knowledge about Urban Primary Health Care Project.

**Chart-1 Gone to Nagar Sastha Kendro (UPHC):**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020.

Chart-1 showed that 83% people go to the Nagar Sastha Kendro and 17% does not go.

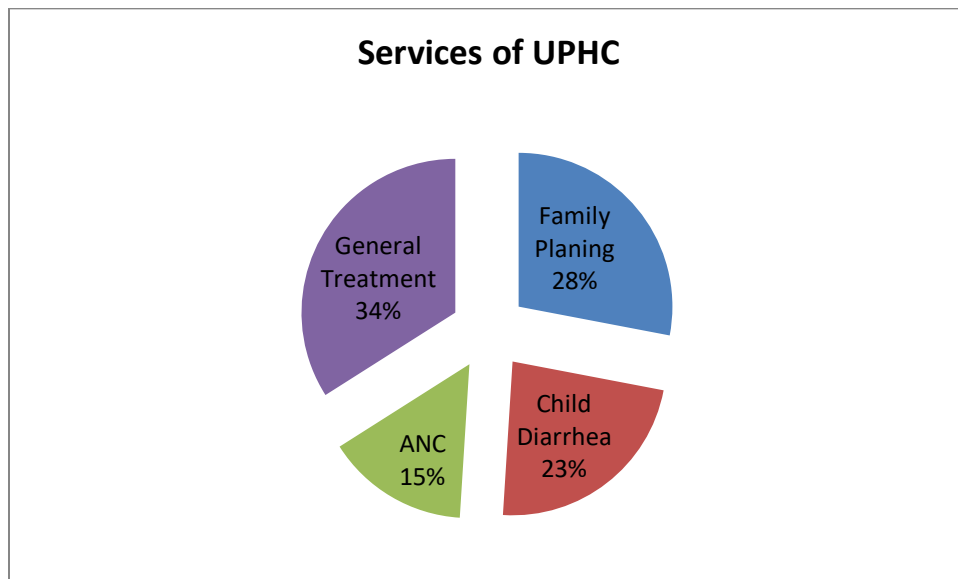
**Table-2: Doctors behave with the patients:**

Opinion	Number of respondents	Percentage (%)
Very good	15	25%
Good	30	50%
Very poor	5	8%
Poor	10	17%
Total	60	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2015.

In case of doctor’s behavior 25% respondents said the behavior is very good, 50% said good, 8% said very poor and rest 17% said it’s poor.

**Chart-2 Services of UPHC:**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020.

Chart-2 shows that, 28% respondents go for family planning, 23% go for Child diarrhea, 15% go for ANC (antenatal care) and 34 % go for General treatment. Here we can see most of the people go for the family planning and general treatment.

