

Utilization of Health Services Provided by Different Health Care Systems and its Relation with Education in a Municipality of Far-Western, Nepal

Janak Raj Bhatta¹, Varid Mala Jain², Neena Gupta³, Hari Prasad Kaphle^{4*}, Dilip Kumar Yadav⁵

¹MPH scholar, Shalom Institute of Health and Allied Sciences, Sam Higginbottom University of Agriculture, Technology and Sciences (SHUATS), Allahabad-211007, India

^{2,3}Assistant Professor, Shalom Institute of Health and Allied Sciences, Sam Higginbottom University of Agriculture, Technology and Sciences (SHUATS), Allahabad-211007, India

^{4,5}PhD Scholar, Shalom Institute of Health and Allied Sciences, Sam Higginbottom University of Agriculture, Technology and Sciences (SHUATS), Allahabad-211007, India

Original Research Article

***Corresponding author**

Hari Prasad Kaphle

Article History

Received: 17.03.2018

Accepted: 25.03.2018

Published: 30.03.2018

DOI:

10.36347/sjams.2018.v06i03.100



Abstract: Educational status of people influence the utilization pattern of health care services provided by different health care systems and there by health & treatment outcome of populations differently. The study was conducted to find out the utilization pattern of health services provided by different health care systems and its relation with educational status of people. A cross sectional descriptive study among 169 respondents were conducted in Bhimdatta Municipality of Kanchanpur District, Nepal in January-April 2016. The result of the study found 47.3%, 14.7%, 78.7% and 53.9% utilization of health care services provided by traditional non-formal, traditional formal, modern private and modern public health care system respectively. Interestingly, higher educated people were utilizing traditional non formal health care services higher than illiterate and less educated. It also revealed that higher the education higher the utilization of modern private health care services and lower the utilization of modern public health care services. The study concluded that higher educated people were more utilizing modern private health care services & even traditional non-formal health care services and illiterate people were more utilizing modern government/public health care services.

Keywords: Health care systems, Utilization pattern, Nepal.

INTRODUCTION

Roemer defined a health system as the combination of various resources, organizations, financing and managements that contribute to the delivery of health services to the population [1-2].

According to World Health Organization (WHO) "a health system comprises all organizations, institutions and resources targeted for producing actions whose aim is to improve, maintain and restore health of population. It is a functional network of all health-care providers, including public and private, which range from traditional healers to the most sophisticated hospitals" [3].

The entire health care system of Nepal can be divided into four distinct categories: traditional non formal, traditional formal, modern private and modern public health care system.

The traditional non-formal health system includes the health care services provided by traditional non formal providers like Vaidya, Jatibutiwal, Dhama, Jhakri, Pandit, Lama, Guvaju, Purohit, Jharpuke,

Jytotisi, Sudeni, Amchi etc. who are providing health care services as their family occupation and knowledge and skills are transmitting from generation to generation by family tradition not by education. The traditional formal health care system includes Ayurveda, Homeopathy, Naturopathy, and Yoga etc. in which health care knowledge and skills are acquired through formal education and not by family occupation.

Similarly modern private healthcare system includes private hospitals, nursing homes, medical colleges, private clinic etc. which are devoted towards gaining profit. The modern public health care system includes all the governmentally run health facilities e.g. health posts, primary health care centers, government hospitals etc.

According to WHO report, up to 80% of the world population still in 21st century depend on traditional medicine for their primary health care needs in developing countries [4]. Even though government is providing essential health care service free of cost and/or at affordable cost, utilization pattern seems high in the private sector than the government [5].

On the other way, large number of patients did not avail any services because of distance, lack of knowledge about the availability of the services and non-availability of the essential medicine in addition to the cost of treatment and transport. In rural area utilization of government health facilities is around 38% [6].

Educational status of people influence the utilization pattern of health services provided by different health care systems and there by health & treatment outcome of populations differently. The objective of this study was to find out utilization pattern of health services provided by different health care systems and its relation with educational status of people in Bhimdatta municipality of Kanchanpur district, Nepal.

MATERIALS AND METHODS

A descriptive cross sectional study was conducted in Bhimdatta Municipality of Kanchanpur District, Nepal in January-April 2016. The municipality is located in far-western part of Nepal and attached with Utrakhanda state, India. It is about 800 kilometer far from the Kathmandu (capital city of Nepal). According to census report 2011, total population of the municipality was 104,599. The municipality is unique where various ethnic groups are living. A total number of 171 respondents were interviewed with the help of semi structured interview schedule in month of January-

February 2016. The sampling technique applied was probability sampling based on stratified random sampling. The municipality was divided into 19 strata based on administrative divisions i.e. wards. Equal number of respondents (i.e. 9) was determined from each stratum regardless the size of population because of short duration of the study period. Nine households from each stratum were selected randomly from the list of households provided by the municipality. Only one respondent of age 20 years and above was interviewed from each of the selected household. The interview schedule focused on socio-demographic condition, and utilization pattern of health services provided by different health care systems. Written approval was obtained from the Faculty of Health Sciences, Sam Higginbottom University of Agriculture, Technology and sciences, Allahabad, UP, India and Bhimdatta municipality to conduct the study. Privacy and confidentiality of respondents was maintained throughout the study. The collected data were checked for its consistency and accuracy. Two samples were excluded for final analysis due to inconsistency and incompleteness and hence the final sample size was 169. The data were analysed using SPSS 16 version.

