BMJ Open

Gender differences in Mental Health Help-Seeking Behaviour in Bangladesh: Findings from an online survey

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2024-091933
Article Type:	Original research
Date Submitted by the Author:	01-Aug-2024
Complete List of Authors:	Al Azdi, Zunayed; LifeSpring Consultancy Limited, Research and Development Saif, Saiful Islam Saif; LifeSpring Consultancy Limited Ashraf Kushal, Sayedul ; LifeSpring Consultancy Limited Maaz, Lubaba; LifeSpring Consultancy Limited Reza, Shusama; LifeSpring Consultancy Limited Yasmeen, Sharmeen; Bangladesh Medical College Islam, Mohammad Tajul; North South University Chaklader, Mainul Alam; Bangladesh Medical College Amin, Yahia Md; LifeSpring Consultancy Limited
Keywords:	Attitude, Behavior, MENTAL HEALTH, PSYCHIATRY, PUBLIC HEALTH

I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our licence.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which Creative Commons licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

Gender differences in Mental Health Help-Seeking Behaviour in Bangladesh: Findings from an online survey

Abstract

Background: Mental health disparities persist as a pressing public health concern globally. Gender disparities in mental health are evident, with women disproportionately affected by conditions such as depression and anxiety. Despite the apparent need, studies indicate that women are less likely to seek mental health care compared to men. **Objective:** This study aims to investigate gender differences in mental health help-seeking behaviour in Bangladesh. **Methodology:** A cross-sectional online survey was conducted from October 15 to 30, 2021, targeting individuals with perceived mental health problems through the organisation's Facebook page. Data (n=3,031; women: 2140, Men: 891) were collected using the JotForm online survey tool and analysed using descriptive statistics, bivariate analyses, and multinomial logistic regression. **Results:** The majority of participants were female (70.6%), aged between 18 and 34 years (87.3%), and from urban areas (85.4%). Overall, 28.4% received non-professional help, with females at 30.9% and males at 22.3%. Additionally, 22.9% received help from professionals, with females at 20.8% and males at 28.1%. Notable disparities were observed in mental health help-seeking behaviour between genders. While females exhibit higher odds of seeking non-professional support (OR: 1.49, 95% CI: 1.21-1.84, p-value: <0.001), they have lower odds of obtaining professional assistance compared to males (OR: 0.70, 95% CI: 0.56-0.86, p-value: 0.001). Factors such as stigma, financial constraints, and marital status significantly influenced help-seeking behaviours. **Conclusion:** This study contributes to our understanding of gender disparities in mental health care utilisation in Bangladesh, highlighting the need for gender-sensitive approaches in mental health care service delivery.

Keywords: Mental health, help-seeking, gender, online survey, Bangladesh

Key messages:

What is already known on this topic - Mental health disparities exist globally, with women more likely to experience conditions like depression and anxiety. Despite this, women are less likely to seek mental health care compared to men.

What this study adds - This study quantifies gender differences in mental health help-seeking behavior in Bangladesh, revealing that women are more likely to seek non-professional help but less likely to obtain professional assistance compared to men.

How this study might affect research, practice or policy - The findings highlight the need for gender-sensitive approaches in mental health care service delivery in Bangladesh, which could inform policy changes and interventions to address the disparities in mental health care utilization.

Introduction

Mental health is a significant public health concern globally, with an estimated 16.8% of Bangladesh's 162 million inhabitants grappling with mental health problems (National Institute of Mental Health (NIMH), n.d.). Strikingly, evidence suggests that these challenges are not uniformly distributed across the population, with notable variations observed in different demographic variables, including gender (Patel, 2007).

Globally and within the context of Bangladesh, gender disparities in mental health issues and access to treatment needs are a silent issue, demanding focused attention. Studies consistently show a higher prevalence of depression among women, more than double that of men, both internationally and in the local context (Albert, 2015; Hasan et al., 2021). Similarly, anxiety rates among women in Bangladesh are marginally higher than the global average (Alam, 2021; Baxter et al., 2013; McLean et al., 2011; Muzaffar et al., 2022).

Notably, the National Mental Health Survey of 2019 underscores a distinctive gender-based distribution of mental health disorders in Bangladesh. Women in the country are disproportionately affected, with a prevalence of mental health issues reaching 21.5%, compared to 15.7% in men (Alam, 2021). This disparity extends across various mental health conditions, with women being twice as likely as men to experience common mental disorders such as depression and anxiety (*Common Mental Disorders*, 2017; Saiful Islam, 2020).

Several factors contribute to the gender disparities observed in mental health outcomes in Bangladesh. An evident employment gap between the sexes, particularly pronounced in rural areas, further compounds the challenges faced by women (*Bangladesh Quarterly Labour Force Survey 2022*, 2023). In rural contexts, where discrimination against females is prevalent, accessing mental health services becomes a formidable task due to societal stigmatisation and concerns about privacy (Mohatt et al., 2021).

Despite the apparent need, studies highlight that women in Bangladesh are less likely to seek mental health care than men (N. A. Giasuddin et al., 2012). This disparity is largely attributed to a complex interplay of socio-cultural and economic factors, including social stigma, traditional beliefs, gender norms, religious taboos, financial constraints, limited access to resources, mobility restrictions, and the need for permission from male family members (Dutta et al., 2022; Faisal & Tofayel, 2014; Rahman et al., 2017) Even among those affected, a mere 11.6% of women sought mental healthcare compared to 12.4% of men according to the national mental health survey (Alam, 2021). Stigma further compounds the issue, with women reporting more mental health-related stigma than their male counterparts (Faruk & Rosenbaum, 2023). This situation is exacerbated by a lack of awareness regarding where and when to seek mental health care, particularly among vulnerable groups like women with mental health conditions ("Raising Awareness for Women's Mental Health via Facebook," 2020).

Against this backdrop, this study aims to contribute to the understanding of gender differences in seeking help for mental health issues in Bangladesh. By identifying and elucidating these disparities, we aspire to shed light on the barriers that hinder care utilisation, paving the way for tailored interventions that can address the unique needs of underserved populations and promote equitable access to mental health services.

Methodology

Study Design and Study Population: A cross-sectional online survey was conducted from October 15 to 30, 2021, to investigate the health-seeking behaviours of individuals with a history of perceived mental health problems in Bangladesh. According to the World Health Organization (WHO) Bangladesh COVID-19 Situation Report published on November 1, 2021, the country was experiencing a decline in COVID-19 cases at this time. However, given the constraints imposed by the COVID-19 pandemic, logistical challenges, and budget considerations, an online approach was adopted to safely reach a diverse national sample. The study targeted the general population in Bangladesh with internet access.

Sampling Method: We employed a convenient sampling strategy to recruit study subjects, leveraging the extensive reach of the organisation's Facebook page, connecting with over one million Bangladeshis. To encourage participation, we created and shared a video explaining the study objectives. Out of 64,666 video views, 7,763 (12.00%) individuals accessed the online survey. Participants were screened to ensure they met the inclusion criteria: being 18 years or older, having experienced mental health problems, holding Bangladeshi citizenship, and providing informed consent.

Data Collection: Data were collected using the JotForm online survey tool after initial screening based on inclusion criteria. The survey, open from October 15 to October 30, 2021, covered screening for enrollment criteria, demographics, mental health help-seeking behaviours, and personal experiences. Of the 7,763 who accessed the online survey, 3,031 (39.04%) individuals completed the questionnaire. The survey included optional entry into a lottery for free healthcare services from the organisation. Collected information encompassed the timing of mental health disorders, initial help-seeking contacts, motivations, geographical locations, behaviours, reasons for not seeking help, and other relevant factors.

Data Analysis:

Descriptive statistics, such as frequencies, proportions, means, and standard deviations, were used to describe the demographic characteristics of study subjects and their help-seeking behaviours. Bivariate analyses were conducted to outline the gender differences in demographic characteristics and to assess the association of demographic characteristics with help-seeking behaviours, using the Chi-square test, while the z-test assessed differences in reasons for not seeking help. The dependent variable, help-seeking behaviour, was categorised into three levels: 1) no help received (coded as 0, the comparison group; n=1,476); 2) help from non-professionals (coded as 1; n=860); and 3) help received from professionals (coded as 2; n=695). Multinomial logistic regression was employed to examine the relationship between help-seeking behaviour and gender, after controlling for demographic variables associated with gender (p-value <0.05) in bivariate analyses, and checking multicollinearity. All tests were two-sided, and a p-value of <0.05 was deemed statistically significant. Analyses were performed using SPSS version 26 and Stata version 13.

Ethical Considerations: The study received ethical approval from the Public Health Foundation, Bangladesh. Before enrollment, participants were provided with a consent form outlining the survey objectives, emphasizing the voluntary nature of participation, and informing them of their right to decline involvement. Only those affirming comprehension and willingness to participate proceeded. No identifiable information was collected, except for those entering the optional post-survey lottery (n=2,554), who provided phone numbers for contact if selected.

Results:

The study included 3,031 participants who completed the online survey, of which 2,140 (70.6%) were females and 891 (29.4%) were males (Table 1). The mean age was 27 years (SD 6.8), with most participants between 18-34 years old (87.3%). A majority resided in urban areas (85.4%) and held a graduate degree or above (78.9%). About one-third (32.6%) reported monthly family incomes exceeding 50,000 TK. Just under half (45.5%) were married. In terms of occupation, 49.3% were students, while 16.8% were homemakers, 20.3% had jobs, 3.4% ran businesses, and 10.3% specified other occupations.

