*ORIGINAL ARTICLE*

# A Study on utilization of health care facilities in rural Bangladesh

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## Abstract :

**Background:** Health is a basic requirement to improve quality of life. The lack of participation in health services is a problem that has many dimensions and complexities. This study examines the utilization of health care facilities to the selected rural area of Bangladesh. It has also revealed the patient's views towards health care facilities in Bangladesh. **Objective:** To identify the socio-demographic determinants and to assess the utilization of health care facilities. **Materials and Methods:** This cross sectional study was conducted among the rural people of Shafipur union parisad of kaliakair upazilla of Gazipur district, Dhaka. Purposive sampling technique was used. The sample size of the study was 168. Data were collected to elicit the information on various Socio-demographic and the utilization of health care facilities. **Results:** Study was conducted on 168 respondents among them maximum were in between the age of 20-29; 75(44.64%), maximum 134(79.76%) were educated and 139(82.74%) were female. Most of the respondents mentioned that, in their area non-government hospitals were slightly more 85(44.98%) in comparison to government hospitals 83(52.20%). Most of the respondents132 (78.57%) received health services, among them 83(54.61%) from non–government facilities and 72(42.86%) were satisfied with non-government services. **Conclusion:** Our findings suggested that facilities enhancing improved health care could benefit in health awareness. Government should emphasis on establishing more health care facilities in rural area and more doctors should be appointed for better health care services. Special policy attention to address the regional difference of utilization facilities about health care in rural area of Bangladesh.

**Key words:** utilization, health care, facilities, rural area.

SMAMC Journal, 2021; 7(1):05-09

## Introduction:

Utilization of health services is a complex behavioral phenomenon. Empirical studies of preventive and curative services have often found that the use of health services is related to the availability, quality and cost of services, as well as social culture, health beliefs and personal characteristics of the users[1]. Primary health care is widely perceived to be the backbone of a rational health services system[2]. It is related to the organization of health care delivery system and is affected by the availability, quality, cost, continuity and comprehensiveness of services; social structure and health beliefs also affect use[3].Therefore, healthcare service and its utilization is an important issue to consider for each and every country. From a public health perspective, it is important to analyze contextual factors affecting the health service seeking behavior at the community, institutional and policy levels[4].

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A large number of people of Bangladesh, particularly in rural areas, remain with no or a little access to health care facilities. It would be critical for making progress in Bangladesh's health services without improving the rural health care system. The government therefore, seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health care[5]. Bangladesh: unlocking the potential (2005) recognized that public health services have been rated the lowest among all types of service providers in term of user's satisfaction. Another study on patient satisfaction with quality of hospital services in Bangladesh showed that there is a loss of faith in public and private hospitals. The study also identified some factors such as doctors' treatment, the behavior of nurses/boys and their services to patient are significantly influence patients' satisfaction[6]. In order to enhance the condition, specifically utilization and access the Ministry of Health and Family welfare have built over 14,000 community clinics through the programme 'Revitalisation of Community Health Care Initiative in Bangladesh (RCHCIB)- Community Clinic Project' mainly to provide essential care package for women and children. But, these facilities are yet to gain full-scale level of utilization due to several factors. Nevertheless, rural women should have adequate awareness about community health services[7]. Universal Health Coverage (UHC) implies that all people have access to quality health services they need, without financial hardship. The Bangladeshi constitution commits to address inequalities in access to health in rural areas, and the country joined the global community in committing to achieve UHC by 2030 under the SDGs[8].The effectiveness of a health system depends on the availability and accessibility of services in a form which the people are able to understand, accept and utilize[9].

## Material And Methods:

This descriptive type of cross sectional study was done on 168 among the rural people both male and female in Shafipur union parisad of Kaliakair upazilla of Gazipur district, Dhaka. It was conducted by using purposive sampling technique. A semi-structured questionnaire was applied to get data. There were 05 groups each consisting of 05 students who went to door to door in the village and filled up the questionnaire by face to face interview. After collection, data were checked and verified thoroughly to reduce inconsistency and tabulated to statistical analysis using the Statistical Package for Social Sciences (SPSS), for windows version 20. The results were expressed as proportions. Verbal consent was taken from all the study subject.

