

ACCESS TO HEALTHCARE AND HEALTH-SEEKING BEHAVIORS OF PEOPLE IN THE REMOTE ISLANDS OF BANGLADESH: AN INSIGHT FROM CHAR NIZAM

Dr. Kazi Shahedul Halim¹
Md. Juel Mia²

Abstract

In the 21st century, health has become a key priority in national development goals worldwide. Since gaining independence in 1971, Bangladesh has significantly advanced its health sector, with substantial government investment leading to visible improvements, including in previously neglected rural areas. Still, Bangladesh faces challenges in extending healthcare services to remote islands/*char* lands. To comply with Sustainable Development Goal 3 (SDG 3), which aims to ensure healthy lives and promote well-being for all, Bangladesh must ensure healthcare service in the remote *char* lands. This study investigates the difficulties faced by the residents of remote *char* land in accessing healthcare and the challenges faced by the authorities in delivering adequate services regarding the healthcare issues in Char Nizam, an isolated island, situated in the Char Fasson Upazila of Bhola District. Inhabitants of this remote island face various barriers to accessing existing healthcare facilities, such as geographical isolation, poor infrastructure, transportation challenges, and socio-economic limitations. This research seeks to shed light on the issues surrounding healthcare accessibility and health-seeking behaviors of the *Char* residents and suggests possible solutions to enhance healthcare services in remote islands like Char Nizam. The research is based on the fieldwork carried out from October 2022 to February 2023, incorporating both primary and secondary data. Theoretically, it ties in with the Health Belief Model (HBM), a perspective that explains and predicts health-related behavior of individuals in general.

Keywords: Bangladesh, Coastal area, Healthcare, Remote islands

¹ Associate Professor, Department of Anthropology, University of Dhaka. E-mail: kazi.shahedul@du.ac.bd

² Assistant Professor, Institute of Disaster Management and Vulnerability Studies, University of Dhaka. E-mail: juelmia@du.ac.bd

Introduction

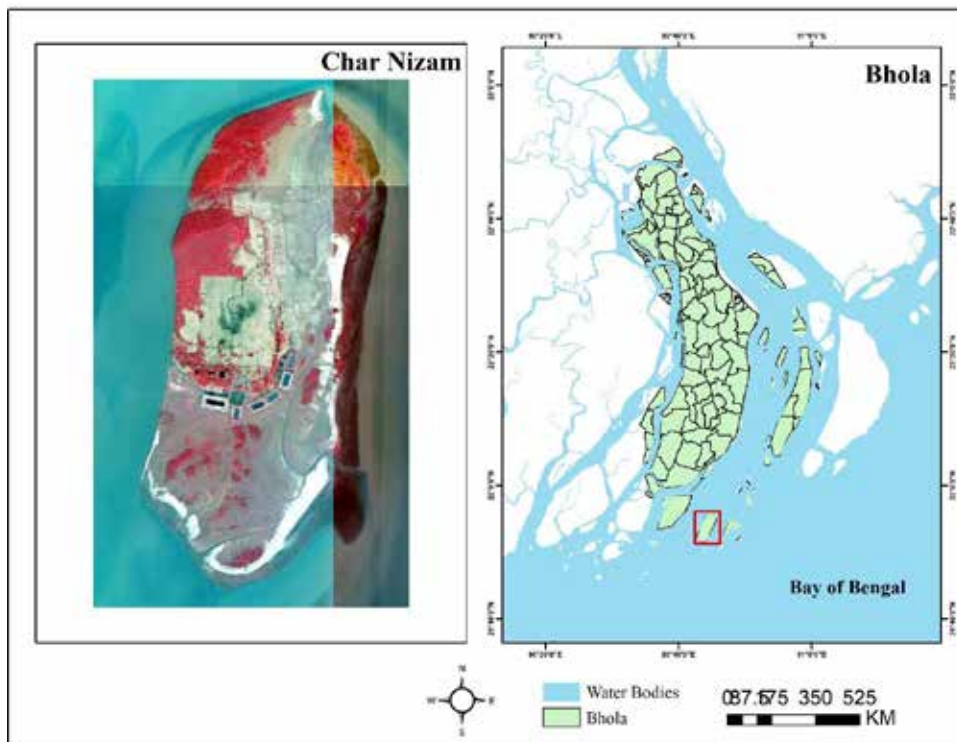
In the 21st century, health is considered one of the most prioritized sectors incorporated into a nation's development goals worldwide (Duff et al., 2021; WHO, 2018). Since its independence in 1971, Bangladesh has made considerable development in all aspects including its health sector. In recent years, the government allocation to improve the health situation in the country is significant through which a visible development is already in place. For example, the Ministry of Health and Family Welfare (MOHFW) for its 4th Health, Population, and Nutrition Sector Program (4th HPNSP) from January 2017 to June 2022, allocated US\$ 14.7 billion for the public health development in the country (DGHS, 2019). The available data shows that since gaining independence, there has been an increase in life expectancy and a decline in child mortality rates. Significant progress has been made in controlling tuberculosis (TB) through case-control initiatives. Additionally, efforts to eradicate open defecation have been effective, and the death toll from cyclones and floods has decreased remarkably (Mannan, 2013; Perry et al., 2024). The remote areas of the country are also under the scope of such an inclusive development policy, which was mostly neglected and overlooked before its independence (DGHS, 2019; Sabur, 2021). As to the concerned authorities, healthcare networks are expanding rapidly in Bangladesh, and rural communities are getting better facilities than ever before. To channel health services to all levels six tiers of healthcare missions are operated by the Directorate General of Health Services (DGHS) in Bangladesh including national, divisional, district, upazila, union, and ward levels (DGHS, 2019).

