Research Proposal on
Health Seeking Behaviour and Well-being of British Bangladeshis

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Date Submitted:
Health Seeking Behaviour and Well-being of British Bangladeshis

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Summary

Understanding health seeking behaviour (HSB) precedes appropriate health intervention. HSB again culturally patterned. Fatalistic or unscientific supernatural attribution to health and illness has been reported in some section of British Asians. However, very few empirical investigations have been carried out to explore HSB of ethnic minorities, especially British Bangladeshis in relation to well-being. The current study aimed to fill-up this gap. The study will employ a cross-sectional survey method to investigate HSB and Well-being among 50 purposively selected adult Bangladeshi participants. Descriptive and inferential statistical techniques will be employed to depict the quantitative data. Successful completion of the project will add a worthy picture of HSB of the British Bangladeshis, an inevitable ingredient for promoting health for the ethnic minority.
Introduction

Health seeking behaviour (HSB) has been a pivotal agenda for the health professionals and policy makers due to its strong association with health and wellbeing in terms of intervention and strategy development. Mechanic defined HSB (aka illness behaviour) as the manner in which individuals monitor their bodies, define and interpret their symptoms, take remedial action, and utilize other sources of help, as well as engage with the more formal healthcare system (1978). This definition clearly emphasises the role of individual and associated intrapersonal factors in determining HSB of the individuals. Knowledge, attitude and belief (KAB) about health and health care system believed to be the pivotal predictors of HSB. Understanding HSB therefore demands exploration of KAB among individuals in a certain community. Since KAB is culturally patterned, HSB is also variable among communities. Therefore, for any particular community HSB might be different from the mainstream society and common health intervention strategies might not be applicable for them. Grace et al (2009), for example, found that health professionals in the UK cannot provide appropriate lifestyle advice to the Bangladeshi patients due to lack of knowledge on Bangladeshi culture. Rüdell et al (2008) found ethnic background influenced the choice of health seeking strategies. They revealed alternative health seeking strategies such as talking to family about distress, utilising traditional healers and severity of distress was positively associated with primary care service use for people with a common mental disorder of the participants of Bangladeshi, black Caribbean and White British ethnic background. The researchers concluded that a large number of people believed mental distress could not be resolved or they did not know how to resolve it indicating a lack of knowledge or fatalistic view about mental health issues. This fatalistic view in turn could impact the HSB of the ethnic minorities. Alam et al. (2012), for instance, identified religious fatalism and psychological
distress were familiar themes and access to psychological services was uncommon among British Bangladeshis.

The current research is an attempt to understand the HSB of a prominent ethnic group of UK, namely Bangladeshis. There are around 3, 92,200 British Bangladeshis (2009 estimates) consisting around 0.5 % of the total UK population. Most of them are Muslims (92.48%) and primarily live in London (50%) especially the Tower Hamlets (30%) borough (ONS, 2009). This ethnic minority is one of poorest community having less education, jobs, and higher prevalence of disease (Rodes and Nocon, 2003). A recent BBC reports highlighted that there are hundreds of traditional healers practicing in the East London area (Catrin Nye, BBC, 19 November 2012) where most of the Bangladeshis reside. These healers, usually without any medical orientation and primarily based on spiritualistic ideology tend to treat patients with symptoms generally qualifying for mental illness. It is assumed that Bangladeshis constitute significant portion of those traditional healers’ clients. Employing cross-sectional survey method the current endeavour will investigate the HSB of British Bangladeshis and its relationship with general health and psychological well-being.

**Aims**

The aim of this research project is to

- Understand health seeking behaviour of the British Bangladeshis;
- Investigate relationship with general health and psychological well-being

**Justification/Rationale**

This study is very unique in its scope and design. No previous study on this issue has been conducted before involving the selected ethnic minority. Understanding British Bangladeshis HSB will help to design culturally appropriate health interventions and service delivery programme in the ethnic densely area. There is a substantial funding in the research of
tackling health inequalities in England. The findings of the current research will be worthy resource in combating social gradient in health, a pivotal agenda of the government health campaign.

Method

Research Design
Cross-sectional survey

Sample Size and Participants
50 adult (18+) Bangladeshis of Tower Hamlets will be approached. Participation of various age groups, equal sex ratio and SES will be maintained. Sample will be selected on opportunistic basis.

Instruments

HSB questionnaire: Add a brief description of the instrument including developer, psychometric properties and scoring.

General Health Questionnaire (GHQ-12): Add a brief description of the instrument including developer, psychometric properties and scoring.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Add a brief description of the instrument including developer, psychometric properties and scoring.

Procedure
Necessary research tools (see Annex 1) will be prepared first. The researcher will approach in person to the participants about the study. Participants have to fill up a set of questionnaires in paper. Thus all required data will be collected. Collected data will be coded and analyzed using computer software SPSS and MS Excel.
Ethics

Ethical approval will be obtained from the local research ethics committee of Tower Hamlets area.

Data Analyses

A descriptive analysis of the variables will be presented such as HSB, general health and mental health of the respondents by age, sex, SES. Then, a multiple regression analysis will be carried out to see how much respondents’ general health and mental health can be explained by the HSB.

Time Frame (Optional)

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<thead>
<tr>
<th>S/N</th>
<th>Task</th>
<th>Time frame</th>
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<tbody>
<tr>
<td>1</td>
<td>Tools development</td>
<td>June 2013</td>
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<tr>
<td>2</td>
<td>Data collection through cross-sectional survey</td>
<td>July-August 2013</td>
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<tr>
<td>3</td>
<td>Data coding and Analysis</td>
<td>September 2013</td>
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<td>4</td>
<td>Draft reporting</td>
<td>October 2013</td>
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<tr>
<td>5</td>
<td>Final reporting and journal submission</td>
<td>November-December 2013</td>
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### Annex 1

**Objective-Data Collection Method analysis (Optional)**

<table>
<thead>
<tr>
<th>S/N</th>
<th>Objective</th>
<th>Variable</th>
<th>Tools</th>
<th>Method</th>
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<td>1</td>
<td>To understand health seeking behaviour of the British Bangladeshis</td>
<td>Health Seeking Behaviour</td>
<td>Researcher developed HSB questionnaire</td>
<td>Survey</td>
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<td>3</td>
<td>To assess general health of the British Bangladeshis</td>
<td>General Health</td>
<td>General Health Questionnaire (GHQ-12)</td>
<td>Survey</td>
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<td>4</td>
<td>To assess mental health of the British Bangladeshis</td>
<td>Mental Health</td>
<td>The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)</td>
<td>Survey</td>
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References