Table 1. Gender differences in socio-demographic factors and help-seeking behaviours

Characteristics	Total (N=3,031) n (%)	Female (N=2,140) n (%)	Male (N=891) n (%)	p-value
Area of residence:				
Urban	2,589 (85.4)	1,853 (86.6)	736 (82.6)	0.005
Rural	442 (14.6)	287 (13.4)	155 (17.4)	
Age (years):				
18-24	1293 (42.7%)	892 (41.7%)	401 (45.0%)	0.147
25-34	1351 (44.6%)	978 (45.7%)	373 (41.9%)	
≥35	387 (12.8%)	270 (12.6%)	117 (13.1%)	
Mean (SD)	27.0 (6.8)	27.0 (6.5)	27.0 (7.5)	
Education:				
Primary & Secondary	90 (4.2%)	55(6.2%)	145 (4.8%)	<0.001
Higher Secondary	310 (14.5%)	185 (20.8%)	495 (16.3%)	
Graduate and above	1740 (81.3%)	651 (73.1%)	2391 (78.9%)	
Monthly income (Bangladeshi TK.):				
Up to 10,000	139 (6.5%)	96 (10.8%)	235 (7.8%)	<0.001
10,001-20,000	231 (10.8%)	183 (20.5%)	414 (13.7%)	
20,001-30,000	420 (19.6%)	187 (21.0%)	607 (20.0%)	
30,001-50,000	584 (27.3%)	204 (22.9%)	788 (26.0%)	
>50,000	766 (35.8%)	221 (24.8%)	987 (32.6%)	
Marital status:				
Unmarried	1038 (48.5%)	613 (68.8%)	1651 (54.5%)	<0.001
Married & others	1102 (51.5%)	278 (31.2%)	1380 (45.5%)	
Occupation:				
Student	1015 (47.4%)	478 (53.6%)	1493 (49.3%)	<0.001
Home maker	508 (23.7%)	1 (0.1%)	509 (16.8%)	
Doing hobs	359 (16.8%)	256 (28.7%)	615 (20.3%)	
Business	41 (1.9%)	62 (7%)	103 (3.4%)	
Others	217 (10.1%)	94 (10.5%)	311 (10.3%)	
Help-seeking behaviour:				
Did not seek help	1,476 (48.7)	1034 (48.3)	442 (49.6)	<0.001

Received help from non-professionals	860 (28.4)	661 (30.9)	199 (22.3)	
Received help from professionals	695 (22.9)	445 (20.8)	250 (28.1)	

Overall, 48.7% did not seek any help for mental health problems. Among those who did, 28.4% received assistance from non-professionals only, while 22.9% obtained help from professionals. For the latter group, about 26% saw medical doctors and 74% consulted psychiatrists or psychologists. Non-professional support predominantly came from friends/relatives (57%) or family members (34.2%), with smaller proportions accessing religious healers (3.5%), homeopaths (1.6%), traditional healers (1.2%), or other contacts (2.6%) (Table 2).

Table 2. Mental health help-seeking behaviour

Help-seeking behaviour	**Frequency**	**Percentage**
Received help from (n=3,031):		
Did not receive any help	1,476	48.7
Non-professionals	860	28.4
Professionals	695	22.9
Received professional help from (n=695):		
Doctors	183	26.3
Psychiatrists or psychologists	512	73.7
Received nonprofessional help from (n=860):		
Friends/relatives	490	57.0
Family member	294	34.2
Religious healer	30	3.5
Homeopathic doctor	14	1.6
Kabiraj (traditional healer)	10	1.2
Others	22	2.6

Examining barriers among those not seeking help (n=1,476) (Table 3), lack of accompaniment deterred more females (44.3%) than males (26.2%) ($p<0.001$). However, stigma impeded significantly more males (47.7%) versus females (40.3%) ($p=0.005$). Also, financial constraints affected relatively more males (38.5%) than females (32.1%) ($p=0.011$). Furthermore, more males (26.9%) did not find it necessary to seek help than females (20.0%) when suffered from mental health problems ($p=0.002$).

Table 3. Reasons for not seeking help for mental health problems (multiple response)

Reasons	**Total (N=1476) n (%)**	**Female (N=1034) n (%)**	**Male (N=442) n (%)**	**p-value**
Did not feel the need	326 (22.1)	207 (20)	119 (26.9)	0.002
Did not know where to seek	418 (28.3)	281 (27.2)	137 (31)	0.077
Due to financial issues	502 (34)	332 (32.1)	170 (38.5)	0.011

None was to accompany	574 (38.9)	458 (44.3)	116 (26.2)	0.000
Stigma (fear and shyness)	628 (42.5)	417 (40.3)	211 (47.7)	0.005
Resolved naturally	158 (10.7)	107 (10.3)	51 (11.5)	0.277

Females had higher adjusted odds of seeking non-professional support versus not seeking help (aOR 1.49; 95% CI 1.21-1.84; p<0.001) yet lower adjusted odds of obtaining professional assistance relative to males (aOR 0.70; 95% CI 0.56-0.86; p=0.001), after controlling for income, education, marital status, and occupation (Table 4). Also, relative to those earning over 50,000 TK monthly, participants with incomes between 30,000-50,000 TK had 0.78 times lower adjusted odds (95% CI 0.61-0.99; p=0.039) of seeking professional mental health services. Additionally, unmarried participants had 0.66 times lower adjusted odds than married/widowed individuals (95% CI 0.51-0.85; p=0.001) of obtaining help from professionals.

Table 4: Gender differences in mental health help-seeking behaviour: Multinomial logistic regression analysis (aOR: Adjusted odds ratio; CI: Confidence interval; Ref.: Reference category)

Variables	**Received help from non-professionals[1]**		**Received help from professionals[1]**	
	aOR (95% CI)	p-value	aOR (95% CI)	p-value
Gender:				
Female	1.49 (1.21-1.84)	**0.000**	0.70 (0.56-0.86)	**0.001**
Male	Ref.		Ref.	
Area of residence:				
Urban	1.24 (0.97-1.58)	0.090	1.04 (0.81-1.35)	0.755
Rural	Ref.		Ref.	
Monthly family income (Tk.):				
<10,000	1.59 (1.14-2.23)	**0.007**	0.90 (0.62-1.32)	0.603
10,000-20,000	1.15 (0.87-1.52)	0.329	0.82 (0.61-1.10)	0.190
20,000-30,000	1.05 (0.82-1.34)	0.701	0.79 (0.61-1.02)	0.069
30,000-50,000	1.14 (0.91-1.43)	0.239	0.78 (0.61-0.99)	**0.039**
>50,000	Ref.			
Education:				
Primary & Secondary	0.87 (0.57-1.34)	0.532	1.37 (0.91-2.06)	0.129
Higher Secondary	0.99 (0.79-1.26)	0.955	0.91 (0.69-1.19)	0.477
Graduate & above	Ref.			
Marital status:				
Unmarried	0.95 (0.74-1.20)	0.656	0.66 (0.51-0.85)	**0.001**
Married or widowed	Ref.			
Occupation:				
Student	1.20 (0.88-1.63)	0.252	0.87 (0.63-1.20)	0.400
Homemaker	0.95 (0.65-1.37)	0.764	0.82 (0.57-1.20)	0.309
Doing a job	1.02 (0.72-1.44)	0.909	0.94 (0.67-1.32)	0.731
Business	1.25 (0.72-2.16)	0.427	0.77 (0.44-1.36)	0.373

Others	Ref.	
Intercept	0.000	0.762

[1]The reference category is: did not receive help.

Discussion

The present study investigates the gender differences in mental health help-seeking behaviour within the context of Bangladesh, shedding light on various facets influencing individuals' choices regarding seeking assistance for mental health problems. Our findings underscored several significant trends in help-seeking behaviour, including the prevalence of non-professional support, the impact of stigma and financial constraints, and the role of sociocultural factors.

One notable observation from our study was the considerable proportion of individuals (48.7%) who did not seek any help for their mental health issues. This finding aligns with previous research indicating a pervasive lack of awareness about mental health conditions in Bangladesh (Uddin et al., 2019). Despite this, among those aware of mental health conditions, a positive attitude towards seeking professional help was observed, suggesting that efforts to raise awareness could potentially improve help-seeking behaviour.

Moreover, our results revealed a preference for non-professional support over professional assistance, with a majority of individuals turning to friends/relatives or family members. This reliance on informal sources before seeking professional help resonates with previous studies emphasizing indirect pathways to psychiatric care in Bangladesh (N. Giasuddin et al., 2010). It also mirrors findings from research on health-seeking behaviour for other health issues, such as physical violence and serious health conditions like stroke, indicating a broader trend of seeking non-professional help for various health concerns (Alam, 2023; Parvin et al., 2016).

Gender disparities emerged as a significant theme in our study, with distinct differences noted in the barriers faced by males and females. Females were more likely to seek non-professional support, possibly reflecting their reliance on social support networks and cultural norms that encourage seeking help from close contacts (Gulliver et al., 2010). Conversely, males were disproportionately affected by stigma and financial constraints, which hindered their access to professional assistance (Alam, 2023; Gagné et al., 2014).

Sociocultural factors, such as gender roles and marital status, also played a pivotal role in shaping help-seeking behaviour. Research indicates that women in Bangladesh often require guardians' permission to access healthcare, reflecting the influence of gender norms on health-seeking practices (Rasul et al., 2022). Additionally, the perceived availability of social support among married or widowed individuals may encourage them to seek professional help, highlighting the importance of supportive relationships in facilitating help-seeking behaviour (Wendt & Shafer, 2016).

The findings from our study resonate with global evidence highlighting the complex interplay of individual, social, and structural factors in shaping mental health help-seeking behaviour. While females may face fewer stigmas around acknowledging mental health issues, structural barriers such as the availability and affordability of services pose significant challenges (Haavik et al., 2019). Addressing

these barriers requires a multifaceted approach that involves raising awareness, reducing stigma, and improving access to gender-sensitive mental health services.