To improve its public health landscape, Bangladesh is making significant efforts to foster global partnerships in alignment with Sustainable Development Goal 3 (SDG 3). Fundamentally, SGD 3 refers to good health and well-being with a vision to ensure healthy lives and promote well-being for all (United Nations, 2015). Despite various initiatives, people living in the remote islands of Bangladesh continue to face obstacles to accessing or availing of existing healthcare services (Hossain et al., 2024). These constraints include geographical isolation, limited infrastructure, shortages of medical personnel and supplies, transportation difficulties, and the socio-economic factors affecting their access to existing healthcare (Sohel et al., 2024). Given this context, the article focuses on the challenges the residents of Char Nizam encounter in accessing healthcare services and their health-seeking behaviors within the existing circumstances. It uses the Health Belief Model (HBM) as a framework to explore how these challenges affect their health-seeking behavior. This theoretical viewpoint aids in understanding and anticipating the

health-related behaviors of people realistically (Abraham & Sheeran, 2014; Hayden, 2019).

Char Nizam is a remote island located at Char Fasson Upazila of Bhola District in Bangladesh (Figure 1). The oral history collected from several elderly inhabitants reveals that since the 1980s people from the surrounding places began to live in Char Nizam due to better fishing opportunities and to initiate peasantry in the fallow lands. Over time, the population increased and in recent times it is inhabited by approximately six thousand people belonging to 250 households. This island is highly susceptible to environmental hazards such as cyclones, storm surges, and salinity. Moreover, the poor infrastructural and spatial characteristics of Char Nizam have isolated this island as exceptionally remote.

Figure 1: Study location



Inhabitants of Char Nizam have a very scarce source of drinking water. Few tubewells on the island are mostly situated at the homes of a few better-off

families. Members of poor families use those with permission from the owners. The sanitation system of the community is poor and only a few sanitary latrines are found, many latrines are built at open places on the bank of nearby lagoons connected to the Meghna– the river through which Char Nizam is surrounded. It has a bazaar area close to the riverbank/*ghat*, the bazaar has several shops, mostly glossary shops, and four medicine shops. Two of the medicine shops are run by two different Rural Medical Practitioners [locally known as *palli chikishshak*], and the other two are run by two different owners who previously worked as shopkeepers in medicine shops at Char Fasson. These are the local sources of medical advice and medicine for the inhabitants of Char Nizam. Going to Char Fasson Upazila Center from Char Nizam ‘for healthcare’ is time-consuming on the one hand and very expensive on the other influences the health-seeking behaviors of people inhabiting the island. Distance, time, and cost are identified as the key factors affecting the health-seeking behaviors of the residents of Char Nizam. However, additional elements such as stigma, prejudice, and cultural beliefs are also influential in many regards which are discussed and analyzed in the findings and discussion sections of the paper.