RESULTS

Socio-demographic characteristics

The highest proportion of respondents (28.4%) was belonging to the age group 40 to 49 years, and lowest proportion of respondents (10.7%) was belonging to the age group 60 years and above. Majority of respondents were Hindus (98.2%). About two-third of respondents (65.1%) were belonging to joint family. About one-fourth of respondents (19.5%) were illiterate. About two-third of respondents (64.5%) had monthly family income below 10,000 Nepalese rupees (Table 1).

Table-1: Demographic characteristic of respondents (n=169)

Variables	Frequency	Percentage
Age of respondents		
20-29 Years	28	16.6
30-39 Years	40	23.7
40-49 years	48	28.4
50-59 years	35	20.7
60 years and above	18	10.7
Religion of respondents		
Hindus	166	98.2
Buddhist	1	0.6
Christian	2	1.2
Type of family		
Nuclear	59	34.9
Joint	110	65.1
Educational status of respondents		
Illiterate	33	19.5
Non-formal	26	15.4
Primary	27	15.9
Secondary	45	26.6
Higher secondary and above	38	22.5
Monthly family income in NRs		
Up to 10,000	109	64.5
10,001-20,000	47	27.8
21,001- 30,000	8	4.7
30,001-40,000	3	1.8
40,001-50,000	2	1.2

Utilization of health services provided by different health care systems

Nearly half of respondents had utilized health services provided by traditional non formal system/providers to manage/treat their own and/or family health problems whereas only very few (14.8%) had utilized health services provided by traditional formal healthcare system/providers to manage/treat

their own and/or family health problems within the last twelve months preceding data collection.

Similarly highest proportions of respondents (78.7%) had utilized health services provided by modern private health care system to treat/manage their and/or family member’s health problems in comparison to modern public (government) health care system (53.9%) (Table 2).

Table-2: Utilization of health services provided by different health care systems within last 12 months

Health care systems	Utilization within last 12 months		Total
	Yes	No	
Traditional non-formal	79 (47.3)	90 (52.7)	169 (100.0)
Traditional formal	25 (14.8)	144 (85.2)	169 (100.0)
Modern private	133 (78.7)	36 (21.3)	169 (100.0)
Modern public	91 (53.9)	78 (46.1)	169 (100.0)

Figures in parenthesis show percentage.

Relation between educational status and utilization of health services provided by different health care systems

Higher proportions of respondents (55.3%) having educational status higher secondary and above had utilized traditional non-formal health care services

in comparison to illiterate, primary and secondary level of education. But greater proportions of respondents (22.2%) with educational status higher secondary had utilized traditional formal health care system in comparison to other groups.

In case of modern private health care system, it was observed that higher the education higher the utilization of modern private health care services. This

study also revealed less utilization of public health care services by educated people in comparison to uneducated people.

Table-3: Relation between educational status and utilization of health services provided by different health care systems

Educational status	Utilization of different health care systems (N=169)				Total
	Traditional non-formal	Traditional formal	Modern private	Modern public	
Illiterate	16 (48.5)	1 (3.0)	21 (63.6)	19 (57.6)	33 (100)
Non-formal	10 (38.5)	4 (15.4)	16 (61.5)	12 (46.2)	26 (100)
Primary	12 (44.4)	2 (7.4)	23 (85.2)	17 (33.0)	27 (100)
Secondary	20 (44.4)	10 (22.2)	39 (86.7)	24 (53.3)	45 (100)
Higher secondary and above	21 (55.3)	8 (21.1)	34 (89.5)	18 (47.4)	38 (100)
Total	79 (46.7)	25 (14.8)	133 (78.7)	90 (53.3)	169 (100)

Figures in parenthesis show percentages.

Association of literacy status with utilization of health services provided by different health care systems

Significant statistical association was observed between literacy status of respondents and utilization of

traditional formal health care system (p-0.034, OR 2.06 and 95% CI 1.067-1.229). Similarly there was significant statistical association between literacy status of respondents and utilization of private health care system. (P-0.018, OR 1.17 and 95% CI 1.115-3.678).

