UTILIZATION OF HEALTH CARE SERVICES
BY THE COMMUNITY IN
NORTH DAGON TOWNSHIP YANGON REGION

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ABSTRACT

A community-based cross-sectional analytic study was conducted among local residents (n=423) in North Dagon Township, Yangon Region from September through December, 2012 with a general object of assessing healthcare services utilization by community using pretested semi-structured questionnaire. The study was based on Andersen model of healthcare utilization focusing on predisposing, enabling and need factors. The study revealed that majority of respondents were 31-40 years old (29.3%), females (66.2%), currently married (76.4%), living in nuclear family (79.4%), with family size of 1 - 5 members (65.2%), with education level of high school and above (58,9%), dependents (37.6%), with economic status of being enough but unable to save (54.6%), and with monthly per capita income of less than 30,000 Kyats (57.4%). It also showed that the respondents' health status within last six months prior to the study were having symptom(s) alone (76.4%) and diagnosed disease(s) (23.6%). Most of them (78.3%) used healthcare services either public or private. The most prominent reason of using services was nearness of services to their home (61.9%) among users (n=331) and the most remarkable reason of not using services was perceived unimportance on their health (75%) among non-users(n=92).The study depicted that age group (p = 0.02), marital status (single/divorced/separated/widowed)(p <0.04; OR = 0.59, 95% CI: 0.36 - 0.99), family structure (nuclear family)(p = 0.008; OR = 2.02, 95% CI: 1.19 - 3.41), economic statue (p = 0.29) and health status (symptoms alone)(p <0.001; OR = 0.05, 95% CI: 0.01 - 0.22) were all found to be significantly associated with healthcare service utilization. The study also expressed that among healthcare service users health status (symptoms alone) (p = 0.001; OR = 0.57, 95% CI: 0.35 - 0.94), nearness of health centre to home (p <0.001 ; OR = 0.40, 95% CI: 0.25- 0.65), personal willingness (p = 0.008; OR = 0.37 , 95% CI: 0.17- 0.79), being encouraged by other persons (p <0.001; OR = 3.15, 95% CI: 1.73 - 5.76), being not relieved by other initial treatment outside health centre (p = 0.003; OR = 3.98, 95% CI: 1.52-10.42), mode of travel to health centre (p = 0.001), buying drugs outside health centre

(p = 0.002 ; OR = 3.79, 95% CI: 1.52-9.45),time taken to reach health centre (< 10 min) (p = 0.004 ; OR = 0.47, 95% CI: 0.29 – 0.78), waiting time to see doctors (< 10 min) (p = 0.031; OR = 0.57, 95% CI: 0.34 – 0.94), good communication with health personnel (p <0.001; OR = 0.16, 95% CI: 0.08 – 0.34), attention given by health personnel (p = 0.004 ; OR = 0.2, 95% Cl:0.07 – 0.58) and cleanliness of health centre environment (p <0.001; OR = 0.19 , 95% CLO.l – 0.36) were all significantly associated with utilization of public healthcare services. Therefore to promote better public health care service utilization by community, it is suggested that there should be more sufficient drug supply, better communication between health personnel and service users, and better sanitation in and around healthcare centres.