Methodology

This is a qualitative study conducted using both primary and secondary data. Primary data collection techniques included interviews [with general people and the key informants], Group Discussions (GDs), and observation. The secondary data were drawn from government health reports, journal articles, and other pertinent documents.

The researchers conducted interviews with the local inhabitants using a semi-structured questionnaire to gather information about their health status, perceptions of health, and access to available healthcare services. Whilst, a checklist was employed for key informant interviews, which included health service providers, public representatives, local administrators, volunteers, NGO workers, and community leaders. For group discussions, a different checklist was utilized to gather their perspectives on the central theme of the study collectively. All the study participants were selected purposively to explore the healthcare challenges faced in the remote islands of Bangladesh, particularly in Char Nizam. The data collection tools were created in Bengali, and the gathered information was subsequently transcribed into English by the researchers to facilitate a narrative analysis.

Before each interview, participants were informed about the purpose of the study to ensure ethical conduct, and all sessions were conducted with their full consent. To uphold confidentiality, identifying details have been kept anonymous throughout the article, using pseudonyms for the participants. Since the research focuses on healthcare challenges and health-seeking behaviors in remote islands, the researchers unanimously agreed to use the actual name of the study location. This decision aims to draw attention from relevant stakeholders, particularly government authorities, thus benefiting the residents of Char Nizam regarding their health and well-being.

The Health Belief Model (Hbm) – Theoretical Perspective

The health belief model (HBM) is a social psychological health behavior change model developed to explain and predict health-related behaviors, particularly regarding the uptake of health services (Abraham & Sheeran, 2014; Hayden, 2019)1958. HBM also refers to an individual's beliefs about preventing diseases, maintaining health, and striving for well-being (Skinner et al., 2015). The HBM was developed in the 1950s by social psychologists at the U.S. Public Health Service and remains one of the best-known and most widely used theories in health behavior research (Hayden, 2019; Skinner et al., 2015). When analyzing the health-seeking behaviors and culturally rooted health beliefs of the people of Char Nizam, the authors find that the Health Belief Model (HBM) shares several relevant issues, making it a suitable framework for examining access to healthcare and the health-seeking practices of the individuals incorporated in this study.

As mentioned earlier, Bangladesh encounters significant challenges in adequately addressing its healthcare demands, particularly for rural populations, with remote islands facing the worst situation (Hossain et al., 2024; Soheli et al., 2024). People in the char/island areas are mainly poverty-stricken and geographically detached from reliable and viable healthcare service delivery (Uddin, 2015). Access to healthcare services is considered a basic societal right (United Nations, 2015). Pragmatically, in developing countries, people are used to having less access to healthcare services than those in better-off countries (Fairall et al., 2015). In addition to a lack of financial resources or information, there is a direct causal relationship between poverty and the inability to access healthcare services (Peters et al., 2008). Poverty is considered one of the major covariates of vulnerability in coastal areas of Bangladesh (Uddin, 2015). The suboptimal provision of health care in coastal regions results from the combination of poverty and geographical remoteness (Fairall et al., 2015; Peters et al., 2008; Soheli et al., 2024; Uddin, 2015).

Poor people living in remote areas, particularly in the coastal belt of Bangladesh, tend to have healthcare facilities and services characterized by incompleteness, remoteness, and expensiveness (Iqbal, 2019). All these factors collectively shape how people perceive their health, which also affects their health-seeking behaviors and the use of health services (Latunji & Akinyemi, 2018; Van Der Heijden et al., 2019). These phenomena can also be understood through the Health Belief Model (HBM) framework.