In conclusion, the study provides valuable insights into gender differences in mental health help-seeking behaviour in Bangladesh. By understanding the intricate interplay of sociocultural, economic, and individual factors influencing help-seeking behaviour, policymakers and healthcare providers can develop more inclusive and accessible mental health services that cater to the diverse needs of the population.

Limitations

This study has several limitations to note. First, the cross-sectional design limited our ability to assess causal relationships between demographic factors and help-seeking behaviours. Second, our online recruitment strategy may have biased the sample towards literate, tech-savvy social media users, limiting generalisability. Third, self-reported data could be subject to recall errors or social desirability biases. In-person interviews could facilitate more accurate reporting in future studies.

Fourth, while we found no evidence of multicollinearity among predictors, there may be unmeasured confounding variables that influence help-seeking, like mental health knowledge, stigma, social support, or symptom severity. Finally, while the study focused on gender differences in mental health help-seeking behaviours, other relevant factors such as cultural beliefs, and geographic location were not gencomprehensively explored. Future research endeavours should address these limitations to provide a more comprehensive understanding of mental health service utilisation and inform targeted interventions to promote equitable access to care.

Despite these limitations, this study contributes valuable insights into the challenges and disparities faced by individuals seeking help for mental health issues in Bangladesh.

Conclusion

This study clearly illustrates gender disparities in seeking professional help for mental health and calls for concerted efforts to bridge the gap between genders in service utilisation. It also advocates for gender-sensitive and culturally responsive approaches to promote mental well-being in Bangladesh. Further research is warranted to delve deeper into the intersectionality of gender with other socio-cultural factors, laying the foundation for more equitable and accessible mental health care systems.

Conflict of interest

The authors declare no conflict of interest. No financial or personal relationships were present that could potentially introduce bias. The study was conducted independently, without any competing interests.

Funding

This study was conducted without the support of any external funding sources.

Acknowledgment

We acknowledge Dr. Nasima Akhter from Teesside University, London, England, for her valuable suggestions and feedback on the study. Her input significantly enhanced the presentation of the findings and evidence in the manuscript.

Reference

Alam. (2021). *National Mental Health Survey 2019*. National Institute of Mental Health. http://nimh.gov.bd/wp-content/uploads/2021/11/Mental-Health-Survey-Report.pdf

Alam, S. (2023). British-Bangladeshi Muslim men: Removing barriers to mental health support and effectively supporting our community. *The Cognitive Behaviour Therapist*, *16*, e38. https://doi.org/10.1017/S1754470X2300034X

Albert, P. R. (2015). Why is depression more prevalent in women? *Journal of Psychiatry & Neuroscience : JPN*, *40*(4), Article 4. https://doi.org/10.1503/jpn.150205

Bangladesh Quarterly Labour Force Survey 2022: Provisional Report - Bangladesh | ReliefWeb. (2023, April 11). https://reliefweb.int/report/bangladesh/bangladesh-quarterly-labour-force-survey-2022-provisional-report

Baxter, A. J., Scott, K. M., Vos, T., & Whiteford, H. A. (2013). Global prevalence of anxiety disorders: A systematic review and meta-regression. *Psychological Medicine*, *43*(5), 897–910. https://doi.org/10.1017/S003329171200147X

Common mental disorders. (2017, October 10). https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/adults-experiencing-common-mental-disorders/latest/

Dutta, G. K., Sarker, B. K., Ahmed, H. U., Bhattacharyya, D. S., Rahman, M., Majumder, R., & Biswas, T. K. (2022). Mental healthcare-seeking behavior during the perinatal period among women in rural Bangladesh. *BMC Health Services Research*, *22*(1), 1–9.

Faisal, A., & Tofayel, A. (2014). *Influence of the Socio-cultural Factors in Health-Seeking Behaviour of Women during Pregnancy in Rural Bangladesh*. *4*(1), 1–11.

Faruk, Md. O., & Rosenbaum, S. (2023). Mental illness stigma among indigenous communities in Bangladesh: A cross-sectional study. *BMC Psychology*, *11*, 216. https://doi.org/10.1186/s40359-023-01257-5

Gagné, S., Vasiliadis, H.-M., & Préville, M. (2014). Gender differences in general and specialty outpatient mental health service use for depression. *BMC Psychiatry*, *14*, 1–11.

Giasuddin, N. A., Chowdhury, N. F., Hashimoto, N., Fujisawa, D., & Waheed, S. (2012). Pathways to psychiatric care in Bangladesh. *Social Psychiatry and Psychiatric Epidemiology*, *47*(1), 129–136. https://doi.org/10.1007/s00127-010-0315-y

Giasuddin, N., Chowdhury, N. F., Hashimoto, N., Fujisawa, D., & Waheed, S. (2010). Pathways to psychiatric care in Bangladesh. *Social Psychiatry and Psychiatric Epidemiology*, *47*, 129–136. https://doi.org/10.1007/s00127-010-0315-y

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, *10*(1), 113. https://doi.org/10.1186/1471-244X-10-113

Haavik, L., Joa, I., Hatloy, K., Stain, H. J., & Langeveld, J. (2019). Help seeking for mental health problems in an adolescent population: The effect of gender. *Journal of Mental Health*, *28*(5), 467–474. https://doi.org/10.1080/09638237.2017.1340630

Hasan, M. T., Anwar, T., Christopher, E., Hossain, S., Hossain, M. M., Koly, K. N., Saif-Ur-Rahman, K. M., Ahmed, H. U., Arman, N., & Hossain, S. W. (2021). The current state of mental healthcare in Bangladesh: Part 1–an updated country profile. *BJPsych International*, *18*(4), 78–82.

McLean, C. P., Asnaani, A., Litz, B. T., & Hofmann, S. G. (2011). Gender differences in anxiety disorders: Prevalence, course of illness, comorbidity and burden of illness. *Journal of Psychiatric Research*, *45*(8), 1027–1035. https://doi.org/10.1016/j.jpsychires.2011.03.006

Mohatt, N. V., Kreisel, C. J., Hoffberg, A. S., Mph, L. W., & Beehler, S. J. (2021). A Systematic Review of Factors Impacting Suicide Risk Among Rural Adults in the United States. *The Journal of Rural Health: Official Journal of the American Rural Health Association and the National Rural Health Care Association*, *37*(3), Article 3. https://doi.org/10.1111/jrh.12532

Muzaffar, R., Koly, K. N., Choudhury, S., Biswas, M. A. A. J., Kader, S. B., Abdullah, R., Kawser, U., Hasan, M. T., Williams, D., Chowdhury, A. B., & Ahmed, H. U. (2022). Generalized anxiety disorder among Bangladeshi university students during COVID-19 pandemic: Gender specific findings from a cross-sectional study. *Discover Mental Health*, *2*(1), Article 1. https://doi.org/10.1007/s44192-022-00005-2

National Institute of Mental Health (NIMH). (n.d.). *National Mental Health Survey in Bangladesh, 2018-19 Provisional Fact Sheet*.

Parvin, K., Sultana, N., & Naved, R. T. (2016). Disclosure and help seeking behavior of women exposed to physical spousal violence in Dhaka slums. *BMC Public Health*, *16*(1), 383. https://doi.org/10.1186/s12889-016-3060-7

Patel, V. (2007). Mental health in low- and middle-income countries. *British Medical Bulletin*, *81–82*(1), Article 1. https://doi.org/10.1093/bmb/ldm010

Rahman, M. M., Rahman, M. S., Uddin, A. N. M. M., Ferdousi, S. S., Nahar, N., & Parveen, S. S. (2017). Barriers to Access Reproductive Health Care Services by Urban Women. *Journal of Armed Forces Medical College, Bangladesh*, *13*(2), Article 2. https://doi.org/10.3329/jafmc.v13i2.41364

Raising awareness for women's mental health via Facebook. (2020, March 8). *Dhaka Tribune*. https://www.dhakatribune.com/bangladesh/dhaka/203297/raising-awareness-for-women-s-mental-health-via

Rasul, F. B., Sarker, M., Yasmin, F., & De Allegri, M. (2022). Exploring health-seeking behavior for non-communicable chronic conditions in northern Bangladesh. *PLOS Global Public Health*, *2*(6), e0000497.

