

Utilization Pattern of Health Care Services at Village Level

Yadav DK¹

¹School of Health and Allied Sciences, Pokhara University, Nepal

ABSTRACT

Background: Primary health care service is basic essential health care. Due to lack of access to quality health care services, many rural people suffer from various health related problems. The objective of this study was to assess how health care services are utilized by beneficiaries in two different villages in Dhanusha district of Nepal.

Methods: A descriptive cross sectional study was conducted in two Village Development Committees with sixty four households selected randomly from January 1, to February 27, 2008.

Results: The study shows that 48 and 21 percent of population were utilizing local available health services respectively within and beyond 2 km from the health facility .It revealed that distance was significant indicator for utilization of health services. Study also shows that those in VDC 1 had availed maximum (67%) service of trained man power for delivery as compared to those in VDC 2, (20%) where most (80%) of deliveries were conducted by relatives and neighbours, the difference was significant.

Conclusions: Distance from the health services is an important factor for utilisation of health resources. The utilisation of health facility was satisfactory but the quality of services were not satisfactory.

Key words: accessibility, availability, health care services, health resources, manpower

INTRODUCTION

Through primary health centres, health posts and sub health posts are being delivered primary health care services in rural areas and most of the rural people are fully dependent on government health services because of inability to pay for modern health care services.¹ Most of the modern health facilities are concentrated in and around urban and semi urban areas.^{1,2} It is reported that in spite of widespread network of primary health care services, majority of beneficiaries who were within 2 Kilometres radius of health facility can avail. The objective of study was to assess the utilization pattern of health care services in two different villages of Dhanusha district of Nepal was done.

METHODS

A descriptive cross sectional study was conducted in Laxmanpirbagewa and Bhuichakkarpur Village Development Committee (VDCs) of Dhanusha district from January 1 to February 27, 2008. Ethical approval was taken from District Public Health Office, Dhanusha. Verbal informed consent was taken from the head of household and women of reproductive age of each randomised households. Total of sixty four household were selected randomly. These village development committees were selected purposively. Both the localities were rural areas. Multistage random sampling was used for the selection of participants. Beneficiaries of health services were selected matching thirty two household

Correspondence: Mr. Dipendra Kumar Yadav, School of Health and Allied Sciences, Pokhara University, Pokhara, Nepal, Email: dipendrayadavph@gmail.com, Phone: 9744001877.

within two kilometres from health facilities (VDC 1) and thirty two households beyond two kilometres from health facilities (VDC 2). Beneficiaries residing within two kilometres from health facilities of Laxmipurbagewa VDC were included and other households were excluded, similarly, beneficiaries who were residing beyond two kilometres from health facilities of Bhuichakarpur VDC were included and other households were excluded in the study. Total numbers of person included in the study were 391 in 64 households. The study assessed how family and child health care services are utilized by beneficiaries in two different villages in Dhanusha district of Nepal.

Pretested Structured questionnaire Interview was applied to gather data from beneficiaries. ASHP (sub health post) was established at VDC level and was providing health services. So, 2 SHPs were selected purposively from two VDCs. And check list was used to gather information's from health facility. The collected data were analyzed by using Statistical Package of social Sciences (SPSS) version 11.5 and interpreted.

RESULTS

A total of 64 households were selected, which had population of 391 individuals with an average family size of 6.1. Women in reproductive age group 101 (25.83%) and children 1-5 years of age 48 (12.27%) were well within expected norms.

It was found that overall literacy status was fairly satisfactory (51.90%) considering the location and circumstances of the area. However, males were more literate 63.36% as compared to females 37.5%. Among the family studied, more than half of the population was literate, which is satisfactory literacy level. However, very few of them were educated up to high school or more (23.59%).

Almost 76.5% head of households were illiterate and out of 76% of them had large family size while 23.44% were literate and out of them 68.75% had large family size. This study revealed that illiterate head of household had large family size as compared with literate head of household. Overall, 75% were above 5 family members who represent big family size and also poor practices of family planning methods. Total number of persons was 391 in 64 household. Average family size was 6.10 per household.

The study revealed around 44 and 26 % of beneficiaries used health services from Sub health post respectively within and beyond 2 km from health facility.