HBM consists of four perceptions namely; perceived susceptibility, perceived severity, perceived benefits, and perceived barriers as determinants of the health behavior of people. In addition to these four factors lately, cues to action and self-efficacy have been added to HBM when explaining the health-related behavior of the people and their communities (Hayden, 2019; Skinner et al., 2015). As explained in the HBM, perceived susceptibility is how likely someone thinks they are to get a certain disease or condition. For instance, a woman must believe there is a possibility of getting breast cancer before she will be interested in going for a mammogram. While perceived severity refers to the perception of the individual regarding her/his enduring health problem. For instance, if an individual considers her/his sickness not very harmful or painful she/he might avoid seeking proper treatment. The third aspect of HBM, perceived benefits denotes that people tend to develop a new attitude in seeking health when they find the change would benefit her/him. Even if a person perceives personal susceptibility to a serious health condition (perceived threat), whether this perception leads to behavior change will be influenced by the person's beliefs regarding the perceived benefits of the various available actions for reducing the disease threat. The last point in HBM, perceived barriers refers to why people avoid a risk of health hazards and skip clinical solutions. The potential negative aspects of a particular health action perceived barriers may act as impediments to undertaking recommended behaviors. A kind of nonconscious, cost-benefit analysis occurs wherein individuals weigh the action's expected benefits with perceived barriers. Thus, combined levels of susceptibility and severity provide the energy or force to act, and the perception of benefits (minus barriers) provides a preferred path of action (Abraham & Sheeran, 2014; Hayden, 2019)1958.

In the later phase, HBM included the concept of cues to action that can trigger actions, for example, thought that readiness to take action (perceived susceptibility and perceived benefits) could only be potentiated by other factors, particularly by cues to instigate action, such as bodily events, or by environmental events, such as media publicity (Green et al., 2020). The other added feature of self-efficacy is “the conviction that one can successfully execute the behavior required to produce

the outcomes” (Williams & Rhodes, 2014). Bandura distinguished self-efficacy expectations from outcome expectations, defined as a person’s estimate that a given behavior will lead to certain outcomes (Bandura, 1977; Schunk & DiBenedetto, 2021). Self-efficacy is the personal belief in one’s ability to do something. Sociodemographic factors, particularly educational attainment, are believed to indirectly affect behavior by influencing the perception of susceptibility, severity, benefits, and barriers (Schunk & DiBenedetto, 2021). The discussion section of this article explores how the characteristics highlighted in the Health Belief Model (HBM) relate to the health-seeking behaviors of the study participants.

Findings

Socio-demographic characteristics of the study population

More than half of the respondents (55.6%) in this study are male, while 44.4% are female. The field data shows that 47.6% of the participants are between 18 to 35 years old, representing the largest share of the study population, and 14.3% of the respondents are above 60 years old. The remaining 38.1% belonged to different age groups. However, Individuals less than 18 years of age are not part of the study and were thus omitted from this article. It is found that most participants are illiterate, where 46% of them cannot even sign their names and 9.5% have learned how to sign only. The data postulates that among all the informants 33.3% have primary education and 11.2% have education above the primary level, whilst none of the respondents have university education or so. Most respondents are married (89%), and 6.4% of female respondents are widowed or separated.

Among the male participants, the majority are fishermen, representing 57% of the male participants. Whilst most female respondents are housewives/homemakers which is 75% of the female interlocutors. Given the limited agricultural land in the island, most men make their living through fishing, as Char Nizam is encircled by water bodies. By contrast, women are engaged in homemaking as there is no job market for women to be employed outside their homes.

The study shows that 33.3% of the respondents have a monthly income of between 10000 and 15000 BDT, while 3.2% earn between 20000 and 25000 BDT. Conversely, the lowest income group, having a monthly income of less than 10000 BDT, makes up 19.1% of the participants. However, female participants are not included in this count because they are unaware of their earnings. According to our research, the inhabitants of this region tend to have more children. 60.3% of respondents have between five and seven offspring.

Barriers to healthcare in Char Nizam – the voices of health seekers and Healthcare providers are vividly reflected

Healthcare in Char Nizam faces several challenges mainly due to geographical isolation, poor infrastructure, and lack of healthcare facilities. Moreover, poverty, lack of awareness, and sociocultural factors e.g., stigma, prejudice, and cultural beliefs also influence the health-seeking behavior of the inhabitants of Char Nizam. This section of the article aims to highlight the key challenges related to healthcare for the residents of Char Nizam.