Saiful Islam, M. D. G. (2020). *Prevalence and Factors Associated with Depression and Anxiety Among First-Year University Students in Bangladesh: A Cross-Sectional Study | International Journal of Mental Health and Addiction*. https://link.springer.com/article/10.1007/s11469-020-00242-y

Uddin, M. N., Bhar, S., & Islam, F. M. A. (2019). An assessment of awareness of mental health conditions and its association with socio-demographic characteristics: A cross-sectional study in a rural district in Bangladesh. *BMC Health Services Research*, *19*(1), 562. https://doi.org/10.1186/s12913-019-4385-6

Wendt, D., & Shafer, K. (2016). Gender and Attitudes about Mental Health Help Seeking: Results from National Data. *Health & Social Work*, *41*(1), e20–e28. https://doi.org/10.1093/hsw/hlv089

BMJ Open

Gender differences in Mental Health Help-Seeking Behaviour in Bangladesh: Findings from a Cross-Sectional online survey

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2024-091933.R1
Article Type:	Original research
Date Submitted by the Author:	14-Apr-2025
Complete List of Authors:	Al Azdi, Zunayed; LifeSpring Consultancy Limited, Research and Development Saif, Saiful Islam Saif; LifeSpring Consultancy Limited Ashraf Kushal, Sayedul ; LifeSpring Consultancy Limited Islam, Mohammad Tajul; North South University Maaz, Lubaba; LifeSpring Consultancy Limited Reza, Shusama; LifeSpring Consultancy Limited Yasmeen, Sharmeen; Bangladesh Medical College Chaklader, Mainul Alam; Bangladesh Medical College Amin, Yahia Md; LifeSpring Consultancy Limited
Primary Subject Heading:	Public health
Secondary Subject Heading:	Epidemiology, Sociology
Keywords:	Attitude, Behavior, MENTAL HEALTH, PSYCHIATRY, PUBLIC HEALTH

I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our licence.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which Creative Commons licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

Gender differences in Mental Health Help-Seeking Behaviour in Bangladesh: Findings from a Cross-Sectional online survey

Abstract

Background: Mental health disparities persist as a pressing public health concern globally. Gender disparities in mental health are evident, with women disproportionately affected by conditions such as depression and anxiety. Despite the apparent need, studies from Bangladesh indicate that women are less likely to seek mental health care compared to men. **Objective:** This study aims to investigate gender differences in mental health help-seeking behaviour in Bangladesh. **Methodology:** A cross-sectional online survey was conducted from October 15 to 30, 2021, targeting individuals with perceived mental health problems through the Facebook page of LifeSpring, a mental health and wellbeing organisation based in Bangladesh. Data (n=3,031; women: 2140, Men: 891) were collected using the JotForm online survey tool and analysed using descriptive statistics, bivariate analyses, and multinomial logistic regression. **Results:** The majority of participants were female (70.6%), aged between 18 and 34 years (87.3%), and from urban areas (85.4%). Overall, 28.4% received non-professional help, with females at 30.9% and males at 22.3%. Additionally, 22.9% received help from professionals, with females at 20.8% and males at 28.1%. Notable disparities were observed in mental health help-seeking behaviour between genders. While females exhibit higher odds of seeking non-professional support (OR: 1.49, 95% CI: 1.21-1.84, p-value: <0.001), they have lower odds of obtaining professional assistance compared to males (OR: 0.70, 95% CI: 0.56-0.86, p-value: 0.001). Factors such as stigma, financial constraints, and marital status significantly influenced help-seeking behaviours. **Conclusion:** This study contributes to our understanding of gender disparities in mental health care utilisation in Bangladesh, highlighting the need for gender-sensitive approaches in mental health care service delivery.

Keywords: Mental health, help-seeking, gender, online survey, Bangladesh

Strengths and limitations of this study:

- This is one of the largest online surveys in Bangladesh examining gender differences in mental health help-seeking behaviour using a structured and statistically rigorous design.
- The study employed multinomial logistic regression to explore both professional and non-professional help-seeking pathways, offering a nuanced understanding rarely captured in previous studies.
- Recruitment via a social media platform allowed rapid, safe, and cost-effective data collection during the COVID-19 pandemic, reaching a broad urban population.
- The analysis provided gender-disaggregated data on self-reported barriers to help-seeking—an area with limited prior evidence from South Asia.
- However, the convenience sampling and online format may have excluded individuals with limited internet access or digital literacy, potentially introducing selection bias.

Introduction

Mental health is a significant public health concern globally, with an estimated 16.8% of Bangladesh's 162 million inhabitants grappling with mental health problems [1]. Strikingly, evidence suggests that these challenges are not uniformly distributed across the population, with notable variations observed in different demographic variables, including gender [2].

Globally and within the context of Bangladesh, gender disparities in mental health issues and access to treatment needs are a silent issue, demanding focused attention. Studies consistently show a higher prevalence of depression among women, more than double that of men, both internationally and in the local context [3,4]. Similarly, anxiety rates among women in Bangladesh are marginally higher than the global average [5–8].

Notably, the National Mental Health Survey of 2019 underscores a distinctive gender-based distribution of mental health disorders in Bangladesh. Women in the country are disproportionately affected, with a prevalence of mental health issues reaching 21.5%, compared to 15.7% in men [5]. This disparity extends across various mental health conditions, with women being twice as likely as men to experience common mental disorders such as depression and anxiety [9–12].

Several factors contribute to the gender disparities observed in mental health outcomes in Bangladesh. An evident employment gap between the sexes, particularly pronounced in rural areas, further compounds the challenges faced by women [13]. In rural contexts, where discrimination against females is prevalent, accessing mental health services becomes a formidable task due to societal stigmatisation and concerns about privacy [14].

Despite the apparent need, studies highlight that women in Bangladesh are less likely to seek mental health care than men [15]. This disparity is largely attributed to a complex interplay of socio-cultural and economic factors, including social stigma, traditional beliefs, gender norms, religious taboos, financial constraints, limited access to resources, mobility restrictions, and the need for permission from male family members [16–18] Even among those affected, a mere 11.6% of women sought mental healthcare compared to 12.4% of men according to the national mental health survey [5]. Stigma further compounds the issue, with women reporting more mental health-related stigma than their male counterparts [19]. This situation is exacerbated by a lack of awareness regarding where and when to seek mental health care, particularly among vulnerable groups like women with mental health conditions [10,11].

Against this backdrop, this study seeks to enhance understanding of gender differences in mental health help-seeking behaviours in Bangladesh. By examining these disparities, it aims to identify the barriers that hinder care utilisation and to inform the development of tailored interventions that address the unique needs of underserved populations and promote equitable access to mental health services.

To guide this analysis, the study addresses the following research questions:

1. What are the gender differences in professional and non-professional mental health help-seeking behaviours among individuals in Bangladesh reporting mental health concerns?
2. What socio-demographic factors are associated with these help-seeking behaviours?
3. What are the gender-specific barriers to mental health help-seeking?

By answering these questions, the study intends to support gender-responsive mental health strategies and contribute to evidence-based service planning in low-resource settings like Bangladesh.

Methodology

Study Design and Study Population:

A cross-sectional online survey was conducted from October 15 to 30, 2021, to investigate the health-seeking behaviours of individuals with a history of perceived mental health problems in Bangladesh. According to the World Health Organization (WHO) Bangladesh COVID-19 Situation Report published on November 1, 2021, the country was experiencing a decline in COVID-19 cases at this time. However, given the constraints imposed by the COVID-19 pandemic, logistical challenges, and budget considerations, an online approach was adopted to safely reach a diverse national sample. The study targeted the general population in Bangladesh with internet access.

Sampling Method:

We employed a convenience sampling strategy to recruit study subjects, leveraging the extensive reach of LifeSpring's Facebook page, connecting with over one million Bangladeshis. To promote engagement, a short video was shared on the page explaining the study objectives and encouraging participation. Out of 64,666 video views, 7,763 (12.00%) individuals accessed the online survey.

Upon accessing the survey, participants were required to complete a screening section to determine eligibility. They were asked four yes/no questions: (1) whether they wished to participate after reading the study information, (2) whether they had ever experienced mental health problems (either diagnosed or self-perceived), (3) whether they were Bangladeshi citizens, and (4) whether they were aged 18 years or older. Only those who responded “Yes” to all four questions were allowed to proceed to the main survey.

Data Collection:

Data were collected using the JotForm online survey tool after initial screening based on inclusion criteria. The survey, open from October 15 to October 30, 2021, covered screening for enrollment criteria, demographics, mental health help-seeking behaviours, and personal experiences. Of the 7,763 who accessed the online survey, 3,031 (39.04%) individuals completed the questionnaire. The survey included optional entry into a lottery through which five participants were randomly selected to receive free consultation sessions with a mental health professional from the organisation.

Survey Tool:

The survey instrument consisted of approximately 50 structured questions, including both fixed-choice and branching questions. Items covered demographics, history of mental health issues, patterns of professional and non-professional help-seeking, perceived barriers and facilitators to care, and opinions on the mental health system in Bangladesh. The questionnaire was developed based on prior studies and expert consultation, with items adapted to the cultural and health system context. The tool was pilot-tested with 15 participants to ensure clarity and usability. The estimated time to complete the survey was 5-7 minutes. Upon completion, participants were provided with brief information about available mental health resources for further support. The full questionnaire is included as a supplementary file.

Data Analysis:

As most survey questions were marked as mandatory in the online platform, and participants could not submit incomplete responses, the dataset used for analysis had no missing values for the key variables. Participants retained the option to exit the survey at any point before submission. Two responses were excluded from the analysis as the participants did not disclose their gender, which was essential for gender-based comparisons. For analysis, descriptive statistics, such as frequencies, proportions, means, and standard deviations, were used to describe the demographic characteristics of study subjects and their help-seeking behaviours. Bivariate analyses were conducted to outline the gender differences in demographic characteristics and to assess the association of demographic characteristics with help-seeking behaviours, using the Chi-square test, while the z-test assessed differences in reasons for not seeking help. The dependent variable, help-seeking behaviour, was categorised into three levels: 1) no help received (coded as 0, the comparison group; n=1,476); 2) help from non-professionals (coded as 1; n=860); and 3) help received from professionals (coded as 2; n=695). Multinomial logistic regression was employed to examine the relationship between help-seeking behaviour and gender, after controlling for demographic variables associated with gender (p-value <0.05) in bivariate analyses, and checking multicollinearity. All tests were two-sided, and a p-value of <0.05 was deemed statistically significant. Analyses were performed using SPSS version 26 and Stata version 13.

Ethical Considerations:

The study received ethical approval (Reference number: PHFBD-ERC-SF10/2021) from the Public Health Foundation, Bangladesh (PHF, BD) which is a non-governmental, non-profit public health research and advocacy organisation. It operates an independent Institutional Review Board (IRB) that provides ethical review and approval for health-related research projects in Bangladesh. The PHF, BD IRB is particularly engaged in reviewing operational, implementation, and social science research involving human participants.

