



January 2009

Perceived determinants of Health service utilization among residents in Kersa District, Eastern Hararghe, East Ethiopia.

This policy brief describes factors that influence the health service utilization of households in 12 selected kebeles of kersa woreda, Eastern Hararghe

Introduction

Socioeconomic factors such as income level, social class, or educational level may have influence on the use of health care. Structural and functional aspects of the health care system are also believed to influence the level of use of health care in a population.

A study was conducted in Kersa District from March to April 2008 on factors affecting health services in the society. In this study, 49 respondents from each studied households have forwarded their response. In this policy brief, the following questions have been addressed:

- What is the reason for seeking modern health service?
- What is the reason for not using the health care?
- Was there a difference in the availability of information means of the family regarding health related issues?
- What was the level of transport accessibility and cost affordability of households in the study?
- What was the health care providers' skill, drug and equipment level according to respondents' perception?

Reason for health seeking

The respondents who had used modern health care have been requested about for what kind of conditions they have needed health care from modern health institutions in the last six months. Majority of them (48.2%) went to the health institutions because of the acute illness occurred in the family. Moreover, 19.6%, 6.3%, 4.2%, 2.1%, and 1.4% of the households required modern treatment for chronic illness follow up, injury, check up, child visit, and child birth respectively. The rest (18.2%) seeking modern health service because of other uncategorized reasons.

Reason for not utilizing the service

Among those families who didn't use health services is the

last six months, 19.5%, 8.6%, 5.7% and 5.5% of the respondents replied that they missed the modern health service because of unaffordable cost, poor service of health institutions, far distance of health institutions and since the disease can not be treated by modern treatment respectively. The rest missed the service due to other uncategorized reasons.

Information source

The respondents have been asked about the availability of information means of the family regarding health related issues. Less than half of the households (40.1%) have Radio and only 3.1% and 10.2% of the family have Television and Direct access to community health agents respectively.

Table1. Availability of information means of the family regarding health related issues in Kersa District, Eastern Hararghe, Eastern Ethiopia, March to April 2008

Availability of Information means	Number of households having the information means	Percent of households having the information means
Radio	197	40.1%
Television	15	3.1%
Access for Information from Community Agents	50	10.2%

Transport accessibility and cost affordability

All respondents have been requested to rate the family transport accessibility and cost affordability to the health services. The more than 50%, of the respondents rated their family's transport accessibility and cost affordability as bad and very bad.

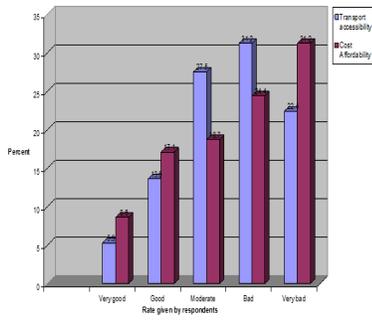
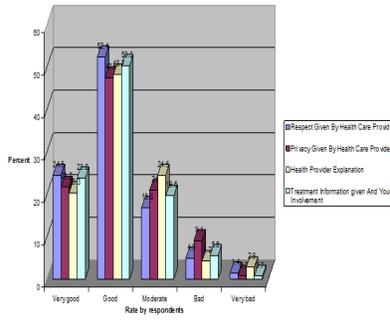


Figure 1: Distribution of family transport accessibility and cost affordability to modern health services in Kersa District, Eastern Hararge, Eastern Ethiopia, March to April 2007

Rating the health care providers' skill, equipment and drug supply by respondents

When we visited the health institutions in the last six months, 21.7%, 23% and 26.6% of the respondents disclosed respectively that the skill, equipment and drug supply of the health care providers in the modern health institutions were not adequate.

The respondents have been also requested about the respect, privacy, disease explanation and treatment information given by health care providers. The majority of the respondents have replied that they have received a good response from the health care providers for the aforementioned variables.



Ethiopia, March to April 2008

Policy Recommendations

Poorly available health service in Ethiopia is associated with unsatisfactory utilization of existing health institutions. Majority of respondents who participated in this study have rated a poor accessibility for transport and unaffordable treatment cost of health care service. This might affected their level of health service utilization. Particularly, those who didn't use modern health service in the last six months reasoned out that unaffordable cost was the main barrier. There is also a very poor accessibility for health information in the studied households. Whereas, most respondents have been satisfied by the services given by health care providers. Intervention mechanisms designed to enhance the utilization of health service need to consider the significant role of transport accessibility and treatment cost in household health care utilization. There should be a subsidized treatment cost in the health institutions in order to enhance the health care utilization. Availability of means of information for health could also determine the health seeking behavior and this condition should be properly addressed. The transportation facility in the rural kebeles of the study area should be improved.

Figure 2. Rate provided by respondents on health care providers respect, privacy, explanation and treatment information in Kersa District, Eastern Hararge, Eastern

Kersa Demographic Surveillance and Health

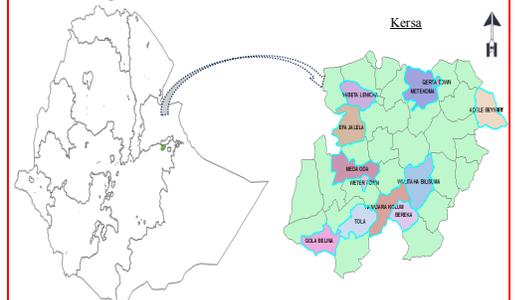
Research Center (KDS-HRC),

Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