Limited Access to Healthcare Facilities

Char Nizam lacks fundamental healthcare infrastructure, including hospitals, clinics, and reliable pharmacies. The inhabitants of the island usually seek treatment using the services available in their vicinity. In an emergency, they visit the government health complex at Char Fasson. Their voices regarding this issue are presented by quoting three interlocutors. For example, a 30-year-old female participant articulates, “I have never visited an MBBS doctor, and I even do not know where to meet them. When I get sick, I usually go to a medicine shop and have medicines as they suggest.”

In another incident, a 45-year-old male expressed his situation by saying:

I usually depend on local pharmacies for my medications, taking whatever they suggest. If the symptoms get better, I often stop the rest of the medicine. Some neighbors recommended that I visit a doctor at Char Fasson Hospital, but I do not feel it is necessary since the pharmacy medications seem to be working for me. So, I question why I should travel far to a doctor when I can manage just fine at home?

For the inhabitants of Char Nizam, the RMPs and the medicine shopkeepers are the immediate source of seeking treatment, meeting a doctor (Access to formal Healthcare) means going to a distant place, traveling through a troublesome river, and spending money. It is uttered by a 50-year-old day laborer, who says:

I have been struggling with physical weakness and a lack of appetite for months. A neighbor suggested that visiting a doctor at Char Fasson might be helpful to get rid of the problems. However, I have also heard that seeing a doctor there can be time-consuming and sometimes costly.

Transportation

Access to nearby healthcare centers [i.e., in Char Fasson] for the people living in Char Nizam largely depends on shallow-engine boat or speed boat services. Nevertheless, the availability of transportation is rare, as there is a public shallow-engine boat from Char Nizam to Char Fasson that runs thrice a week only, usually every second day, therefore if someone gets sick, they need to wait for the day when the boat is available. In an emergency, someone can hire a speed boat operated by some businessmen but that is out of reach for most people because of the high fare. In this case, they prefer traveling with the government-run engine boat due to the much lower fare. A 38-year-old male informant claimed:

I had to rush to a hospital at Char Fasson using a speed boat once my thumb was grievously injured by a sharp chopper while picking cucumber from my vegetable field. I had to pay 4000 taka for the speed boat service. With the amount, I can nearly cover my family's monthly expenses.

A retired primary school teacher narrated:

A few months ago, I felt chest pain. Since it was rather severe than earlier, I decided to go to Char Fasson for treatment. It took an hour for me to get to the boat ghat on foot then another 30 minutes waiting time at the boat ghat. It took three hours to reach Upazila Health Complex of Char Fasson. I spent around one thousand taka for going there and about five thousand altogether as I had to stay there for a couple of days, the doctor diagnosed it was a heart attack, which I also guessed.

Absence of medical instruments and professionals

Char Fasson, where residents of Char Nizam mostly visit a doctor, lacks sufficient medical professionals and equipment for proper clinical diagnosis. While modern treatment goes beyond just visiting a doctor, the absence of necessary laboratory personnel and tools in the hospital means that those seeking healthcare often cannot fully complete their treatment. A 42-year-old woman shared her experience in this regard, who told:

With a severe abdominal ache, my husband took me to Char Fasson Government Hospital. I had to wait several hours to meet the doctors because there was a huge rush. The doctor suggested several laboratory tests, most of which were absent in

the government hospital. With our financial ability only half of the tests were conducted, and the rest were undone. So, my treatment was incomplete.

It can be noted that the inadequate number of medical professionals in the government hospital at Char Fasson was also a barrier to accessing the existing healthcare provision. A 29-year-old male respondent hinted at showing anger on his face:

It took two days for me to visit a doctor at Char Fasson Hospital. Nevertheless, the visit was meaningless as I came to know that he was not the right physician to treat the chronic skin disease I had been suffering from for a long time.

In Char Nizam, most women are deprived of antenatal care services. Several female interviewees different times visited Char Fasson Health Complex to receive maternal care service, but they were not satisfied with the service. A 25-year-old woman shared her experience, who told:

During the last month of my pregnancy, I visited Char Fashion Government Hospital. As there was no specialized doctor to handle my problem, I had to move to a private clinic which was expensive and out of our family's economic ability. However, with the help of my parents, we somehow managed the situation. After the baby was born, I returned home but could not avail the post-natal service due to financial burden.