Before enrollment, participants were provided with a consent form outlining the survey objectives, emphasizing the voluntary nature of participation, and informing them of their right to decline involvement. Only those affirming comprehension and willingness to participate proceeded. No identifiable information was collected, except for those entering the optional post-survey lottery (n=1594), who provided phone numbers for contact if selected.

Patient and Public Involvement:

Although patients and the public were not formally involved in the study design or conduct, informal consultations within the research team and feedback from pilot participants were incorporated to refine the survey tools and improve their clarity and accessibility.

Results:

The study included 3,031 participants who completed the online survey, of which 2,140 (70.6%) were females and 891 (29.4%) were males (Table 1). The mean age was 27 years (SD 6.8), with most participants between 18-34 years old (87.3%). The majority resided in urban areas (85.4%) and held a graduate degree or above (78.9%). About one-third (32.6%) reported monthly family incomes exceeding 50,000 TK (approximately 455 USD), considered relatively high in the Bangladeshi context and may be broadly classified as higher socioeconomic status (SES), given that the national average monthly

household income is considerably lower [20]. Just under half (45.5%) were married. In terms of occupation, 49.3% were students, while 16.8% were homemakers, 20.3% had jobs, 3.4% ran businesses, and 10.3% specified other occupations.

Table 1. Gender differences in socio-demographic factors and help-seeking behaviours

Characteristics	Total (N=3,031) n (%)	Female (N=2,140) n (%)	Male (N=891) n (%)	p-value
Area of residence:				
Urban	2,589 (85.4)	1,853 (86.6)	736 (82.6)	0.005
Rural	442 (14.6)	287 (13.4)	155 (17.4)	
Age (years):				
18-24	1293 (42.7%)	892 (41.7%)	401 (45.0%)	0.147
25-34	1351 (44.6%)	978 (45.7%)	373 (41.9%)	
≥35	387 (12.8%)	270 (12.6%)	117 (13.1%)	
Mean (SD)	27.0 (6.8)	27.0 (6.5)	27.0 (7.5)	
Education:				
Primary & Secondary	90 (4.2%)	55(6.2%)	145 (4.8%)	<0.001
Higher Secondary	310 (14.5%)	185 (20.8%)	495 (16.3%)	
Graduate and above	1740 (81.3%)	651 (73.1%)	2391 (78.9%)	
Monthly income (Bangladeshi TK.):				
Up to 10,000	139 (6.5%)	96 (10.8%)	235 (7.8%)	<0.001
10,001-20,000	231 (10.8%)	183 (20.5%)	414 (13.7%)	
20,001-30,000	420 (19.6%)	187 (21.0%)	607 (20.0%)	
30,001-50,000	584 (27.3%)	204 (22.9%)	788 (26.0%)	
>50,000	766 (35.8%)	221 (24.8%)	987 (32.6%)	
Marital status:				
Unmarried	1038 (48.5%)	613 (68.8%)	1651 (54.5%)	<0.001
Married & others	1102 (51.5%)	278 (31.2%)	1380 (45.5%)	
Occupation:				
Student	1015 (47.4%)	478 (53.6%)	1493 (49.3%)	<0.001
Home maker	508 (23.7%)	1 (0.1%)	509 (16.8%)	
Doing hobs	359 (16.8%)	256 (28.7%)	615 (20.3%)	
Business	41 (1.9%)	62 (7%)	103 (3.4%)	
Others	217 (10.1%)	94 (10.5%)	311 (10.3%)	
Help-seeking behaviour:				
Did not seek help	1,476 (48.7)	1034 (48.3)	442 (49.6)	<0.001
Received help from non-professionals	860 (28.4)	661 (30.9)	199 (22.3)	
Received help from professionals	695 (22.9)	445 (20.8)	250 (28.1)	

Overall, 48.7% did not seek any help for mental health problems. Among those who did, 28.4% received assistance from non-professionals only, while 22.9% obtained help from professionals. For the latter group, about 26% saw medical doctors and 74% consulted psychiatrists or psychologists. Non-professional support predominantly came from friends/relatives (57%) or family members (34.2%), with smaller proportions accessing religious healers (3.5%), homeopaths (1.6%), traditional healers (1.2%), or other contacts (2.6%) (Table 2).

Table 2. Mental health help-seeking behaviour

Help-seeking behaviour	Frequency	Percentage
Received help from (n=3,031):		
Did not receive any help	1,476	48.7
Non-professionals	860	28.4
Professionals	695	22.9
Received professional help from (n=695):		
Doctors	183	26.3
Psychiatrists or psychologists	512	73.7
Received nonprofessional help from (n=860):		
Friends/relatives	490	57.0
Family member	294	34.2
Religious healer	30	3.5
Homeopathic doctor	14	1.6
Kabiraj (traditional healer)	10	1.2
Others	22	2.6

Examining barriers among those not seeking help (n=1,476) (Table 3), lack of accompaniment deterred more females (44.3%) than males (26.2%) (p<0.001). However, stigma impeded significantly more males (47.7%) versus females (40.3%) (p=0.005). Also, financial constraints affected relatively more males (38.5%) than females (32.1%) (p=0.011). Furthermore, more males (26.9%) did not find it necessary to seek help than females (20.0%) when suffered from mental health problems (p=0.002).

Table 3. Reasons for not seeking help for mental health problems (multiple response)

Reasons	Total (N=1476) n (%)	Female (N=1034) n (%)	Male (N=442) n (%)	p-value
Did not feel the need	326 (22.1)	207 (20)	119 (26.9)	0.002
Did not know where to seek	418 (28.3)	281 (27.2)	137 (31)	0.077
Due to financial issues	502 (34)	332 (32.1)	170 (38.5)	0.011
None was to accompany	574 (38.9)	458 (44.3)	116 (26.2)	0.000
Stigma (fear and shyness)	628 (42.5)	417 (40.3)	211 (47.7)	0.005
Resolved naturally	158 (10.7)	107 (10.3)	51 (11.5)	0.277

Females had higher adjusted odds of seeking non-professional support versus not seeking help (aOR 1.49; 95% CI 1.21-1.84; p<0.001) yet lower adjusted odds of obtaining professional assistance relative to males

(aOR 0.70; 95% CI 0.56-0.86; p=0.001), after controlling for income, education, marital status, and occupation (Table 4). Also, relative to those earning over 50,000 TK monthly, participants with incomes between 30,000-50,000 TK had 0.78 times lower adjusted odds (95% CI 0.61-0.99; p=0.039) of seeking professional mental health services. Additionally, unmarried participants had 0.66 times lower adjusted odds than married/widowed individuals (95% CI 0.51-0.85; p=0.001) of obtaining help from professionals. Unadjusted odds ratios from the bivariate analysis are presented in Supplementary Table 1 for reference.

Table 4: Gender differences in mental health help-seeking behaviour: Multinomial logistic regression analysis (aOR: Adjusted odds ratio; CI: Confidence interval; Ref.: Reference category)

Variables	Received help from non-professionals[1]		Received help from professionals[1]	
	aOR (95% CI)	p-value	aOR (95% CI)	p-value
Gender:				
Female	1.49 (1.21-1.84)	**0.000**	0.70 (0.56-0.86)	**0.001**
Male	Ref.		Ref.	
Area of residence:				
Urban	1.24 (0.97-1.58)	0.090	1.04 (0.81-1.35)	0.755
Rural	Ref.		Ref.	
Monthly family income (Tk.):				
<10,000	1.59 (1.14-2.23)	**0.007**	0.90 (0.62-1.32)	0.603
10,000-20,000	1.15 (0.87-1.52)	0.329	0.82 (0.61-1.10)	0.190
20,000-30,000	1.05 (0.82-1.34)	0.701	0.79 (0.61-1.02)	0.069
30,000-50,000	1.14 (0.91-1.43)	0.239	0.78 (0.61-0.99)	**0.039**
>50,000	Ref.			
Education:				
Primary & Secondary	0.87 (0.57-1.34)	0.532	1.37 (0.91-2.06)	0.129
Higher Secondary	0.99 (0.79-1.26)	0.955	0.91 (0.69-1.19)	0.477
Graduate & above	Ref.			
Marital status:				
Unmarried	0.95 (0.74-1.20)	0.656	0.66 (0.51-0.85)	**0.001**
Married or widowed	Ref.			
Occupation:				
Student	1.20 (0.88-1.63)	0.252	0.87 (0.63-1.20)	0.400
Homemaker	0.95 (0.65-1.37)	0.764	0.82 (0.57-1.20)	0.309
Doing a job	1.02 (0.72-1.44)	0.909	0.94 (0.67-1.32)	0.731
Business	1.25 (0.72-2.16)	0.427	0.77 (0.44-1.36)	0.373
Others	Ref.			
Intercept		0.000		0.762

[1]The reference category is: did not receive help.

Discussion

The present study investigates the gender differences in mental health help-seeking behaviour within the context of Bangladesh, shedding light on various facets influencing individuals' choices regarding seeking assistance for mental health problems. Our findings underscored several significant trends in help-seeking behaviour, including the prevalence of non-professional support, the impact of stigma and financial constraints, and the role of sociocultural factors.

One notable observation from our study was the considerable proportion of individuals (48.7%) who did not seek any help for their mental health issues. This finding aligns with previous research indicating a pervasive lack of awareness about mental health conditions in Bangladesh [21]. Despite this, among those aware of mental health conditions, a positive attitude towards seeking professional help was observed, suggesting that efforts to raise awareness could potentially improve help-seeking behaviour.

Moreover, our results revealed a preference for non-professional support over professional assistance, with a majority of individuals turning to friends/relatives or family members. The high reliance on informal sources of support aligns with findings from earlier studies in Bangladesh, which have highlighted the widespread use of non-professional care for mental health concerns [22]. It also mirrors findings from research on health-seeking behaviour for other health issues, such as physical violence and serious health conditions like stroke, indicating a broader trend of seeking non-professional help for various health concerns [23,24].

