

Impact of Socio-demographic Determinants on Individual Health in Bangladesh

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Abstract

This study aims to investigate the impact of socio-demographic factors on health in Bangladesh using the World Health Survey dataset. Using the seemingly unrelated regression models the study reveals that female compared to male faces more challenges in terms of problems regarding mobility, self-care, bodily pain, sleeping, remembering and depression. The study also finds that as the level of education increases the severity of facing these problems reduces. Furthermore, people who are never married widowed and separated or divorced experience more problems in terms of self-care, remembrance, sleeping as well as depression compared to those who are currently married.

Keywords: Socio-demographic factors; Seemingly unrelated regression (SUR) model; Health status.

1. Introduction

The health of a population is considered by the level of health and how this health is distributed in the population. Public health has enhanced markedly in Bangladesh over the last three eras. Life expectancy at birth is around 70 years, just above the World Health Organization's world average of 69 years. Maternal mortality, infant and child mortality, and malnutrition rates have all declined significantly, and Bangladesh is on path to attain its Millennium Development Goals for maternal and child health. However, Bangladesh faces major health challenges. The national population is expected to grow to between 200 to 225 million over the next four decades. In Bangladesh, communicable diseases account for a large portion of fatalities and disabilities. Insecure food remains a major warning to public health each year; citizens suffer from the keen effects of food infected by microbial pathogens, chemical substances and toxins. The disease burden Bangladesh is further exacerbated by unhygienic living conditions that highlight the poor economic conditions of both urban and rural home dwellers. There are still numerous issues that Bangladesh health care system is yet to deal with, governance, accessibility, and affordability are key issues that are preventing the execution of solutions to the public health issues in Bangladesh. The effectiveness of a health system depends on the availability and accessibility of services in a form which the people are able to know, accept and utilize. According to its constitution, the Bangladeshi government is obligated to "provide the fundamental medical requirements to all segments of the people in society" and "improve the nutritious and the public health status of the people". In its early phase, the health system in Bangladesh was primarily alert on providing remedial services targeting maternal, child and newborn health. Since the 1990s, with the development of modern science and technology and with the greater part of United Nations agencies and non-government organizations, the health systems steadily shifted its emphasis equally on health promotion and anticipatory services. The success of the health system depends significantly on the socioeconomic determinants and their impact on health. There are not more studies regarding this issue in case of Bangladesh. Hence, this study aims to investigate the impact of socio-demographic factors on health for the people living in Bangladesh.

2. Literature Review

The levels, trends and determinants of under five children health in Bangladesh are well studied with past and recent datasets. [Karmaker et al. \(2014\)](#), examine the levels, trends and determinants of the under-five child mortality rate in Bangladesh using the 2007 Bangladesh Demographic and Health Survey (BDHS) dataset. They use life table technique as a bivariate analysis and cox proportional hazard model; and find that the place of residence, parents' education, father's working status, sources of drinking water, type of toilet facility, wealth status, watching of television, mother's age, months of breastfeeding and birth interval have significant impact on infant and child health in Bangladesh. [Majumder et al. \(1997\)](#), find the determinants of infant and child mortality in Bangladesh using the 1989 Bangladesh Fertility Survey (BFS). They show by using multivariate analysis that preceding birth interval

length, survival status of the immediately preceding child, sex of the child, parents' education are important factors influencing infant and child mortality in Bangladesh.

Other important indicators, such as housing, place of residence, wealth and assets, health behaviors, access and use of healthcare services, and social capital (social and family support and safety, as well as cultural context), are typically taken into account by health policymakers to study socioeconomic inequalities for the purpose of policy intervention. Key socio-demographic indicators include age, sex/gender, marital status, genetics, ethnicity, religion, household size, and BMI (Shokouh *et al.*, 2017).

There are some studies on the health of adults and elder people in case of Bangladesh. For example, Chowdhury *et al.* (2016) examine the conditions of hypertension and diabetes of adults aged 35 years or older utilizing the data published in the Bangladesh Demographic and Health Surveys. They show the factors related to hypertension among adults in Bangladesh using the 2011 Bangladesh Demographic and Health Survey (BDHS). Calculating the odd ratios from the bivariate and multivariate logistic regression models they find that older age, sex, education, place of residence, working status, wealth index, BMI and diabetes are important factors which are associated with hypertension among adults aged 35 years and older. They also find that the prevalence of hypertension is higher in women by 12.1% than men; individuals having higher education and higher wealth have higher odds of having hypertension than the individuals with no education and lower social status; and individuals with high BMI and having diabetes are associated with the high risk of hypertension.