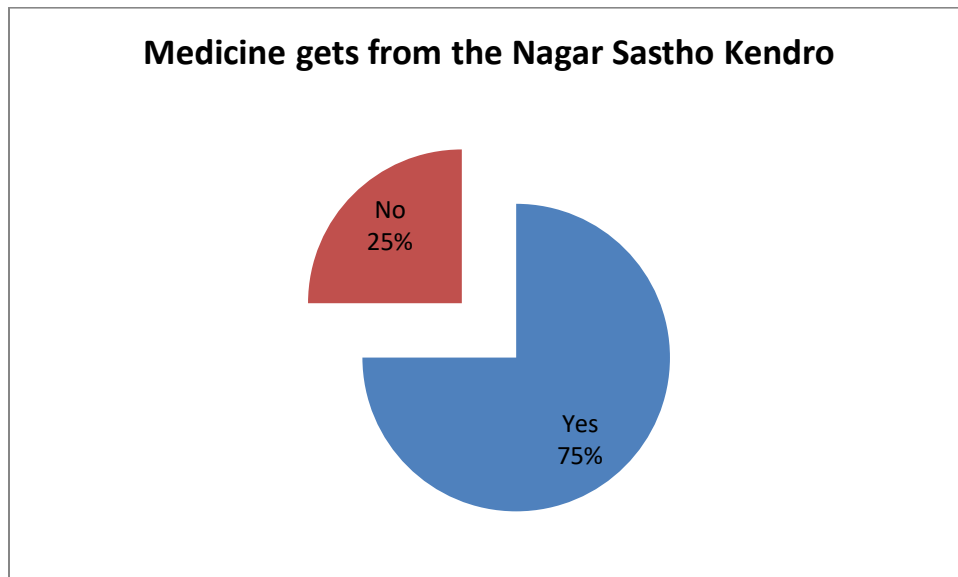
**Table-3: Confidence on the doctors:**

Opinion	Number of respondents	Percentage (%)
Very confident	20	34%
Confident	35	58%
No confident	5	8%
Total	60	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Table-3 Showed that 34% of the respondent gets very confidence in the doctor, 58% of the respondents of these areas have confidence on doctor and 8% respondent have no confidence on doctors. So the confidence levels on the doctors are satisfactory.

**Chart-3: Medicine gets from the Nagar Sastha Kendro:**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020.

Chart-3 Shows that 25 % of the respondents do not get medicine and 75% respondents get medicine from the Nagar Sastha Kendro. So, numbers of people who take medicines are satisfactory.

**Table 4: Availability of doctors in the community clinic.**

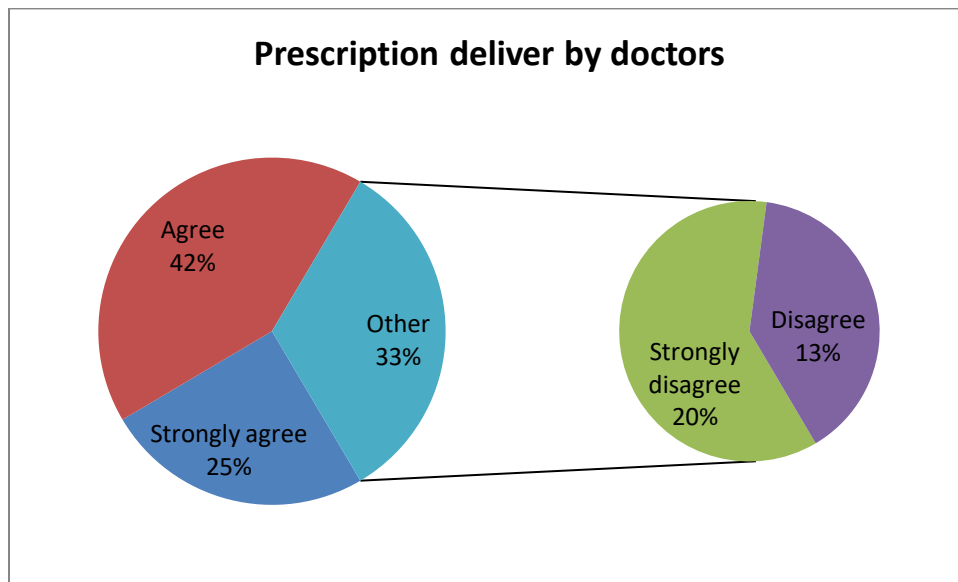


Opinion	Number of respondents	Percentage (%)
Always Available	24	40%
Sometimes	30	50%
Unavailable	6	10%
Total	60	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020.

Table-4 shows that 40%% respondent said doctors are always available in the Nagar Sastha Kendro, 50% said that sometimes doctors are available and 10% said that unavailable. Here, levels of availability of doctors are not satisfactory.

**Chart-4: Prescription delivery by doctors:**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020.

Chart-4 shows that in case of delivery of prescription by doctors 42% agree. On the other hand 13% disagree and 20% strongly disagree.