Gender disparities emerged as a significant theme in our study, with distinct differences noted in the barriers faced by males and females. Females were more likely to seek non-professional support, possibly reflecting their reliance on social support networks and cultural norms that encourage seeking help from close contacts [25]. Conversely, males were disproportionately affected by stigma and financial constraints, which hindered their access to professional assistance [23,26].

Sociocultural factors, such as gender roles and marital status, also played a pivotal role in shaping help-seeking behaviour. Research indicates that women in Bangladesh often require guardians' permission to access healthcare, reflecting the influence of gender norms on health-seeking practices [27]. Additionally, the perceived availability of social support among married or widowed individuals may encourage them to seek professional help, highlighting the importance of supportive relationships in facilitating help-seeking behaviour [28].

The COVID-19 pandemic has further exposed the fragility of mental health service delivery in Bangladesh, exacerbating existing barriers to care. Studies reported alarmingly high rates of anxiety (87%) and depression (64%) during the pandemic, especially among women, who faced increased burdens as caregivers and health workers [29]. Women's mental health was additionally affected by economic insecurity, isolation, and increased risks of abuse and workplace vulnerabilities in patriarchal households [30]. The pandemic underscored the inadequacy of centralised services and the urgent need for decentralised, community-based mental health interventions [31]. Moreover, financial constraints and urban service disparities further restricted access, particularly for economically disadvantaged women [32]. These recent developments highlight the importance of reforming mental health systems to be more gender-responsive, accessible, and resilient to future shocks.

In interpreting these findings, it is important to consider the broader context of mental health service provision in Bangladesh. While our study defined "professional help" primarily as care provided by

psychiatrists and psychologists, other mental health professionals such as counsellors and therapists also operate in limited capacities [4]. However, the availability of these services is heavily skewed toward urban areas, with only around 260 psychiatrists and 565 psychologists nationwide. Psychosocial interventions are largely restricted to tertiary hospitals, and integration into primary care remains limited despite efforts like mhGAP training [33]. Public facilities often face resource constraints, and while government hospitals do offer some outpatient psychiatric services, these are not fully subsidised, leading to out-of-pocket costs for patients. As a result, comprehensive, publicly funded mental health care remains limited and largely inaccessible to many, especially in rural areas. Mental health receives only 0.44% of the national health budget, with most funds directed to psychiatric hospitals [34]. These systemic gaps help contextualize the low use of professional services and the gender disparities observed in our study, underscoring the need to expand affordable, community-based, and gender-sensitive mental health care.

The findings from our study resonate with global evidence highlighting the complex interplay of individual, social, and structural factors in shaping mental health help-seeking behaviour. While females may face fewer stigmas around acknowledging mental health issues, structural barriers such as the availability and affordability of services pose significant challenges [35]. In the Bangladeshi context, women often require the explicit or implicit permission of a male guardian - typically a father, husband, or brother - to seek health care, including for mental health concerns [27,36–38]. This gendered dependence can delay or entirely prevent timely help-seeking, especially in households where mental health is poorly understood or stigmatized [16,39]. Addressing this challenge requires a culturally tailored, multi-level approach. Community-based mental health literacy programs should target not only women, but also male family members, to build shared understanding and support for care-seeking [40]. Integrating mental health awareness into school curricula and local government outreach can also help shift societal norms. Policy efforts should include safeguards to ensure women and adolescent girls can access services confidentially and without needing third-party permission, particularly in public and school-based health systems [41]. These strategies are essential for removing structural gatekeeping and enabling women to exercise autonomy over their mental health decisions.

In recent years, several public and non-governmental initiatives have emerged to promote mental health awareness and help-seeking in Bangladesh. The National Mental Health Strategic Plan (2020–2030) outlines goals to decentralise services, reduce stigma, and integrate mental health into primary care. NGOs and private organisations have also launched mental health hotlines, online counselling services, and awareness campaigns through social media platforms [42]. Universities and youth-focused organisations have started peer support initiatives and campus-based mental health programmes, although their coverage remains limited [43,44]. These efforts reflect growing recognition of the need to normalise mental health conversations and expand accessible care pathways.

In conclusion, the study provides valuable insights into gender differences in mental health help-seeking behaviour in Bangladesh. By understanding the intricate interplay of sociocultural, economic, and individual factors influencing help-seeking behaviour, policymakers and healthcare providers can develop more inclusive and accessible mental health services that cater to the diverse needs of the population.

Limitations

This study has several limitations to note. First, the cross-sectional design limited our ability to assess causal relationships between demographic factors and help-seeking behaviours. Second, our online recruitment strategy may have biased the sample towards literate, tech-savvy social media users, limiting generalisability. Additionally, the offer of an optional post-survey lottery for free consultations may have introduced self-selection bias, potentially attracting individuals with unmet mental health needs who were motivated by the chance to receive care. Third, self-reported data could be subject to recall errors or social desirability biases. In-person interviews could facilitate more accurate reporting in future studies.

Fourth, while we found no evidence of multicollinearity among predictors, there may be unmeasured confounding variables that influence help-seeking, like mental health knowledge, stigma, social support, or symptom severity.

Additionally, the inclusion criteria required participants to self-identify as having experienced mental health problems and be willing to complete an online survey. This may have biased the sample toward individuals who were more open or comfortable discussing mental health concerns, potentially underrepresenting those with more severe conditions or higher levels of stigma.

Finally, while the study focused on gender differences in mental health help-seeking behaviours, other relevant factors such as cultural beliefs, and geographic location were not comprehensively explored. Future research endeavours should address these limitations to provide a more comprehensive understanding of mental health service utilisation and inform targeted interventions to promote equitable access to care.

We also acknowledge that while technical safeguards such as IP restrictions and CAPTCHA were applied to limit duplicate or automated responses, the possibility of residual bias due to undetected entries cannot be entirely ruled out.

Despite these limitations, this study contributes valuable insights into the challenges and disparities faced by individuals seeking help for mental health issues in Bangladesh.

Conclusion

This study clearly illustrates gender disparities in seeking professional help for mental health and calls for concerted efforts to bridge the gap between genders in service utilisation. It also advocates for gender-sensitive and culturally responsive approaches to promote mental well-being in Bangladesh. Further research is warranted to delve deeper into the intersectionality of gender with other socio-cultural factors, laying the foundation for more equitable and accessible mental health care systems.

Conflict of interest

Some of the authors are affiliated with the organisation from which this research was conducted. However, the study was designed, implemented, and analysed independently of the organisation's service delivery functions. No services were promoted during recruitment or data collection, and participant responses were anonymised to prevent bias. The research was conducted in accordance with ethical standards, and safeguards were in place to ensure the objectivity and integrity of the findings. The authors declare that there are no financial or personal relationships that could have influenced the outcomes of this study.

Funding

This study was conducted without the support of any external funding sources.

Acknowledgment

We acknowledge Dr. Nasima Akhter from Teesside University, London, England, for her valuable suggestions and feedback on the study. Her input significantly enhanced the presentation of the findings and evidence in the manuscript.

Author contributor statement

Zunayed Al Azdi conceptualised the study and led the design and coordination. Mr. Saif and Dr. Kushal contributed to the development of the survey tool and data collection. Mr. Azdi and Dr. Islam conducted the data analysis and supported the interpretation of the results. All authors contributed to drafting the manuscript, critically reviewed its content, and approved the final version for submission. Zunayed Al Azdi is the guarantor of this work and accepts full responsibility for the conduct of the study, the integrity of the data, and the accuracy of the data analysis.

Reference

[1] National Institute of Mental Health (NIMH). National Mental Health Survey in Bangladesh, 2018-19 Provisional Fact Sheet n.d.

[2] Patel V. Mental health in low- and middle-income countries. Br Med Bull 2007;81–82:81–96. https://doi.org/10.1093/bmb/ldm010.

[3] Albert PR. Why is depression more prevalent in women? J Psychiatry Neurosci JPN 2015;40:219–21. https://doi.org/10.1503/jpn.150205.

[4] Hasan MT, Anwar T, Christopher E, Hossain S, Hossain MM, Koly KN, et al. The current state of mental healthcare in Bangladesh: part 1–an updated country profile. BJPsych Int 2021;18:78–82.

[5] National Mental Health Survey 2019. Bangladesh: National Institute of Mental Health; 2021.

[6] Baxter AJ, Scott KM, Vos T, Whiteford HA. Global prevalence of anxiety disorders: a systematic review and meta-regression. Psychol Med 2013;43:897–910. https://doi.org/10.1017/S003329171200147X.

[7] McLean CP, Asnaani A, Litz BT, Hofmann SG. Gender differences in anxiety disorders: Prevalence, course of illness, comorbidity and burden of illness. J Psychiatr Res 2011;45:1027–35. https://doi.org/10.1016/j.jpsychires.2011.03.006.

[8] Muzaffar R, Koly KN, Choudhury S, Biswas MAAJ, Kader SB, Abdullah R, et al. Generalized anxiety disorder among Bangladeshi university students during COVID-19 pandemic: gender specific findings from a cross-sectional study. Discov Ment Health 2022;2:3. https://doi.org/10.1007/s44192-022-00005-2.

[9] Niolu C, Bianciardi E, Siracusano A. Gender Inequality and Women Mental Health: Where Do We Stand? In: Fiorillo A, De Giorgi S, editors. Soc. Determinants Ment. Health, Cham: Springer Nature Switzerland; 2024, p. 101–11. https://doi.org/10.1007/978-3-031-70165-8_7.