Among the women who had given birth to a child within two years of this study. It was observed that

around 70 percent of these women had one or more antenatal checkups while 30 per cent had no ANC visit at all. However this does not coincide with the delivery pattern as majorities (63.37% and 80% in VDC 1 and 2 respectively) of the deliveries were conducted at home and much less being institutional deliveries. Though in VDC 1 more services of trained staff such as Doctors, ANM, and Nurses etc were utilized while this utilization was negligible in VDC 2 mainly because of long distance away from health facility.

Present study shows reason for non opting antenatal care, were did not feel necessary (23.53% and 12%), difficult assess (5.88% and 16%), did not know (23.53% and 16%), no faith (17.65% and 12%), staffs are unavailable (5.88% and 16%), nobody to accompany (23.53% and 12%) respectively within and beyond 2 km from health facility. There was high knowledge and attitude but same practices of beneficiaries who had beyond 2 km from health facility because of difficulties in accessing services and staffs are unavailable as more prevalent as compared who had within 2 km from health facility.

Study shows that those in VDC 1 had availed maximum (67%) service of trained man power for delivery as compared to those in VDC 2, (20%) where most (80%) of deliveries were conducted by relatives and neighbours, the difference was significant (Table 2).

Among the children who were age 12 to 24 months. In the study 96.42% and 95% children were immunized with BCG where as 92.85% and 90% were immunized for complete dose of DPT, Polio and HBV while progressive drop out of measles seen for which only 89.28% and 85% children were immunized respectively within and beyond areas from health facility.

It was observed that parents had not immunized their children due to lack of knowledge and not available of immunization services and distance is same problem in within and beyond areas from health facility (Table 1).

Though, the observations show that more children (52.5%) suffered from some health problems or the other in VDC 1 as compared to less (37%) in VDC 2. But this in misnomer as those living nearer to the health facility in VDC 1 availed more and quick relief while those living away (VDC 2) found it difficult to reach Health facility as frequently as in VDC 1.

Eighty and forty per cent of population were satisfied with services provided by health facility (Sub Health Post) whereas 88 and 41 per cent were utilizing health respectively within and beyond areas (Table 3, 4).

Table 1. Immunization status of children											
VDCs	Immunization status										
1st VDC (N=28)	BCG	DPT			HB			Polio			Measles
2nd VDC (N=20)		I	II	III	I	II	III	I	II	III	
1st VDC (within 2 km from health facility) (%)	27 (96.42)	27 (96.42)	26 (92.85)	26 (92.85)	27 (96.42)	26 (92.85)	26 (92.85)	27 (96.42)	26 (92.85)	26 (92.85)	25 (89.28)
2nd VDC (Beyond 2 km from health facility) (%)	19 (95)	19 (95)	18 (90)	18 (90)	19 (95)	18 (90)	18 (90)	19 (95)	18 (90)	18 (90)	17 (85)
Total (%)	46 (95.83)	46 (95.83)	45 (93.75)	45 (93.75)	46 (95.83)	45 (93.75)	45 (93.75)	46 (95.83)	45 (93.75)	45 (93.75)	42 (87.5)

Table 2. Delivery assisted by personnel			
Delivery assisted by	1st VDC (within 2 km from health facility) (%)	2nd VDC (Beyond 2 km from health facility) (%)	Total (%)
Doctor	5 (22.73)	0	5 (13.51)
Health Assistant	2 (9.09)	1 (6.66)	3 (8.10)
ANM	2 (9.09)	2 (13.34)	4 (10.81)
AHW	2 (9.09)	0	2 (5.40)
VHW	1 (4.54)	0	1 (2.70)
TBA	2 (9.09)	0	2 (5.40)
Relatives and neighbours	8 (33.37)	12 (80)	20 (54.05)
Total (%)	22 (59.46)	15 (40.54)	37 (100.00)

Corrected $\chi^2 = 6.83$; $df = 1$; $p < 0.001$

* Some figures (trained man power) are merged for the statistical test.

** Difference is statistical significant between delivery assisted and distance.

Table 3. Response of satisfaction of health facilities			
Health facilities	Satisfied (%)	Not satisfied (%)	Total (%)
1 SHP	26 (81.25)	6 (18.75)	32 (50)
2 SHP	12 (37.5)	20 (62.5)	32 (50)
Total	38 (59.37)	26 (40.63)	64 (100)

$\chi^2 = 12.66$; $df = 1$; $p < 0.05$

* Difference is statistical significant between satisfaction and distance of health facility.