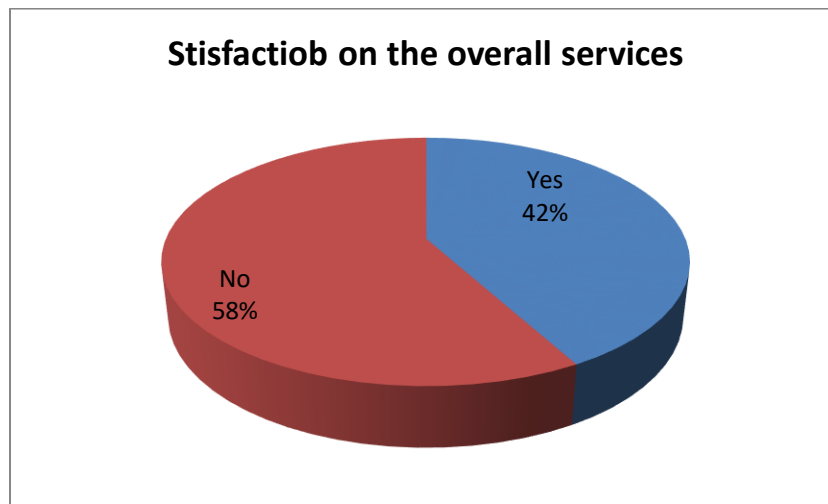
**Table-5: Opinion on the doctor’s behavior**

Opinion	Number of respondents	Percentage (%)
Very Friendly	10	17%
Friendly	17	28%
Unfriendly	25	42%
Very Unfriendly	8	13%
Total	60	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Table-5 shows that in terms of doctors behavior 17% respondents said that they are very friendly, 28% respondents said that doctors behaviors are friendly, 25% respondents said that the behavior of doctors are very unfriendly.

**Chart-5: Satisfaction in the overall services of Nagar Sastha Kendro**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Chart-5 shows that 42% respondents are satisfied with the overall services and 58% are not satisfied.

**Data analysis on the opinion of staffs:**

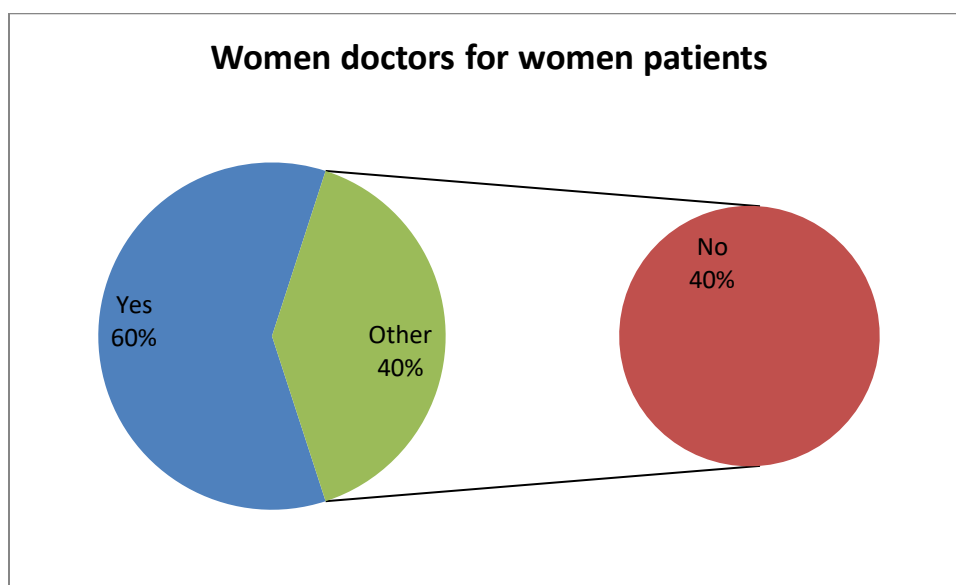
**Table-1: Patients come to take service.**

Opinion	Number of respondents	Percentage (%)
Male	5	25%
Female	12	60%
Child	3	15%
Total	20	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Table-1 showed that 10% male patients come to take services, 50% are female and 15% are child.

**Chart-1: Women doctors for women patients**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Chart-1 shows that 60% respondents said there have women doctor for women patient and 40% said there have no women doctor. It is contradictory with that of patient’s answer.