There are a few available literatures that examine the factors of health of the elderly people in Bangladesh. Among them Kalam and Khan (2005) find the determinants of health of the elderly people by analyzing the prevalence of diseases and the duration of sufferings. The authors figure out that age, sex, marital status, structure of family and household size are closely related to the prevalence of diseases and duration of sufferings. Kabir *et al.* (2018), examine the sociocultural determinants of health inequality in Bangladesh. They examine the health inequality of dalit population (jaat sweepers) using iterative approach for exploratory qualitative study design. They find that a set of social, economic and political factors determine the health status of dalit, a marginalized traditional working community in Dhaka city. They have poor access to health care services. This type of study recommends target oriented intervention in case of health care delivery in Bangladesh.

The review of literature reveals that the health condition of the age group of 0-5 years and 35 years and older people living in Bangladesh have been examined using different dataset. To the best of our knowledge, study regarding the health of age group of 7 years and above is not available. Hence, this study attempts to investigate the impact of socio-demographic factors on health of the age group of 18 and above living in Bangladesh.

3. Methodology

3.1. Data

The paper uses data from the World Health Survey (WHS) 2003 to investigate the impact of socio demographic factors on Health of the people living in Bangladesh. The World Health Organization (WHO) originated the World Health Survey (WHS) to collect data on the health of population and health schemes. The WHS retorts to the need of countries for a complete and sustainable health information system and collects data through surveys to measure crucial population health parameters. The data is equally owned by the countries and the WHO, and there is a commitment for a long-term data collection, construction local capacity and using this information for health policy. The WHS recognized all adult members of the population aged 18 years or older as its sample. Households are chosen using a random process. The WHS used GPS devices and digital maps to geo-code the data within identified guidelines.

The overall targets of the survey are to inspect the way populations report their health, comprehend how people assess their health states, quantify the performance of health systems in relation to sensitivity and collect information on modes and extents of payment for health meetings through a nationally typical population based municipal survey. In addition, it reports various areas such as health care expenses, adult mortality, birth history, several risk factors, assessment of main prolonged health conditions and the coverage of health intrusions, in definite additional modules. The survey collected data from male and female aged 18 years and more who were in the country during the survey period. The survey was done at top to bottom (division, district, upazila, union/ward, village/ mohalla / block) level in Bangladesh. The study is limited to individuals whose information on age, education, gender, marital status, movement history, gratification rating, type of facility, locality of facility, fee of treatment, one-way travel time, and waiting time is obtainable.

3.2. Variables

This study uses moving problems (difficulty in moving), self-care problems (difficulty in washing and dressing), bodily pain (amount of pain or discomfort), remembering problems (difficulty on concentrating or remembering things), sleeping (falling asleep, waking up during night or early in the morning) and depression (feeling sad, low or depressed) as the dependent variable of the six regression models. For each announcement, entities were responded on a five-point scale (such as 1. None, 2. Mild, 3. Moderate, 4. Severe, 5. Extreme/ cannot do).

The independent variables of the regression analysis are sex, age, marital status, education and health status representing the socio demographic factors. This study uses sex as a dummy variable and age as a continuous variable. Marital status is categorized in four groups such as never married, currently married, widowed and separated, and divorced. Dummy variable is then created for each category. In addition, there are seven education categories divided as no formal schooling, less than primary school, primary school completed, SSC completed,

HSC (or equivalent) completed, college/ university completed, post graduate degree completed. Dummies are also created for education. No formal schooling is assumed as the reference category. Furthermore, health status is measured on a five-point scale as very good=1, good=2, moderate=3, bad=4 and very bad=5. Dummy variable is also created for each category of health status.

Individual characteristics are described in different modules in the WHS dataset; hence this study requires merging dissimilar files for generating the working dataset. The sample on which this study has been carried on consists of 5,552 individuals. Among them female is 53.46% and male is 46.54 %.