A 30-year-old housewife and mother of three children shared her story:

There are three midwives in here but none of them are trained. In that case, if any pregnant woman wants to deliver the baby under the supervision of a physician, she must go to Char Fasson. Only a few well-off families can make it. As poor women usually give birth at home taking help from the traditional midwife, it is risky for both the mother and the newborn, especially when complexity is an issue.

Environmental Challenges

Problems in communication during a disaster become tremendously difficult because the roads inside Char Nizam get out of use due to the fallen trees and waterlogging. A 40-year-old woman expressed her frustration regarding

communication and connectivity problems within the island and from Char Nizam to Char Fasson:

During the Sidr, I gave birth to my third baby, my situation was not as normal as the two previous deliveries. Nevertheless, all roads in Char Nizam turned out of use due to the fallen trees and waterlogging. Even reaching any of the midwives in Char Nizam was impossible due to the storm. In such a situation, I had to bear all the agonies and finally, the baby was born with the help of the elderly woman from neighboring homes.

A government official who works at the Cyclone Preparedness Program (CPP) in Char Fasson Upazila commented:

During a disaster people from the adjacent islands e.g., Char Kukrimukri, Dhal Char, and Char Patila can be shifted to a safe shelter, however, it is not the same for the inhabitants living in Char Nizam even if someone gets sick severely because there is no such safe shelter in Char Nizam. The most vulnerable quarter in this case is the pregnant women.

Health Education and Awareness

Health education and awareness in general play crucial roles in promoting individual and community well-being. As Char Nizam is a remote island disenfranchised from government initiatives regarding health education and awareness programs, most inhabitants are still unaware of preventive measures concerning health issues. Some informants emphasized the need for regular health education and awareness programs and called for prompt action from the authorities. A 34-year-old woman expressed the significance of health education and awareness programs in her words:

As the locals are not well informed about the seriousness of the diseases, they do not care about the consequences of the wrong treatment and that is why they usually avoid going to a doctor as it is time-consuming, hard to reach, and sometimes expensive.

A 19-year-old girl mentioned:

If the concerned authorities arrange awareness programs now and then that would be helpful for the girls especially when they come of age. Such programs can also help fight against early marriage.

NGO personnel working in a health-related organization expressed:

It is very worrying that local people prefer taking antibiotics for simple health problems, e.g., diarrhea and fever. People are used to such practices influenced by the individuals who operate the local medicine shops. They sell antibiotics for any health problem. The locals consider medicines suggested by pharmacy men can heal them quickly.

A 35-year-old man hinted, “When I begin to feel any health problem I usually ignore and hide it from other family members. I only visit a medicine shop when I cannot avoid it.” As there is no higher secondary school or college in Char Nizam, inhabitants of the island are deprived of receiving education after passing the primary level. Since most people are not educated enough, they can hardly make sense of good health and its benefits. It has been expressed by a 38-year-old informant, who said:

Most inhabitants here are illiterate. Even if people want to make their children educated that is not possible because of the absence of educational institutions except a primary school. For example, after completing primary school, I studied at Char Fasson, and now my daughter is studying there. Since most people of Char Nizam live from hand to mouth, they are not able to take such an opportunity. Hence, they depend on the village doctors or the pharmacy men for treatments.

Cultural and Social Factors

Stigmas, prejudice, cultural beliefs, or practices affect health-seeking behavior or acceptance of certain treatments, posing additional challenges for healthcare providers in developing countries, especially in rural areas. Communities in remote islands are not out of this trend. For instance, an 18-year-old girl mentions:

I have been suffering from health problems since childhood. I easily get cold when seasons change. Malnutrition is a severe problem for me. I do not know the causes of diseases, but as a believer, I strongly believe that one gets sick and then becomes cured again as per the wishes of the Almighty.

A gynecologist working at Char Fasson Upazila Health Complex illustrated:

The pregnant women in the char areas do not comply with regular

checkups. They usually suffer from anemia and malnutrition. They also have calcium and protein deficiency. The rate of early marriage and early pregnancy are severe in the area. They do not maintain enough gaps in giving birth which increases health risks for them. Making them understand regarding safe reproductive health is a big challenge here, they practice what they perceive.