**Table-2: Charge against services**

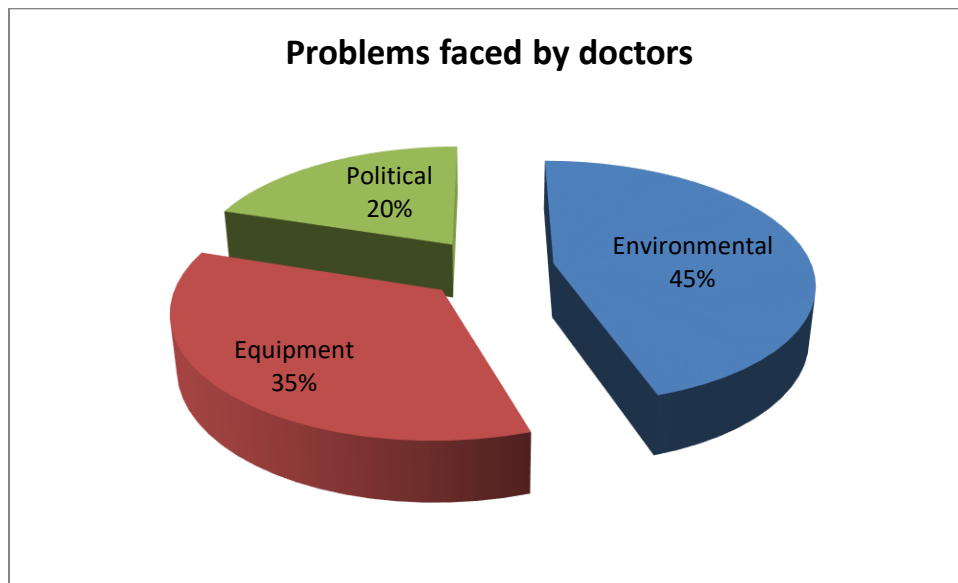
Opinion	Number of respondents	Percentage (%)
Yes	6	30%
No	4	20%
Partial	10	50%

Total	20	100
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Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Table-2 shows that 30% respondents said they take charges against services, 20% said they do not take and 50% said they take charge partially. Sometimes it creates problems because maximum patients are poor.

**Chart-2: Problems faced by the doctor**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Chart-2 shows that 45% respondents said that they are facing environmental problems, 35% said that they are facing equipmental problems and rest 20% are facing political problems..

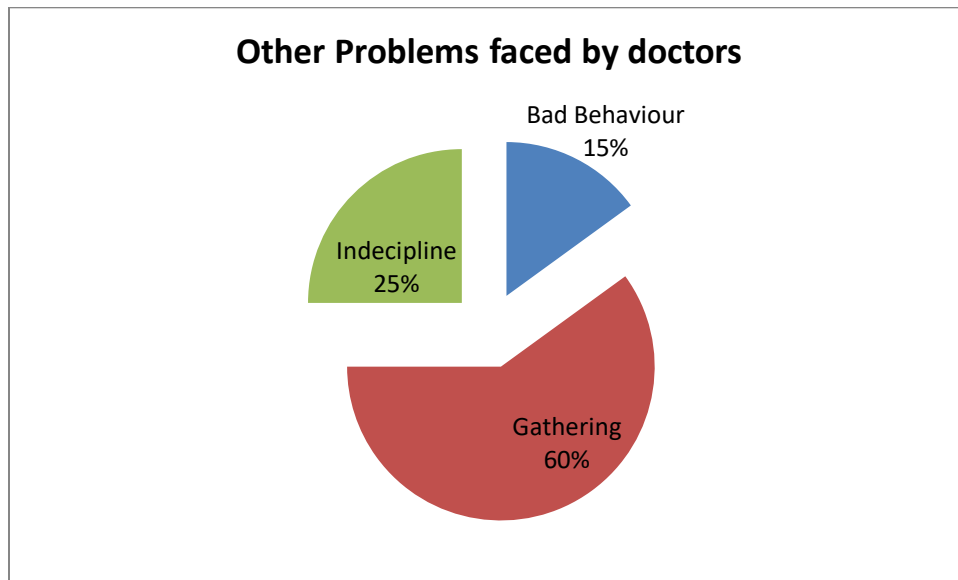
**Table-3: Age of patients comes to take services from clinic.**

Number	Number of respondents	Percentage (%)
10-15	2	10%
16-20	4	20%
21-25	8	40%
Above 25	6	30%
Total	20	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Table-3 shows that 10% said that 10-15 comes every day, 20% said 16-20 patients comes every day, 40% said 21-25 comes and other 30% respondents said above 25 patients comes every day to take services. Presence of patients is good.