3.3. Econometric Model

To measure the impact of socio-demographic factors on health, this study uses the following seemingly unrelated regression (SUR) model:

$$\text{Mobility problems} = \beta_0 + \beta_1 \text{female} + \beta_2 \text{age} + \beta_3 \text{maritalst} + \beta_4 \text{edu} + \beta_5 \text{healthstatus} + \epsilon_1$$

$$\text{Selfcare problems} = \beta_0 + \beta_1 \text{female} + \beta_2 \text{age} + \beta_3 \text{maritalst} + \beta_4 \text{edu} + \beta_5 \text{healthstatus} + \epsilon_2$$

$$\text{Bodily pains} = \beta_0 + \beta_1 \text{female} + \beta_2 \text{age} + \beta_3 \text{maritalst} + \beta_4 \text{edu} + \beta_5 \text{healthstatus} + \epsilon_3$$

$$\text{Remembering problems} = \beta_0 + \beta_1 \text{female} + \beta_2 \text{age} + \beta_3 \text{maritalst} + \beta_4 \text{edu} + \beta_5 \text{healthstatus} + \epsilon_4$$

$$\text{Sleeping problems} = \beta_0 + \beta_1 \text{female} + \beta_2 \text{age} + \beta_3 \text{maritalst} + \beta_4 \text{edu} + \beta_5 \text{healthstatus} + \epsilon_5$$

$$\text{Depression} = \beta_0 + \beta_1 \text{female} + \beta_2 \text{age} + \beta_3 \text{maritalst} + \beta_4 \text{edu} + \beta_5 \text{healthstatus} + \epsilon_6$$

The seemingly unrelated regression (SUR) model, suggested by (https://en.wikipedia.org/wiki/Seemingly_unrelated_regressions), is a generalization of a linear regression model that contains numerous regression equations, each having its own dependent variable and hypothetically different sets of exogenous explanatory variables. Every single equation is a usable linear regression on its individual and can be projected discretely, that is why the classification is called seemingly unrelated, since the error terms are presumed to be correlated across the equations.

This model can be assessed equation-by-equation using the standard method of ordinary least squares (OLS). The estimated values of the coefficients will be consistent but usually not as efficient as the SUR method. The SUR method quantifies to feasible generalized least squares with an exact form of the variance-covariance matrix. Two important cases when SUR is in fact correspondent to OLS are when the error terms are in detail uncorrelated between the equations (so that they are truly unrelated) and when every single equation holds precisely the same set of regressors on the right-hand-side.

The above six equations which generally appear unrelated, but in practice all the above six dependent variables (moving problems, self-care, bodily pain, remembering thing, sleeping and depression) affect individual health. For example, bodily pains can distress to move which also generate depression, remembering thing, and protect to survive comfortable life. So the covariance of error terms for each equation is interrelated. Finally, this study ensures that the seemingly unrelated regression (SUR) model is a system of linear equations with errors that are correlated across equations for a given individual but are uncorrelated across individuals.

4. Results and Discussion

Table-1. Descriptive statistics of the socio-demographic factors and health status

Variables→	Mean / % (N=5552)					
Responses/Levels↓	Mobility problems	Self-care problems	Sleeping problems	Bodily pains	Remembering problems	Depression
None	46.31%	65.33%	43.30%	24.89%	47.41%	36.13%
Mild	22.80%	16.84%	21.67%	30.51%	23.63%	26.51%
Moderate	19.07%	11.49%	17.83%	23.38%	17.53%	20.24%
Severe	7.46%	3.49%	10.23%	13.89%	6.16%	9.89%
Extreme	4.36%	2.85%	6.97%	7.33%	5.28%	7.22%
	Health status			Education		
Very good	8.90%		No education	41.34%		
Good	35.10%		Less than primary	18.28%		
Moderate	38.54%		Primary completed	24.85%		
Bad	13.35%		SSC completed	7.28%		
Very bad	4.11%		HSC completed	4.02%		
			College/University	3.17%		
	Marital status		Post graduate	1.06%		
Never married	11.62%					
Currently married	77.41%		Age	38.58%		
Widowed & Separated	1.74%		Male	53.49%		
Divorced	9.22%		Female	46.54%		

Source: Authors' calculation based on WHS 2003

The descriptive statistics of the sample is presented in Table 1. The sample size is 5552 which is characterized by 54% male and 46% female. The mean age of the individual stating their information is about 39 years ranging from 18 years to 111 years whereas mean age of the female is 40 years and male is 37 years. Among the sample population around 42% has no formal education in which 33% is female; and around 25% has completed primary

education in which 25% is female. The percentage of SSC completed participant is 3.24% more than that of HSC completed. Married couple is highly dominating compared to the never married or divorced throughout the study.