## Results:

This descriptive type of cress- sectional study was conducted at Shafipur union parisad of Kaliakair upzilla of Gazipur district to find the utilization of health care facilities in rural Bangladesh. A sample of 168 rural people both male &female were selected purposively. Most of the respondents were within the age group of 20-29 years 75(44.64%). The mean age of the respondent was 30.16 years. Majority of the respondents were female 139(82.74%). Most of the respondents 67(39.88%) had secondary level of education and 105(62.50%) were housewives followed by service holders 44(26.19%). Majority of the respondents 65(38.69%) had monthly family income between 5000-9999 Taka. The mean monthly family income was 9057.71 Taka. Among the respondents, most of them mentioned that non-government hospitals facilities were slightly more 85(44.98%) in comparison to government hospitals 83(52.20%), also 41(21.69%) said that health facilities available in the non-government health center followed by 36(22.64%) opined that health facilities were more in EPI centers of government sector. According to the respondents 54(28.57%) thought that doctors were more in non- government sector than government sector. It was observed that among the respondents, most of them 132(78.57%) received health services and rest 36(21.43%) had not. Among the respondents, who had taken health services, most of them received it from non-government facilities 83(54.61%) followed by 51(33.55%) from government facilities. Most of them took treatment 99(37.08%) followed by vaccination 58(21.72%) and ante-natal care 49(18.35%). Among 168 respondents majority of them were satisfied with non-government service 72(42.86%) followed by government service 56(33.33%). Regarding respondents suggestions to improve health care facilities, maximum suggested number of health care center should be increased 101(40.08%) followed by appointment of more doctors 61(24.21%).

**Table 1: Demographic characteristics of the study subject (n=168)**

| Variables | Frequency | Percentage (%) |
|---|---|---|
| **Age in years** | | |
| <20 | 19 | 11.31 |
| 20-29 | 75 | 44.64 |
| 30-39 | 30 | 17.86 |
| 40-49 | 35 | 20.83 |
| ≥50 | 09 | 5.36 |
| **Mean age: 30.16** | | |
| **Sex** | | |
| Male | 29 | 17.26 |
| Female | 139 | 82.74 |
| **Occupation** | | |
| House wife | 105 | 62.50 |
| Business | 07 | 04.17 |
| Day labour | 10 | 5.25 |
| Service | 44 | 26.19 |
| Others | 02 | 1.19 |
| **Monthly family income** | | |
| <5000 | 38 | 22.62 |
| 5000-9999 | 65 | 38.69 |
| 10000-14999 | 34 | 20.24 |
| 15000-19999 | 16 | 9.53 |
| 20000-24999 | 10 | 5.95 |
| 25000- 29999 | 02 | 1.19 |
| ≥30000 | 03 | 1.78 |
| **Mean income =** 9057.71 | | |

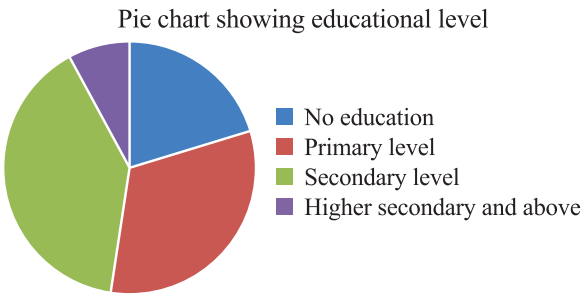


**Figure 01: Distribution of the respondents by their Education (n=168)**

**Table 2: Distribution of the respondents by health facilities available in that area provided by government and non-government (n=168)**

| Health facilities | Government | | Non-government | |
|---|---|---|---|---|
| | Frequency | % | Frequency | % |
| Hospitals | 83 | 52.20 | 85 | 44.98 |
| Health centers | 24 | 15.10 | 41 | 21.69 |
| EPI centers | 36 | 22.64 | 08 | 4.23 |
| Doctors | 16 | 10.06 | 54 | 28.57 |
| Others | - | - | 01 | 0.53 |
| **Total** | 159 | 100.00 | 189 | 100.00 |

**Table 3: Distribution of the respondents by taking health services (n=168)**

| Taking service | Frequency | Percentage (%) |
|---|---|---|
| Yes | 132 | 78.57 |
| No | 36 | 21.43 |
| **Total** | 168 | 100.0 |