A male doctor at Char Fasson Upazila Health Complex shares his experience regarding this issue, who says:

Some months ago, we received a pregnant woman with severe labor pain and there was an urgent need to make the delivery. Nevertheless, the attendants of the pregnant woman including her husband and parents refused to conduct the delivery under a male doctor. Finally, we made them understand by explaining the urgency.

Communication and Connectivity

In 2020, Char Nizam became an administrative part of Char Fasson Upazila. Formerly, Char Nizam was under Monpura Upazila. Both the locals and hospital authorities were confused about this administrative shift. A doctor at Char Fasson hinted:

I have heard that Char Nizam has recently become a part of Char Fasson Upazila. If that is the case, the government needs to increase the number of doctors, nurses, and overall staff in the hospital. Additionally, urgent infrastructural improvements are necessary; otherwise, we won't be able to accommodate the increasing number of patients with the existing capacity.

An elected union parishad member expressed:

Some years ago, we applied for a water ambulance to Monpura Upazila Nirbahi Officer (UNO) to address the emergency health issues of the inhabitants of Char Nizam. I do not know if there is any progress regarding our application. However, since there is a recent administrative change, I think we should make a new application to Char Fasson UNO, otherwise, emergency health issues here would remain problematic.

These days, telemedicine has turned into a popular healthcare service across

the world. Nevertheless, most inhabitants of Char Nizam are not familiar with this service. Only a few of the respondents mentioned that they had heard about telemedicine. For example, a 45-year-old female participant expressed:

During the COVID-19 outbreak when I got flu and fever, I called a mobile number disseminated by the government through media. On the first day, I managed to talk to them but when I tried again, I could not reach them due to the poor mobile network.

An Imam of the local mosque narrated:

I was born and brought up at Char Fasson. I have been living in Char Nizam for five years working as an Imam in the local mosque. Telemedicine could have been a good source of health-seeking service for the inhabitants at Char Nizam, but the poor mobile network is a severe barrier to avail its benefits.

Discussion

People living in remote areas of Bangladesh are vulnerable to ill health due to the prevalence of difficult access to existing healthcare facilities and a lack of awareness (Mannan, 2013; Sadrul & Noushin, 2021; Yaya et al., 2017). This reality seems to be a huge barrier to Sustainable Development Goal 3 (SDG 3) which aims to ensure good health and promote well-being for people across the world (United Nations, 2015b). In the context of Bangladesh, inclusion of the people living in the remote areas is a must to comply with SDG 3, and an issue to be addressed immediately by the respective authorities. The current study was conducted in Char Nizam; one of the remote islands of Bangladesh which reveals that the inhabitants of the island suffered from various health problems like fever, cough, musculoskeletal pain, allergies, abdominal pain, eye problems, osteoporosis, hemorrhoids/piles, heart disease, etc. The data derived from the field shows that during common diseases like fever, allergies, and abdominal pain they usually consult with the Rural Medical Practitioners (RMP) or the shopkeepers of the medicine shops and buy medicines at their suggestions. The healthcare seekers in that case usually pay attention to the quick remedy, rather than the proper diagnosis of the health issues they suffer from. In the case of severe health problems like cardiovascular diseases and complicated pregnancy they tend to visit a doctor, but in most cases, they face different barriers to avail such healthcare services due to economic obstacles, difficult physical environment, and time-consuming transportation facilities from their home to the nearest healthcare center situated in the Char Fasson Upazila.

Even if they somehow manage to overcome such barriers, still cannot receive the necessary treatment as the government hospitals are overwhelmed on the one hand, and lack enough doctors, nurses, and staff on the other. Moreover, scarcity of the medicines, medical instruments, and laboratory facilities at the government hospital pushes many patients to visit a private hospital or clinic, which is out of reach for most people in Char Nizam due to their poor economic situation.