This study points out that almost 40% of the sample population reports moderate health rate which stands at 3 on a 5-point scale measurement. Thirty-five percent enjoys good health, only nine percent experiences very good health while almost fourteen percent suffers from bad health. Besides collecting information on health rate the WHS provides information on difficulties in terms of mobility, self care, sleeping, pain, remembrance and depression. Among the reported sample almost 14% faces severe bodily pains and on average 10% feel severe sleeping problems and depression. From Table 1 it is clear that one-fourth of the sample cannot avoid bodily pains which severity is moderate. The same proportion of people experiences mobility problems, depression, sleeping and remembering problems at moderate level. Furthermore, mild bodily pains prevail at the 30% population while half of this percent (16.84%) reports that they face difficulty in their own dressing or washing at mild level. In addition, extreme level difficulties in pain, depression and sleeping are reported by about 7% participant.

Table-2. Results of the OLS regression

Variables	Mobility problems	Self-care problems	Bodily pains	Remembering problems	Sleeping problems	Depression
Female	-0.381*** (-12.64)	-0.371*** (-13.75)	-0.449*** (-13.71)	-0.396*** (-12.62)	-0.325*** (-9.10)	-0.231*** (-6.70)
Age	0.016*** (14.13)	0.013*** (13.13)	0.012*** (10.31)	0.018*** (15.63)	0.016*** (11.84)	0.007*** (5.33)
Never married	0.054 (1.13)	0.144*** (3.35)	0.061 (1.17)	0.175*** (3.49)	0.127* (2.22)	-0.061 (-1.11)
Widowed & Separated	0.134 (1.31)	0.003 (0.03)	0.016 (0.15)	0.050 (0.47)	0.081 (0.67)	0.694*** (5.94)
Divorced	0.148** (2.75)	0.264*** (5.49)	0.092 (1.57)	0.238*** (4.25)	0.217*** (3.39)	0.614*** (9.98)
Less than primary	0.074 (1.95)	0.077* (2.28)	0.082* (2.00)	0.098* (2.49)	0.057 (1.28)	0.033 (0.76)
Primary completed	-0.017 (-0.48)	-0.068* (-2.18)	-0.120** (-3.16)	-0.073* (-2.00)	-0.045 (-1.07)	-0.121** (-3.02)
SSC completed	-0.119* (-2.18)	-0.115* (-2.34)	-0.264*** (-4.43)	-0.051 (-0.88)	-0.142* (-2.19)	-0.266*** (-4.25)
HSC completed	-0.161* (-2.26)	-0.104 (-1.63)	-0.217** (-2.80)	-0.054 (-0.73)	-0.227** (-2.68)	-0.188* (-2.30)
College/University	-0.122 (-1.56)	-0.119 (-1.70)	-0.301*** (-3.54)	-0.251** (-3.08)	-0.142 (-1.53)	-0.039 (-0.43)
Post graduate	-0.135 (-1.03)	-0.288* (-2.46)	-0.416** (-2.92)	-0.313* (-2.29)	-0.185 (-1.19)	-0.351* (-2.34)
Very good health	-0.595*** (-11.98)	-0.310*** (-6.97)	-0.590*** (-10.93)	-0.422*** (-8.15)	-0.467*** (-7.91)	-0.402*** (-7.07)
Good health	-0.443*** (-14.22)	-0.221*** (-7.93)	-0.387*** (-11.43)	-0.305*** (-9.39)	-0.307*** (-8.31)	-0.320*** (-8.98)
Bad health	0.565*** (13.08)	0.420*** (10.86)	0.488*** (10.40)	0.505*** (11.21)	0.388*** (7.57)	0.436*** (8.83)
Very bad health	1.110*** (15.98)	1.044*** (16.80)	0.917*** (12.15)	0.861*** (11.89)	0.796*** (9.65)	0.877*** (11.04)
Constant	1.639*** (31.24)	1.259*** (26.83)	2.325*** (40.78)	1.465*** (26.79)	1.747*** (28.04)	2.142*** (35.70)
Number of observations	5552	5552	5552	5552	5552	5552

t statistics in parentheses * p<0.05, ** p<0.01, *** p<0.001

Table 2 presents the results of the six separate regression models which have been estimated through the ordinary least squares (OLS) technique. The paper gets significant information from the estimated coefficient values calculating by the OLS technique regarding the socio-demographic indicators of health. Results show that compared to male, female suffers more from the problems of mobility, self-care, bodily pains, remembering, sleeping and depression. As the coefficient values of the female dummies show the difference between male and female with reference to the mobility problems, self-care problems as well as others demonstrated problems, to get the exact coefficient value of the female dummy we need to add the intercept value to the estimated coefficient value. Exercising these, all the coefficients of female dummies in the six separate regressions come with positive signs.