**Table 4: Distribution of the respondents by utilization of health services.**

| Variables | frequency | % |
|---|---|---|
| **Source (n=132)** | | |
| Government | 51 | 33.55 |
| Non-government | 83 | 54.61 |
| Both | 18 | 11.84 |
| **Types of health care taken (n=267)** | | |
| Antenatal care | 49 | 18.35 |
| Delivery care | 33 | 12.36 |
| Vaccination | 58 | 21.72 |
| Treatment | 99 | 37.08 |
| Contraceptive methods | 20 | 7.49 |
| Others | 08 | 3.00 |
| **Respondents' satisfaction (n=168)** | | |
| Government | 56 | 33.33 |
| Non-government | 72 | 42.86 |
| Both | 11 | 6.55 |
| None | 29 | 17.26 |
| **Respondents' Suggestions(n=252)** | | |
| Increasing the number of health center | 101 | 40.08 |
| More doctors should be appointed | 61 | 24.21 |
| Doctors' behavior should be good | 20 | 7.94 |
| Medicine should be available | 23 | 9.12 |
| Availability of doctor all time | 45 | 17.86 |
| Others | 02 | 0.79 |

## Discussion:

This descriptive type of cross-sectional study was conducted among 168 rural people both male and female located in Shafipur union parisad, Gazipur district, Bangladesh in December 2010 to determine the Utilization of health care facilities in rural Bangladesh. Data were collected purposively by face to face interview using a semi-structured questionnaire. The study revealed that the mean age of the respondents was 30.16 years. Majority of the respondents (44.64%) were in 20-29 age groups. In a study in the Fatikchhari, Chittagong 50% were in 20-39 age groups[10]. In this study the number of female was greater (82.74%) whereas male (17.26%). In other study 41% were female and 59% were male[11]. Which was different from our study. Most of the respondents (39.88%) had their secondary level education followed by (32.14%) had their primary education and (20.24%) had no education. Another study shows that, people of rural area of Bangladesh were 35.4% didn't own any education and 39.0%, 17.9% had primary, secondary education respectively. So, most of the respondents in our study completed secondary level education . Housewives (62.50%) dominate over other professions followed by service holder (26.19%). This was differ from the study Assessment of factors influencing health care service utilization in rural area of Bangladesh, where most of the respondents 39.5% were farmers followed by 19.0% were day labor and 14.9% were housewives[12]. Majority of the respondent's monthly family income ranging from 5000-9999 Taka (38.69%). In other study 45% of respondents had monthly income of TK 5000-10000.[13]. In our study most of the respondents (44.98%) declared that non-government hospital provided health care facilities followed by (28.57%) respondents told doctors were more in non- government health facilities. (52.20%) respondents thought they got health facilities from government hospital, and doctors were less (10.06%) in government health facilities. In this study most of the respondents (78.57%) received health services and (21.43%) had not but other study showed that most of the people 52.3% were not participating in rural health services and that only 34.1% were participating in health services which is not similar with our study[14]. Among the respondents, who had taken health services, most of them received it from non-government facilities (54.61%) and (33.55%), (11.84%) took from government and both the facilities correspondingly. Our findings were not similar with another study that was conducted in rural Zimbabwe where people took health services 65% from private and 74% from government[15]. Among the respondents, most of them had taken treatment (37.08%) followed by vaccination (21.72%) and antenatal care (18.35%). These findings were fluctuate from other study where the highest percentage of attendance for family planning 27.5% and antenatal care 29.3% were observed in the Rangpur division[16]. In the distribution of the respondents by their satisfaction (42.86%) were satisfied with non-government health facilities whereas (33.33%) from government facilities. Regarding over all satisfaction, 44.2% patients were satisfied with health services obtained from the primary health care centre[17]. Most of the respondents (40.08%) suggested that by increasing the number of health care center will help to improve the health care services followed by appointment of more doctors (24.21%) in the health center.

## Conclusion:

Utilization of health care services mostly influenced by the awareness and approaches of people towards diseases or sickness. But it also depends on the capability to buy or avail the health care services with their economic feasibility. Government should give importance on founding more health care center for better facilities. At rural area there was lack of doctors and for this reason people cannot reach to doctors all time. So, more doctors should be allotted and if possible, for full time. With this, extra measures should be taken to enrich the socioeconomic conditions of rural people, improve the knowledge about health care facilities, set up available health centers within the shortest probable distance by the local government authority. This study was conducted in a village only for a short time, so the result may not be possible to give the real picture of the entire rural setting of Bangladesh with its significant limitations.

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