Table-4: Association of literacy status with utilization of health services provided by different health care systems

Literacy	Yes	No	Chi square	P value	OR	95% CI
Traditional non formal						
Illiterate	16 (48.5)	17 (51.5)	0.50	0.823	-	-
Literate	63 (46.3)	73 (53.7)				
Traditional formal						
Illiterate	1 (3.0)	32 (97.0)	4.50	0.034*	1.17	1.067-1.229
Literate	24 (17.7)	112 (82.4)				
Modern private						
Illiterate	21 (63.6)	12 (36.4)	5.549	0.018*	2.061	1.115-3.678
Literate	112 (82.4)	24 (17.6)				
Modern public						
Illiterate	21 (63.6)	12 (36.4)	1.582	0.209	-	-
Literate	70 (51.5)	66 (48.5)				

*Statistically significant

DISCUSSION

This study revealed that highest proportions of people (78.7%) were utilizing modern private health care system in comparison to other health care system. Similarly educated people (89.5%) were utilizing modern private health care system more than less educated and uneducated. Similar study conducted in hill region of Nepal in 2015 reported that 80% people were utilizing private treatment facility for treating sickness [7]. Similarly more than half of respondents (53.5%) were utilizing modern public (government) health care system in this study but government report published on 2013/14 by department of health services estimated that about 70% of people in Nepal utilized public health services in the fiscal year 2013/14 [8]. Similarly a study conducted in Nigerian 2015 revealed that 61.7% of people were utilizing government health services and 54.5% were utilizing private health services [9]. High utilization of modern private health

care services and low utilization of public health care services may indicate either unawareness among public about government health services or unavailability of public health care services or low quality public health care services. Generally a higher percentage of utilization of private sector could be attributed to easy access, shorter waiting time, longer or flexible opening hours, availability of staffs and drugs [10]. Utilization of modern public health care system is higher among uneducated people (57.7%) than educated in this study. This may be due to wrong perception of educated people that government health services is only for rural, poor and socially deprived.

This study revealed that only 14.8% of people were utilizing the traditional formal health care service which is much lesser than the study conducted in Pokhara, Nepal (62%) [11]. Similarly this study found a significant proportion of people (47.3%) utilizing

traditional non formal health care services provided by traditional healers. A study from Nigeria found 83.3% people were utilizing traditional non formal health care services [9]. According to WHO, up to 80% of the world population depends on traditional medicine for their primary health care needs in developing countries [4]. The study also revealed that higher educated people were utilizing more traditional non formal health care services provided by traditional healers than less educated and uneducated people, an interesting result of the study. Utilization of traditional non formal health care even by higher educated people indicates its deep rooted value among the people. A further qualitative study may explore the cause of utilization of traditional non formal health care services even by higher educated people. Another reason for utilization of traditional non formal health care may be that people did not have to pay in cash in traditional non-formal system but other system they have to pay in cash for their treatment. This may be the reason why they were forced to go for traditional system.

The significant statistical association of literacy status of people with utilization of modern private health care system but not with modern public health care system may indicate something lacking in the health services provided by government/public health care system.

CONCLUSION

The study concluded high utilization of traditional non formal health care system and modern private health care system by educated people. Similarly, high utilization of modern public health care system by illiterate people. Utilization of modern government/public health care system was much lower than modern private health care system. It is recommended to provide more attention by concerned authorities to increase the utilization of modern public health care services by all people.

REFERENCES

1. Roemer M. National Health Systems of the World. Vol. I. Oxford: Oxford University Press, 1991.
2. Roemer M. National Health Systems of the World. Vol. II. Oxford: Oxford University Press, 1993.
3. WHO. The World Health Report 2000: Health Systems: Improving Performance. Geneva, Switzerland: World Health Organization, 2000.
4. World Health Organization. Traditional medicine. Fact sheet N°134 [Internet]. Revised 2003 May. Available at: <http://www.who.int/mediacentre/factsheets/2003/fs134/en/>
5. Sundar R, Sharma A. Morbidity and utilization of healthcare services: a survey of urban poor in Delhi and Chennai. *Economic and Political weekly* 2002; 37(47):4729–40.
6. Ray SK, Subhra S, Basu AK. An assessment of rural health care delivery system in some areas of

West Bengal: *Indian journal of public health* 2011; 55(2):70-80.

7. Bhattarai S, Parajuli SB, Rayamajhi RB, Paudel IS, Jha N. Clinical Health Seeking Behavior and Utilization of Health Care Services in Eastern Hilly Region of Nepal. *JCMS Nepal*. 2015; 11(2):8-16.
8. GoN, MoHP, DoHS. Annual report: Department of Health Services 2070/71 (2013/14). Teku Kathmandu: Department of Health Services, 2015.
9. Titus OB, Adebisola OA, Adeniji OA. Health-care access and utilization among rural households in Nigeria. *Journal of Development and Agricultural Economics* 2015 May; 7(5); 195-203.
10. Shaikh BT, Hatcher J. Health seeking behaviour and health services utilization trends in National Health Survey of Pakistan: what needs to be done? *J Pak Med Assoc* 2007 August; 57(8):411-414.
11. Shanker PR, Partha P, Shenoy N. A study on the use of complementary and alternative medicine therapies in and around Pokhara sub metropolitan city, Western Nepal. *Complementary and alternative medicine therapies* 2008:30-34.