Age also contributes positively towards the physical and mental problems. Marital status has significant impact on health. For example, depression is more problematic in case of divorced, separated and widowed people. The contribution of education is also revealed from the study. No education or less than primary education contributes positively to the problems stated in the regression. However, individuals who have completed education level at least primary or above face less challenges to the health related problems. Furthermore, people who have reported good

health, they possess less problems associated with moving, self-care, bodily aches, remembering, sleeping and depression which seems consistent.

Table-3. Results of the seemingly unrelated regression

Variables	Mobility problems	Self-care problems	Bodily pains	Remembering problems	Sleeping problems	Depression
Female	-0.381*** (-12.64)	-0.371*** (-13.75)	-0.449*** (-13.71)	-0.396*** (-12.62)	-0.325*** (-9.10)	-0.231*** (-6.70)
Age	0.016*** (14.13)	0.013*** (13.13)	0.012*** (10.31)	0.018*** (15.63)	0.016*** (11.84)	0.006*** (5.33)
Never married	0.054 (1.13)	0.144*** (3.35)	0.061 (1.17)	0.175*** (3.49)	0.127* (2.22)	-0.061 (-1.11)
Widowed & Separated	0.134 (1.31)	0.002 (0.03)	0.016 (0.15)	0.05 (0.47)	0.08 (0.67)	0.694*** (5.94)
Divorced	0.148** (2.75)	0.264*** (5.49)	0.091 (1.57)	0.238*** (4.25)	0.217*** (3.39)	0.614*** (9.98)
Less than primary	0.073 (1.95)	0.077* (2.28)	0.081* (2.00)	0.097* (2.49)	0.057 (1.28)	0.032 (0.76)
Primary completed	-0.016 (-0.48)	-0.068* (-2.18)	-0.120** (-3.16)	-0.073* (-2.00)	-0.044 (-1.07)	-0.121** (-3.02)
SSC completed	-0.119* (-2.18)	-0.115* (-2.34)	-0.264*** (-4.43)	-0.05 (-0.88)	-0.142* (-2.19)	-0.266*** (-4.25)
HSC completed	-0.161* (-2.26)	-0.104 (-1.63)	-0.217** (-2.80)	-0.053 (-0.73)	-0.227** (-2.68)	-0.188* (-2.30)
College/University	-0.122 (-1.56)	-0.119 (-1.70)	-0.301*** (-3.54)	-0.251** (-3.08)	-0.142 (-1.53)	-0.038 (-0.43)
Post graduate	-0.135 (-1.03)	-0.288* (-2.46)	-0.416** (-2.92)	-0.313* (-2.29)	-0.185 (-1.19)	-0.351* (-2.34)
Very good health	-0.595*** (-11.98)	-0.310*** (-6.97)	-0.590*** (-10.93)	-0.422*** (-8.15)	-0.467*** (-7.91)	-0.402*** (-7.07)
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Bad health	0.565*** (13.08)	0.420*** (10.86)	0.488*** (10.4)	0.505*** (11.21)	0.388*** (7.57)	0.436*** (8.83)
Very bad health	1.110*** (15.98)	1.044*** (16.8)	0.917*** (12.15)	0.861*** (11.89)	0.796*** (9.65)	0.877*** (11.04)
constant	1.639*** (31.24)	1.259*** (26.83)	2.325*** (40.78)	1.465*** (26.79)	1.747*** (28.04)	2.142*** (35.7)
r ²	0.278	0.236	0.218	0.23	0.156	0.177
chi ²						
p	0	0.00E+00	2.42E-281	6.19E-300	2.34E-191	6.65E-221