[10] Srivastava K, Gawarle NS. Breaking the silence: A look into women's mental health in India. J Fam Med Prim Care 2024;13:5436–7.

[11] Datta A. Assessing the effects of long-COVID on mental health in the United States: a population based study. Discov Ment Health 2025;5:23.

[12] Islam S, Akter R, Sikder T, Griffiths MD. Prevalence and Factors Associated with Depression and Anxiety Among First-Year University Students in Bangladesh: A Cross-Sectional Study. Int J Ment Health Addict 2020. https://doi.org/10.1007/s11469-020-00242-y.

[13] Bangladesh Quarterly Labour Force Survey 2022: Provisional Report - Bangladesh | ReliefWeb 2023. https://reliefweb.int/report/bangladesh/bangladesh-quarterly-labour-force-survey-2022-provisional-report (accessed July 10, 2023).

[14] Mohatt NV, Kreisel CJ, Hoffberg AS, Mph LW, Beehler SJ. A Systematic Review of Factors Impacting Suicide Risk Among Rural Adults in the United States. J Rural Health Off J Am Rural Health Assoc Natl Rural Health Care Assoc 2021;37:565–75. https://doi.org/10.1111/jrh.12532.

[15] Giasuddin NA, Chowdhury NF, Hashimoto N, Fujisawa D, Waheed S. Pathways to psychiatric care in Bangladesh. Soc Psychiatry Psychiatr Epidemiol 2012;47:129–36. https://doi.org/10.1007/s00127-010-0315-y.

[16] Dutta GK, Sarker BK, Ahmed HU, Bhattacharyya DS, Rahman M, Majumder R, et al. Mental healthcare-seeking behavior during the perinatal period among women in rural Bangladesh. BMC Health Serv Res 2022;22:1–9.

[17] Faisal A, Tofayel A. Influence of the Socio-cultural Factors in Health-Seeking Behaviour of Women during Pregnancy in Rural Bangladesh 2014;4:1–11.

[18] Rahman MM, Rahman MS, Uddin ANMM, Ferdousi SS, Nahar N, Parveen SS. Barriers to Access Reproductive Health Care Services by Urban Women. J Armed Forces Med Coll Bangladesh 2017;13:7–10. https://doi.org/10.3329/jafmc.v13i2.41364.

[19] Faruk MdO, Rosenbaum S. Mental illness stigma among indigenous communities in Bangladesh: a cross-sectional study. BMC Psychol 2023;11:216. https://doi.org/10.1186/s40359-023-01257-5.

[20] Bangladesh Bureau of Statistics. Household income and expenditure survey: HIES 2022. No Title n.d.
[21] Uddin MN, Bhar S, Islam FMA. An assessment of awareness of mental health conditions and its association with socio-demographic characteristics: a cross-sectional study in a rural district in Bangladesh. BMC Health Serv Res 2019;19:562. https://doi.org/10.1186/s12913-019-4385-6.
[22] Giasuddin N, Chowdhury NF, Hashimoto N, Fujisawa D, Waheed S. Pathways to psychiatric care in Bangladesh. Soc Psychiatry Psychiatr Epidemiol 2010;47:129–36. https://doi.org/10.1007/s00127-010-0315-y.
[23] Alam S. British-Bangladeshi Muslim men: removing barriers to mental health support and effectively supporting our community. Cogn Behav Ther 2023;16:e38. https://doi.org/10.1017/S1754470X2300034X.
[24] Parvin K, Sultana N, Naved RT. Disclosure and help seeking behavior of women exposed to physical spousal violence in Dhaka slums. BMC Public Health 2016;16:383. https://doi.org/10.1186/s12889-016-3060-7.
[25] Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. BMC Psychiatry 2010;10:113. https://doi.org/10.1186/1471-244X-10-113.
[26] Gagné S, Vasiliadis H-M, Préville M. Gender differences in general and specialty outpatient mental health service use for depression. BMC Psychiatry 2014;14:1–11.
[27] Rasul FB, Sarker M, Yasmin F, De Allegri M. Exploring health-seeking behavior for non-communicable chronic conditions in northern Bangladesh. PLOS Glob Public Health 2022;2:e0000497.
[28] Wendt D, Shafer K. Gender and Attitudes about Mental Health Help Seeking: Results from National Data. Health Soc Work 2016;41:e20–8. https://doi.org/10.1093/hsw/hlv089.
[29] Abir T, Kalimullah NA, Osuagwu UL, Yazdani DMN-A, Husain T, Goson PC, et al. Prevalence and Factors associated with Mental health impact of COVID-19 Pandemic in Bangladesh: A survey based cross sectional study 2021:2021.01.05.21249216. https://doi.org/10.1101/2021.01.05.21249216.
[30] Moon MP, Kabir MdS, Islam MdM, Mila FA, Sarker MdSR. Women's Economic Empowerment and Mental Health in the COVID-19 Pandemic. Ment Illn 2024;2024:8824086. https://doi.org/10.1155/2024/8824086.
[31] Islam MdR, Rahman MS, Qusar MS. Community-based decentralized mental health services are essential to prevent the epidemic turn of post-Covid mental disorders in Bangladesh: A call to action. Health Sci Rep 2022;5:e734. https://doi.org/10.1002/hsr2.734.
[32] Das R, Hasan MR, Daria S, Islam MR. Impact of COVID-19 pandemic on mental health among general Bangladeshi population: a cross-sectional study. BMJ Open 2021;11:e045727. https://doi.org/10.1136/bmjopen-2020-045727.
[33] World Health Organization. WHO special initiative for mental health situational assessment. Gevena: World Health Organization; 2020.
[34] Saif S, Tajmim T. Govt plans increased funding for healthcare, aims to improve quality, accessibility. Bus Stand 2024.
[35] Haavik L, Joa I, Hatloy K, Stain HJ, Langeveld J. Help seeking for mental health problems in an adolescent population: the effect of gender. J Ment Health 2019;28:467–74. https://doi.org/10.1080/09638237.2017.1340630.
[36] Dore EC, Hennink M, Naved RT, Miedema SS, Talukder A, Hoover A, et al. Men's use of economic coercion against women in rural Bangladesh. Psychol Violence 2022;12:183.
[37] Karim R, Lindberg L, Wamala S, Emmelin M. Men's perceptions of women's participation in development initiatives in rural Bangladesh. Am J Mens Health 2018;12:398–410.
[38] Haseen F, Hedayet H, Nazneen S, Akter N, Haney U, Chowdhury MSA, et al. Gender lens review of adolescent health care services: a mixed methods study in Bangladesh. J Glob Health Rep 2024;8:e2024005.

[39] Koly KN, Tasnim Z, Ahmed S, Saba J, Mahmood R, Farin FT, et al. Mental healthcare-seeking behavior of women in Bangladesh: content analysis of a social media platform. BMC Psychiatry 2022;22:797. https://doi.org/10.1186/s12888-022-04414-z.
[40] Afreen R, Surya SL, Jara T, Islam I, Parvin R, Ferdousuzzaman SM, et al. Enhancing mental health literacy and care through community-driven solutions in rural Bangladesh. Front Glob Womens Health 2024;5. https://doi.org/10.3389/fgwh.2024.1478817.
[41] Ministry of Women and Children Affairs. National Women Development Policy 2011 2011.
[42] National Mental Health Strategic Plan 2020-2030 2021.
[43] Rahman MM, Asikunnaby, Khan SJ, Arony A, Mamun ZA, Procheta NF, et al. Mental Health Condition among University Students of Bangladesh during the Critical COVID-19 Period. J Clin Med 2022;11:4617. https://doi.org/10.3390/jcm11154617.
[44] Jahan Khan J. Online and tele-counselling services to seek mental health support from. Dly Star 2020.

Supplementary Table 1: Unadjusted odds ratios (ORs) calculated using bivariate logistic regression. Reference categories are indicated where relevant.

Characteristics	Sought Professional Help (n)	Did Not Seek Professional Help (n)	Total	OR (95% CI)	p-value
Gender:					
Male	250	199	449	1.866 (1.495 - 2.329)	**0.000**
Female	445	661	1106	1	
Area of living					
Urban	593	748	1341	0.871 (0.652 - 1.162)	0.347
Rural	102	112	214	1	
Education					
Primary	12	7	19	1	
Secondary	30	28	58	0.567 (0.220 - 1.465)	0.242
Higher Secondary	97	148	245	0.908 (0.527 - 1.564)	0.728
Bachelor	306	420	726	1.484 (1.089 - 2.023)	**0.012**
Masters	250	257	507	1.335 (1.063 - 1.677_	**0.013**
Occupation					
Student	295	459	754	1	
Homemaker	121	141	262	1.746 (1.157 - 2.637)	**0.008**
Doing Job	172	150	322	1.308 (0.830 - 2.062)	0.248
Business	26	29	55	1.068 (0.693 - 1.645)	0.765
Others	81	81	162	0.935 (0.426 - 2.053)	0.868
Marital status					
Unmarried	329	489	818	1	
Married or widowed	366	371	737	1.466 (1.199 - 1.793)	**0.000**
Income level					
Less than 10K	50	82	132	1	
10K to 20K	93	117	210	1.659 (1.121 - 2.455)	**0.011**
20K to 30K	130	169	299	1.273 (0.922 - 1.757)	0.143
30K to 50K	163	236	399	1.315 (0.988 - 1.752)	0.061
>50K	259	256	515	1.465 (1.125 - 1.907)	**0.005**

What you need to know

 In Bangladesh, more than 90 percent of people with mental health problems do not go to or receive any kind of services. We will try to understand the reasons through this online survey.

 Ensuring mental health services for all is one of our goals and objectives. By participating in this survey, you can be a part of our efforts to improve overall health care for a large population. If you think or know for sure that you have had a mental health problem at some point in your life, you are eligible to take part in this survey.