It is found that the characteristics (i.e., perceived susceptibility, perceived severity, perceived benefits, and perceived barriers) and two other added components (i.e., cues to action, and self-efficacy) that construct the Health Belief Model (HBM) as determinants of the health behaviors of people have relevance to the health-seeking behaviors of the inhabitants of Char Nizam (Abraham & Sheeran, 2014; Bandura, 1977; Green et al., 2020; Hayden, 2019; Schunk & DiBenedetto, 2021; Skinner et al., 2015; Williams & Rhodes, 2014). As to the HBM, perceived susceptibility refers to how individuals assess the harshness of their health issues (Abraham & Sheeran, 2014; Hayden, 2019; Skinner et al., 2015). For example, when people view their health problems as minor or non-threatening, they are less likely to seek medical attention, which is also evident among the study participants as they avoid going to a doctor for minor health problems like fever, cough, or allergies. While perceived severity mentioned in HBM relates to the belief in one's risk for specific diseases; for instance, those who recognize their vulnerability tend to take preventive measures (Abraham & Sheeran, 2014; Hayden, 2019; Skinner et al., 2015). In the case of this study, it has been found that an individual tends to visit a doctor immediately when he suspects a heart attack, understanding that ignoring symptoms can have dire consequences. Perceived benefits reflect the positive outcomes individuals expect from seeking healthcare (Abraham & Sheeran, 2014; Hayden, 2019; Skinner et al., 2015). For example, in Char Nizam (which is also true in rural areas of the country), reproductive health has historically been neglected, with many women not prioritizing regular checkups. However, as awareness of the advantages of such care increases, more women are beginning to visit healthcare providers. Perceived barriers mentioned in the HBM are the reasons that might prevent individuals from seeking healthcare (Abraham & Sheeran, 2014). If we want to explore this issue in the context of the current study, it can be said that although many women understand the significance of routine pregnancy checkups for safe reproductive health and recognize the benefits of hospital delivery for both mother and child, religious beliefs and traditional norms often dissuade them from visiting hospitals, especially if male healthcare providers are involved. While female doctors are more accepted, concerns about male hospital staff persist.

Additionally, the cost of hospital deliveries leads some women and their husbands to prefer home birth.

Despite these challenges, many women are increasingly opting for regular pregnancy checkups, driven by health information disseminated through various media. This change aligns with the cues to action mentioned in the HBM (Green et al., 2020). Participants of the current study expressed a strong need for health education campaigns and training from the government and relevant authorities, which could bolster self-efficacy among the inhabitants of Char Nizam and beyond, regardless of sex, age, and socioeconomic status (Bandura, 1977; Williams & Rhodes, 2014).

The challenging physical environment and the embedded cultural beliefs, influenced by stigma, prejudice, and a lack of health awareness limit the access to formal healthcare for the inhabitants of Char Nizam. These challenges act as both push and pull factors for them in accessing formal healthcare. As a result, health behaviors specific to the community are prevalent, with visits to physicians being rare and typically occurring only when health issues become severe. Raising awareness and facilitating education could significantly improve the health situation in Char Nizam, but such efforts should involve active participation from both the local residents and the relevant authorities.

Conclusion

Formal healthcare facilities are scarce for the inhabitants of Char Nizam. To access the existing health services, they visit the Upazila Health Complex or the private clinics situated in Char Fasson. Due to the hostile physical environment, rare transportation facilities, and poor economic conditions, most people in Char Nizam are disenfranchised from the expected healthcare facilities. On the other side of the spectrum, they are not aware enough about maintaining health due to their poor educational background.

The residents of Char Nizam expect a full-fledged healthcare center in their area, to make it happen concerned authorities should conduct a needs assessment study. Physical remoteness is not a severe issue in the scientifically advanced world. The use of digital technologies through strengthening mobile networks and internet services to promote telemedicine facilities can be an alternative solution to develop health provisions in remote communities like Char Nizam. Similarly, operating floating hospitals can be an effective option for providing health services in remote islands like Char Nizam. Regular health campaigns in Char Nizam, along with

basic health training, can significantly improve the health situation of its residents, thereby improving the overall public health conditions in the area. Given Char Nizam's vulnerability to natural disasters such as cyclones, storms, and flash floods, prioritizing the construction of safe shelters to protect inhabitants from health risks during these natural catastrophes is essential for improving public health in the area.

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