t statistics in parentheses* p<0.05, ** p<0.01, *** p<0.001

The table 3 presents the results of the seemingly unrelated regression with t statistics in parentheses. Result shows that female faces more bodily pain and remembering problem as well as problems associated with mobility, self-care, sleeping and depression compared to male counterpart. The coefficient values of female dummy are significant at 0.1% significant level. As the coefficient of female dummy shows the difference between male and female regarding the problems associated with mobility, self-care and others, the addition of the coefficient with the constant value gives us the positive values for the variable. For example, in case of remembering problems, the difference between male and female is -0.396. Hence, 1.069 (1.465 +(-0.396)= 1.069) will be the exact value for the female dummy coefficient which means that female suffers more than male in case of the stated difficulties. The estimated coefficient values of age imply that as age increases an individual will experience more physical problems and concentration problem. People who are characterized as never married, they suffer from sleeping problems compared to those who are currently married. The coefficient of never married is 0.127 in case of the regression when sleeping is functioning as the dependent variable which is significant at 5% level. These groups of people also face more problems in case of self-care and remembrance. The problem of depression is severe among the individuals who are widowed or separated compared to the currently married individuals. Results also reveal that the people who are divorced experience severe problems in terms of moving, self-care, remembering, sleeping and depression than the people who are currently married.

The estimated result gives support to the role of education on health. One important finding of this study is that the less than primary school completed people have more severe problems in terms of self-care, bodily pain and concentration compared to the people who have no education at all. The coefficients related to this education dummy

variable are significant at 5% level. Another important observation is that the individuals who have completed primary education and secondary education face less challenge in terms of physical and mental health compared to those who have no formal education. Problems regarding sleeping are prevailing more in the group of people who have completed secondary and high school education compared to the reference category. In addition, bodily pain is also less severe in the group of people who have high school or college or university level education than the reference category.

The estimated coefficient values of the health rate are consistent with the available literature. The positive signs of the coefficients of bad health and very bad health imply that the individuals who have reported very bad health or bad health, they have more severe physical and mental problems as well as remembrance problem than the individuals who have moderate level health. On the other hand, those who have reported good or very good health they face relatively less challenges in physical and mental conditions compared to those who have moderate level of health.

Table-4. Correlation matrix of residuals of the seemingly unrelated regression (SUR)

Variables	Mobility problems	Self care problems	Bodily pains	Remembering problems	Sleeping problems	Depression
Mobility problems	1					
Self-care problems	0.491	1				
Bodily pains	0.389	0.329	1			
Remembering problems	0.367	0.372	0.351	1		
Sleeping problems	0.267	0.266	0.282	0.291	1	
Depression	0.272	0.267	0.289	0.364	0.362	1

Breusch-Pagan test of independence: $\chi^2(15) = 9412.861$, $Pr = 0.0000$

This study finds that the correlation of the residuals in self-care problems and mobility problems is 0.491 and the lowest residuals in sleeping problems and self-care problems is 0.266. For the correlation of the residuals in these equations are greater than p value, so we can reject the hypothesis. It is important to see the Breusch-Pagan test. It begins by allowing the heteroskedasticity process which is a function of one or more of independent variables, and it is usually applied by assuming that heteroskedasticity may be a linear function of all the independent variables in the model. So the Breusch-Pagan tests of independence: $\chi^2(15) = 9412.861$, $Pr = 0.0000$. Therefore, it is significant. It means that linear equations with errors that are correlated across equations for a given individual but are uncorrelated across individuals.

5. Conclusion

This study figures out that education, marital status and age are important factors which have significant impact on health of the people living in Bangladesh. As age increases people are facing more challenges regarding the physical, mental and cognitive aspects. One important finding of this study is that female are experiencing more challenges regarding the problems associated with mobility, remembering and sleeping problems compared to male. High level of education contributes facing less challenges with the above stated problems.

Thus policy measures should be taken to improve the health of the population by enhancing education among the people of Bangladesh. As the marital status influences the various aspects of health, it should also get the attention to policy makers. Finally, the study reveals that a significant proportion of individuals suffer from depression. Whatever level of depression is experienced by people, it definitely damages one's intellect of control and ability to preserve interpersonal relationships and social livelihood networks. Physical health problems also damage one's cognitive ability and lead to sleeping problems. Thus, health should be cared with various aspect because the factors are interrelated. This study suggests to analyze the health of all age group of people living in Bangladesh using primary dataset since available secondary data are unable to provide the relevant information for this type of research work.

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