**Chart-3: Other problems faced by doctors**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Chart-3 shows that 15% respondents said they faced bad behave from patients, 60% said they face patients gatherings, 25% said they face indiscipline in case of overall system of clinic.

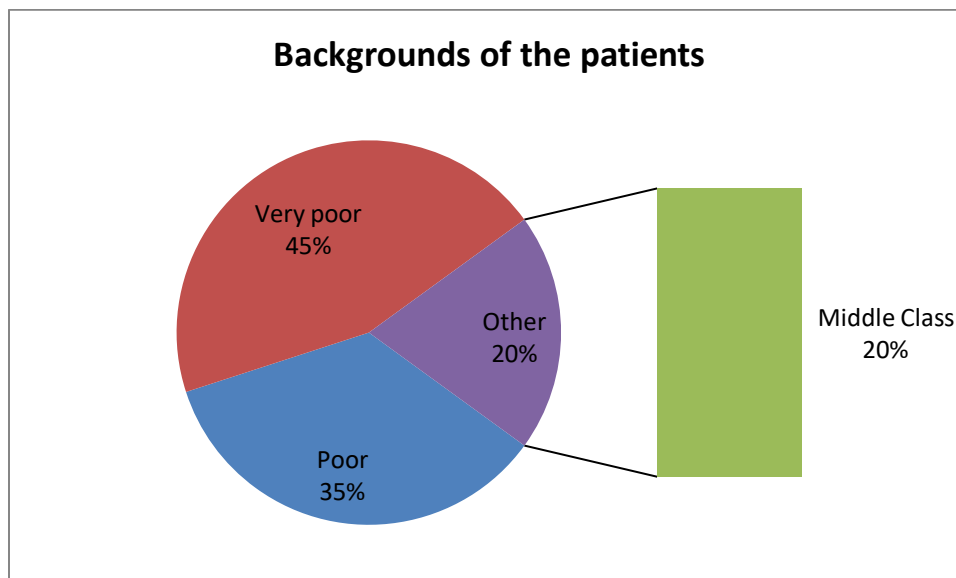
**Table-4: Services provided by doctor**

Opinion	Number of respondents	Percentage (%)
Women related	3	15%
Child related	6	30%
Both	11	55%
Total	20	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Table-4 shows that 15% respondents said that they provide women related services, 30% child related and 55% provide both types of services.

**Chart-4: Backgrounds of Patients comes to take services**



Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Chart-4 shows that 35% respondents said that poor patients come to take services, 45% said very poor patients and 20% said middle class patients come to take services.

**Table-5: Support from government**

Opinion	Number of respondents	Percentage (%)
Financial	6	30%
Medicine	7	35%
Equipment	5	25%
Training	2	10%
Total	20	100

Sources: Field data Collected from Bagbari and Sheikhghat Area, 2020

Table-5 shows that 30% respondents said they get financial, 35% medicine, 25% equipment and 10% training support from government. But the supports they get from Government are not sufficient.

### 3. FINDINGS OF THE STUDY

It is evident in the study that all of the respondents have knowledge about Nagar sastho Kendro. Furthermore they go to the UPHC centre for reducing their problem. They go there to take their pregnancy, child delivery, family planning and many others services.

Most of the respondents (50%) are satisfied on the doctor's behavior.

On the question of services of Urban Primary Health Care respondents said that they do not get proper antenatal care from community health centre. They said that most of the services of health care are family planning and general treatment. There is absence of fatal diseases treatment too.