Table 4. Head of household visit to health facility for health check-up			
Go to health facility	VDC 1 (within 2 km from health facility) (%)	VDC 2 (Beyond 2 km from health facility) (%)	Total (%)
SHP	28 (87.5)	13 (40.63)	41 (64.06)
HP/PHC	1 (3.12)	1 (3.12)	2 (3.12)
Zonal hospital	2 (6.25)	11 (34.37)	13 (20.31)
Medical College/ private clinic	1 (3.12)	7 (21.88)	8 (12.5)
Total (%)	32 (50)	32 (50)	64 (100.00)

Corrected $\chi^2 = 16.93$; $df = 3$; $p < 0.001$

* Difference is statistical significant between visit health facility and distance of health facility.

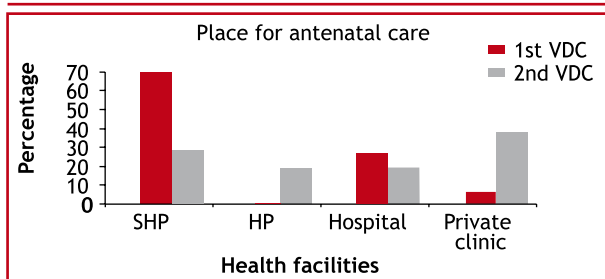


Figure 1. Place for antenatal care

DISCUSSION

It is reported that in spite of widespread network of primary health care services, majority of beneficiaries who were within 2 Kilometres of radius of health facility can avail. While vast majority of population is still deprived of this care due to various reasons. This study helps to explore these factors related to utilization and not utilization of primary health care services.

Present study shows that 48 and 21 percentage of population were utilizing health services from within and beyond areas local health facility respectively that revealed that distance was significant indicator for utilization of health services.

The study revealed around 44 and 26 % of beneficiaries used health services from Sub health post respectively within and beyond areas from health facility. Similar study in rural areas of Gambia revealed that 88% respondents received services from government facilities.³ This study and previous observations in Gambia were different because good transportation and good availability of private sectors in Dhanusha District, may have affected health services utilization.

As far as family planning practices are concerned (KAP). It was seen that majority of respondents had fairly good knowledge about family planning practices and its importance and also showed favourable attitude towards its adoption but there was gap in actually patronizing the practices as properly at right time and need. This was more evident amongst those in VDC 2.

The study brings into relief an important part of MCH care as the immunization coverage was more than 85% among infants for each of the seven diseases covered (VPD). Yet the coverage keeps on getting lesser and lesser as the distance from Health facility keeps increasing.

Despite Satisfactory coverage of health programmes 22 per cent of population suffered from some health problems that was reported in 1 month and it indicated that good availability, accessibility and utilization of primary health care services was available but not good quality of services was granted.

Researcher had examined the primary health care system in rural areas based on personal discussions with the staff working at peripheral levels and also soliciting the views of beneficiaries.

Low utilization of health care services in spite of good availability and accessibility was seen. Though, the facilities exist, lack of drugs or poor quality care results in the people avoiding the services. Other reasons for non-utilization was that- facilities were available at hours of the day when people were working in agriculture.

There were multiple problems that hinder the delivery of services; of them lack of essential drugs and supplies was a major factor. The acceptance of services was satisfactory. In order to address these deficiencies and to ensure the regular supply, essential communication between health workers and beneficiaries should be promoted.

The study was only confined to two VDCs of a district. Due to the limitation of time and resources the study was confined to a particular area so it was impossible for the researcher to make a holistic interpretation of this situation. A national approach and better level of research is recommended to validate the finding of this research.

CONCLUSIONS

As we go farther from health care facility the utilization rate of available health services goes down steadily in quantity and quality both in peripheral areas. Satisfactory utilization of health services has been taking place by beneficiaries residing at rural areas. Although the utilization of health facility was good the quality of care is still questionable.

It is recommended that due consideration should be taken by the government about these different factors affecting health care utilization while establishing health services in peripheral areas.

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