

# Barriers for Seeking Hospital Based Healthcare Services among Rural Rickshaw Pullers in Bangladesh: A Qualitative Investigation

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## Background

- Health is the basic need of human beings. However, there exist several roadblocks in terms of receiving healthcare services (Garcia- subirats et al., 2014).
- Low income, lack of awareness towards available existing healthcare services, deficiencies, and inconsistencies in the quality of services identified as barriers in accessing quality healthcare for the people living with poverty (Ahmed et al., 2006).
- The unsustainability of the rickshaw pullers' livelihood is connected to severe physical demands of operation which results in a high vulnerability to health shocks (Begum et al., 2005).
- People confront a range of barriers while accessing healthcare services, where rickshaw pullers remain in one of the most vulnerable groups in terms of meeting their fundamental health needs.

## Study Objective

This study aimed to explore the barriers in terms of seeking hospital-based healthcare services among rural rickshaw pullers in Bangladesh.

## Methodology

- **Study design:** Qualitative exploratory
- **Study settings:** Ruppangj, Narayanganj, Dhaka, Bangladesh



- **Study participants:** The rural rickshaw pullers
- **Sampling:** Purposive and snowball.
- **Sample size:** Total of 20 respondents were selected by following the established sample size guidelines (Creswell & Poth, 2016; Patton, 1990).
- **Data collection method:** In-depth interviews
- **Data collection period:** 4<sup>th</sup> to 15<sup>th</sup> December, 2020
- **Data analysis:**
  - ☐ Verbatim transcriptions were performed through native Bengali speakers.
  - ☐ The transcripts were cross-checked with the audio records to find out the technical errors.
  - ☐ An a priori codebook was used through reviewing relevant literature as well as inductive coding was also performed during an open coding process.
  - ☐ Finally, the completed codebook was used to code the entire dataset and the thematic analysis was performed through manual coding follows the themes identifying techniques (Ryan & Bernard, 2003)
  - ☐ Furthermore, we also used NVivo 12 software to overcome any kinds of technical along with textual errors for ensuring the consistency of the findings.

## Results

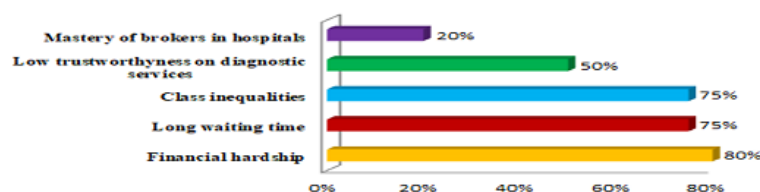
### Baseline Characteristics

Characteristics	N (%)	Mean± (SD)
<b>Age</b>	≤ 25	2(10)
	26-39	13(65)
	≥ 40	5(25)
<b>Level of education</b>	Illiterate	6(30)
	Below P.S.C	6(30)
	P.S.C	5(25)
	J.S.C	2(10)
	S.S.C	1(5)
<b>Family member</b>	≤ 5	7(35)
	6-10	11(55)
	≥ 11	2(10)

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## Barriers while seeking hospital based healthcare services



## Financial Hardship

"We drive rickshaws; how much money do we get? I have been suffering from back pain for the last ten years, but I have not been able to get regular medical treatment due to a lack of sufficient money. It is challenging to spend so much on treatment where a single day goes on many difficulties" [IDI-03; Age: 40]

"To receive better health services, you'll need good doctors, and you'll also need a lot of money to get better services from that doctor! However, as a rural rickshaw puller in Bangladesh, it is tough to spend that much money for seeking the services" [IDI-14; Age: 40]

## Long Waiting Time

"When we go to the hospitals in terms of receiving healthcare services for checking our health problems, we are confined in hospitals to stay for so long hours, and this is very annoying! Sometimes I think I'm not in the hospital; I'm in prison!" [IDI-05; Age: 50]

"In a country like Bangladesh, rickshaw pullers have little value in society or in medical settings; as a result, service providers keep us waiting for extended periods of time when seeking healthcare treatments, and they do not value our time" [IDI-08; Age: 32]

## Class Inequalities

"Doctors are usually occupied with providing health care to richer, rather than prioritizing the treatment of the poor like us because it is more financially beneficial to serve richer than low-income persons like rickshaw pullers" [IDI-18; Age: 32]

"We are not valued in the hospital as rickshaw pullers because we are living in low-class circumstances where we are staying with financial hardship. Since we are rickshaw pullers, it is normal not to get good service!" [IDI-04; Age: 32]

## Low Trustworthiness on Diagnostic Services

"I think to find out the health-related problems, the procedure of the test was not perfect, or the instruments that are being used for diagnosis are not up to date. Otherwise, why don't we get rid of the disease? So that we are not willing to go to the hospital as we don't have trust in this regards" [IDI-18; Age: 32]

"If you get tested in one hospital, you will be asked to do the same test again in another hospital. That means that they must have a problem with the test, or why give different instructions? All in all, I have lost faith in the hospital providing diagnostic services" [IDI-20; Age: 35]

## Mastery of Brokers in Hospitals

"Sometimes people pay an extra amount of money to the brokers in the hospital settings for getting treatment before the scheduled time, so most of the time, we do not get the treatment in time and stay lagging behind the tier due to the presence of brokers which minimize our hope and intention to receive healthcare services." [IDI-15; Age: 26]

## Conclusion

- There are several barriers that exist while seeking hospital-based healthcare services in Bangladesh.
- The concerned authorities, including government and private organizations have to work collaboratively to ensure healthcare services available, reliable and affordable for everyone.