Maximum patients (58%) have confidence on doctors. So I think doctors are delivering proper treatment. But it is also true that maximum (75%) respondents think that the service and medicine provided by the Nagar Sastha Kendro are satisfactory. The village people get medicine from the clinic which was impossible for them to manage. On the behalf of Government clinic provides these to the people.

It is true that doctors are not available in the clinic because in proportionate to patients doctors are limited and they are not well trained. They are busy with private hospital and clinic. Sometimes the doctors of Nagar Sastha Kendro take extra charge from the general people for providing treatment. Only educated and aware people take more advantage from the UPHCS than that of illiterate and poor people. Maximum respondents think that medicine provided by the Nagar Sastha Kendro is not so much effective to cure their disease.

It is strongly agreed by the patients that the doctors prescribes for necessary medicine to them. In case of doctor's behavior maximum respondents (42%) said that they are unfriendly. There are not enough women doctors for women as result women cannot express their problem properly and the real problems cannot be solved..

There are no enough facilities for patient's physical examination. There is absence of necessary equipments. As a result poor patients suffer most. Besides patients have to wait for doctors and also have to wait for serial. Overall performance of UPHC centre is not satisfied.

So it is needed to modernize the UPHC centre and for this the government should take necessary steps as well as city dwellers should be aware about the urban health services.

According to doctors they are providing maximum services and they have enough women doctors but patients are saying that the services provided by the clinics are not satisfactory and have not enough women doctors. In case of charge against services the doctors and staffs replied that they take charge partially but patients said that they take charge sometimes much. So it is a problem for poor patients.

From the question immunization service provided by the doctors they said maximum services are provided by them but in practically it does not appear. In case of overall services patient are not satisfied but according to doctors and staffs maximum patients are satisfied.

According to doctors and staff (15%) they have to face bad behavior by the patients which is very painful for them. Gathering of patients and indiscipline are problems also which are common phenomena of most of the clinic. Maximum patients (42%) come to take services are very poor. They even have no capacity to give minimum charge of clinic. So, it is tough to provide such large number of poor to provide services with limited resources.

Table-5 shows that 30% respondents said they get financial, 35% medicine, 25% equipment and 10% training support from government. But the supports they get from Government are not sufficient to provide services for large number of people. Besides the lack of training for both doctor and staff are not enough. It hampers effectiveness services of the clinic.

#### 4. RECOMMENDATIONS

- As there are no facilities for patient's physical tests so the clinics cannot provide physical examination of patients which suffer patients most.
- In our society females are not aware about their health, besides males also. Among them who go to clinic to take such kind of services like- ANC, PNC, and other women related health services, they do not get proper services for want of female doctors.
- As poverty and lack of awareness is the main cause of sufferings of people in our country, the service providers should start awareness program and special facilities for the poor.
- All types of medicines are not available in our community clinics. So at first availability of medicine have to ensure and then provide all types of medicine for all illness. As if beneficiaries do not think badly about community clinics.
- Government cannot provide sufficient medicine and their quality sometimes make people shock. So, monitoring has to be ensured to provide the good medicine and give proper treatment.
- Lack of co-ordination sometimes makes work inactive and inefficient. So, co-ordination has to be ensured among NGO'S and public sectors for effective health service at urban area.
- Accountability and transparency level in Urban Primary Health Care centers are not strong. So the accountability and transparency of the concerned staff in the UPHCP clinic have to be ensured.
- There are not child specialists in the community clinic. So clinics should have child specialist urgently.
- There are no facilities for emergency patients in UPHC centers. So, establishing cabin facility for staying overnight in clinics is needed.

#### 5. CONCLUSION

UPHCP Clinic is a unique institution of local government in project implementation is concerned. Health service is the most important factor for human well beings. So the effectiveness of health service is very important to spread the health facilities in the urban areas. The present study revealed that most of the respondent expresses that there have no presence of full time of doctors in the UPHCP clinic. Doctors also faced various problems in providing their services. There also have no modern instrument to examine patient's health properly. Despite of these problems, the UPHCP are playing an important role in providing services for the poor in urban areas.

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