 You can only participate in this survey once. You don't have to provide any identifying information here. You may have to spend 5-7 minutes to complete this survey. After the survey, if you want, you can participate in a lottery from which we will randomly select five persons to get a free consultation session with a mental health professional.

 At the end of the survey, we may publish the results in scientific journals and publicize the results publicly to raise awareness. So, we request you to provide the correct information in answer to each question.

1. **Are you interested in participating in the survey after reading the above information?**

   Yes

   No

2. **Have you ever experienced emotional or mental health issues (such as persistent sadness, anxiety, or stress) that affected your daily life?**

   Yes

   No

3. **Are you a citizen of Bangladesh?**

   Yes

   No

4. **Do you confirm that your age is at least 18 years or above?**

   Yes

   No

If all answers are yes, then proceed to the next section.

Demographic Information

1. **Gender:**
   Male
   Female

Third gender
I don't want to say

2. **Your age**

3. **Your profession**
Student
Housewife
Government Jobs
Private Jobs
Entrepreneur
Business
Professionals
Retired
Volunteer
Idle

4. **Your studies**
Received Primary Education
Secondary unfinished
Intermediate
Higher Secondary or equivalent
Graduation or equivalent
Postgraduate or equivalent
Doctorate

5. **Your marital status**
Unmarried
Married
Widower
Widow

6. **Your religion**
Islam
Hindu
Christian
Buddhist
Atheism

7. **Your family income**
Below 10,000
Between 10,000 and 20,000
Between 20,000 and 30,000
Between 30,000 and 50,000
Between 50,000 and 1 lakh
Between 1 lakh and 2.5 lakh

More than two and a half lakh

8. **What region do you live in?**
Urban
Rural

9. **What section do you live in?**
Barisal
Chittagong
Dhaka
Khulna
Mymensingh
Rajshahi
Rangpur
Sylhet

History of Mental Illness

10. How long ago did you experience mental problems?
At the present time
From 1 to 3 years ago
From 3 to 5 years ago
More than 5 years ago

Care-seeking pattern

11. Did you look for any services to get rid of mental problems at that time?
Yes
No ------- Go to Q 43

12. (If Q 11 answers Yes) Who did you first seek service from?
Doctor -------Go to Q 21
To a psychiatrist or psychologist ------- Go to Q 21
Nearby pharmacy ------- Go to Q 13
At a nearby healthcare centre ------- Go to Q 14
To a Religious healer-------- Go to Q 15
To the village doctor ------- Go to Q 16
Homeopathic doctor ------- Go to Q 17
To Kaviraj or Tantric (traditional healer) ------- Go to Q 18
To a family member ------- Go to Q 19 and onwards, Skip 21-27
To anyone who is a friend or relative ------- Go to Q 20 and onwards, Skip 21-27

13. (If Q 12 answers at the nearby pharmacy) Why did you go to the nearest pharmacy?
For advice
To take medication
To take both advice and medication

14. (If Q 12 answers nearby healthcare center) Who did you go to the nearest health care center?
To a Professional Doctor
To a psychiatrist or psychologist
To someone else

15. (If Q 12 answers to a religious healer) Why did you go to a religious person?
For advice
For ritual blowing
To take amulets, holy water, oil, or something like that

16. (If Q 12 answers village doctor) Why did you go to the village doctor?
For advice
To take medication
For both

17. (If Q 12 answers homeopathic doctor) Why did you go to a homeopathic doctor?
For advice
To take medication
For both

18. (If Q 12 answers to Kaviraj or Tantric) Why did you go to Kaviraj or Tantric?
For advice
For ritual blowing
To take amulets, water, oil or something like that

19. (If Q 12 answers to a family member) Why did you go to a family member?
For peace of mind------- Go to Q 28
For advice ------- Go to Q 29
For help ------- Go to Q 30
For all the above ------- Go to Q 31

20. (If Q 12 answers to friends or relatives) Why did you go to friends or relatives?
For peace of mind------- Go to Q 28
For advice ------- Go to Q 29
For help ------- Go to Q 30
For all the above ------- Go to Q 31

21. (If Q12 does NOT answer To a family member or To anyone who is a friend or relative) How far did you have to go because of that?
1 to 2 Km
2 to 10 Km
10 to 20 Km
20 to 80 Km
More than 80 km

22. (If Q12 does NOT answer To a family member or To anyone who is a friend or relative) How many times did you have to go?

23. (If Q12 does NOT answer To a family member or To anyone who is a friend or relative) Have you been given any medication?
Yes
No

24. (If Q23 answers Yes) Did you take medication?
Yes
No

25. (If Q12 does NOT answer To a family member or To anyone who is a friend or relative) How much money did it cost you in total?
Less than 1,000
From 1 to 5 thousand taka
Rs 5,000 to Rs 10,000
More than 10,000

26. Did your problem go away?
Yes
No

27. (If Q12 does NOT answer To a family member or To anyone who is a friend or relative) How satisfied were you with the service?
Very satisfied
Somewhat satisfied
Roughly
Somewhat dissatisfied
Very dissatisfied

The extent of support

28. Did you get the desired peace of mind?
Yes
No

29. Did you get good advice?
Yes
No

30. Did you get enough help?
Yes
No

31. Did you receive the peace of mind, good advice, and support?

Yes
No

Referral mechanism:

32. (If Q 12 answers to a doctor) Did your professional doctor ask you to go to a psychiatrist or psychologist?
Yes ------- Go to Q 41
No

33. (If Q 12 answers at the nearby pharmacy) Did the person at the pharmacy ask you to go to a psychiatrist or psychologist?
Yes ------- Go to Q 41
No

34. (If Q 12 answers nearby healthcare centre) Did the person at the healthcare centre ask you to go to a psychiatrist or psychologist?
Yes ------- Go to Q 41
No

35. (If Q 12 answers to a religious healer) Did the religious person ask you to go to a psychiatrist or psychologist?
Yes ------- Go to Q 41
No

36. (If Q 12 answers to the village doctor) Did the rural doctor ask you to go to a psychiatrist or psychologist?
Yes ------- Go to Q 41
No

37. (If Q 12 answers homeopathic doctor) Did the homeopathic doctor ask you to go to a psychiatrist or psychologist?
Yes ------- Go to Q 41
No

38. (If Q 12 answers to Kaviraj or Tantric) Did Kaviraj or Tantric ask you to go to a psychiatrist or psychologist?
Yes ------- Go to Q 41
No

39. (If Q 12 answers to a family member) Did a family member ask you to go to a psychiatrist or psychologist?
Yes ------- Go to Q 41
No

40. (If Q 12 answers to a friends or relative) Did your friends or relatives ask you to go to a psychiatrist or psychologist?

Yes ------- Go to Q 41

No

41. Did you follow the advice and go to a psychiatrist or psychologist?

Yes ------- Go to Q 54

No ------- Go to Q 42

Facilitators and barriers to seeking care

42. Why couldn't you go to a psychiatrist or psychologist? (You can add more than one if needed)

Didn't feel the need ------- Go to Q 44
I didn't know where to go ------- Go to Q 45.
There was not enough money ------- Go to Q 47
There was no one to go with or help ------- Go to Q 49
because of shame, fear or hesitation ------- Go to Q 51
The problem was already solved ------- Go to Q 53

43. Why didn't you seek mental health services? (You can add more than one if applicable)

Didn't feel the need ------- Go to Q 44
I didn't know where to go ------- Go to Q 45.
There was not enough money ------- Go to Q 47
There was no one to go with or help ------- Go to Q 49
because of shame, fear or hesitation ------- Go to Q 51
The problem was already solved ------- Go to Q 53

44. Why do you think you didn't feel the need?

From the thought that there will be no big harm ------- go to Q 54
thinking that it will be cured------- Go to Q 54

45. Did you try to find out somehow?

Yes ------- Go to Q 46

No ------- Go to Q 54

46. What medium did you search for?

By personal contact------- Go to Q 54
Social media ------- Go to Q 54
Through Books/Magazines ------- Go to Q 54

47. Were you aware of the low cost of government hospitals?

Yes ------- Go to Q 48

No ------- Go to Q 54

48. So, what is the main reason why you didn't go to a government hospital?

Thinking about the quality of service ------- Go to Q 54
think about ancillary expenses ------- Go to Q 54
The distance to the hospital is ------- Go to Q 54

49. Did you ask someone you know to help?

Yes ------- Go to Q 50
No ------- Go to Q 54

50. Did you get help?

Yes ------- Go to Q 54
No ------- Go to Q 54

51. Do you still feel ashamed, scared, or embarrassed?

Yes ------- Go to Q 52
No ------- Go to Q 54

52. What made you feel less ashamed, scared or hesitant to seek mental health care?

If the perspective of others changes ------- Go to Q 54
If you do not have a negative idea about medicine ------- Go to Q 54
If you don't have an inferiority complex, ------- Go to Q 54

53. If you ever face mental problems, will you go to a psychiatrist or psychologist?

Yes
No
May
Don't know

54. Which of the following would have been most suitable for you to get mental healthcare?

Living in Mental Health Care Centers Nearby
Having a nearby mental health care donor chamber
Having access to mental health services online

Opinion on Mental Health Care in BD

55. How do you rate the accessibility to mental health services is in the country?

Very satisfying
Adequate
Middle
Not satisfactory
Not at all satisfactory

56. How would you rate the quality of mental health care in the country?

Very satisfying
Adequate
Middle
Not satisfactory
Not at all satisfactory

57. How would you rate the cost of mental health care in the country?

Very satisfying
Adequate
Middle
Not satisfactory
Not at all satisfactory