Title: Social and Behavioral Determinants of Healthcare-Seeking and Satisfaction Among Rural Adults in Bangladesh: A Propensity Score Analysis

Authur names: Syed Billal Hossain , Md Mizanoor Rahman , Kapashia Binte Giash , Md Hazrat Ali , ABM Alauddin Chowdhury

Abastact: In rural Bangladesh, financial protection is limited, and care seeking occurs across government and non-government sectors. This study investigated how social and behavioral factors—family monthly income, education, and adherence to prescribed treatment—relate to the usual source of care and patient satisfaction. A cross-sectional survey was conducted among 374 adults in Sirajganj district. Propensity scores were estimated and analyzed using 1:1 nearest-neighbor matching (caliper 0.20) and inverse probability of treatment weighting (IPTW). We used both propensity score matching (PSM) and inverse probability of treatment weighting (IPTW) to reduce confounding and to check the robustness of the estimated associations. Primary outcomes were the usual treatment source and satisfaction with that source; exposures included income, education, and adherence. Adjusted odds ratios (AORs) and 95% confidence intervals (CI) were derived from matched and weighted logistic models. Prespecified interactions and sensitivity analyses assessed robustness. Higher family income strongly predicted use of non-government providers (matching AOR 8.50; weighted AOR 10.11) but showed no significant association with satisfaction. Adherence to prescribed treatment was associated with lower use of non-government care (matching AOR 0.35) and greater satisfaction (matching AOR 3.50), with comparable IPTW estimates. Education above the primary level was not related to provider type but was linked to lower satisfaction (matching AOR 0.30). The positive association between adherence and satisfaction persisted across income and education strata. Sensitivity analyses yielded similar findings. In rural Bangladesh, higher income primarily drives private-sector care use; treatment adherence predicts higher satisfaction and reduced private use; and higher education is associated with lower reported satisfaction. Integrating financial protection with adherence support and experience-of-care improvements may advance equity and patient-reported outcomes toward universal health coverage.

Keywords: patient satisfaction, healthcare utilization, treatment adherence, propensity score, rural, socio-demographic characteristics

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