

Factor Affecting Health Services Utilization: An Article Review

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Abstract: There is a growing literature on health seeking behaviors and the determinants of health services utilization especially in the context of developing countries. However, very few focused studies have been seen in Egypt in this regard. This paper presents an extensive literature review of the situation in developing countries and relates the similar factors responsible for shaping up of a health seeking behavior and health service utilization. The factors determining the health care utilization may be seen in various contexts: physical, socio-economic, cultural and political. Therefore, the utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions, and the disease pattern and health care system itself. Policy makers need to understand the drivers of health care utilization of the population in an increasingly pluralistic health care system. **Objective:** To identify the main determinant factors affecting utilization of health services and also Identify the barriers which affecting the utilization of health services. **Result:** Several studies have shown that low socio-economic status, older age, gender disparities, low education level, large family size, and limited physical and financial accessibility result in poor health service utilization. In many developing countries, physical accessibility, infrastructure (including hospital location), and availability of transportation influence health service utilization.

[Mohamed El-Hady Imam Salem, Mohamed Naguib Abdel-Moneim, Omar Omar Zidan and Mahmoud Abdel-Motty Abdel-Atty. **Factor Affecting Health Services Utilization: An Article Review.** *Nat Sci* 2017;15(9):70-73]. ISSN 1545-0740 (print); ISSN 2375-7167 (online). <http://www.sciencepub.net/nature>. 12. doi:[10.7537/marsnsj150917.12](https://doi.org/10.7537/marsnsj150917.12).

Key words; Health Services –utilization of health services –barrier affecting utilization of health services;

Introduction

Utilization of health services is a complex behavioral phenomenon sometimes called resources management it focuses on appropriate use of services by a particular physician or at a practice site (**Chakraborty, 2003**). It has been suggested that healthcare should be universally accessible without barriers based on affordability, physical accessibility, or acceptability of services accordingly; increased use of health services is a major target in many developing countries (**Sepehri et al., 2008**). Health care utilization has been defined as the process of seeking professional health care and submitting oneself to the application of regular health services, with the purpose to prevent or treat health problems (**Scheppers et al., 2006**). Strategic policy formation in all health care systems should be based on information relating to health promoting, seeking and utilization behavior and the factors determining these behaviors. All such behaviors occur within some institutional structure such as family, community or the health care services. The factors determining the health care utilization may be seen in various contexts: physical, socio-economic, cultural and political (**Hanson, 1998**). Therefore, the utilization of a health care system, public or private, formal or non-formal, may depend on socio-

demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions, and the disease pattern and health care system itself (**Fatimi, 2002**).

Materials and Methods

The present essay describes and summarizes the findings of the prevailing articles, scientific papers, research studies, and reports on Health Services utilization A review of literature was conducted from first of December 2014 to the end of July 2016. Study design was an essay study through the following steps 1) Desk review of available documents 2) Review available libraries for related periodic medical journal. 3) Review relevant websites and check most researches.

Health services in Egypt

The health care system in Egypt is quite complex with a large number of public entities involved in management, financing and the provision of care (**WHO, 2010**). The Ministry of Health is responsible for overall health and population policy including the provision of public health services as well as being the major provider of the inpatient-based curative system.

The Ministry of Higher Education is responsible for medical education as well as service delivery and the Health Insurance Organization (HIO) is both an insurer/financier and provider of care to employees, students, widows, pensioners and the newborn (covering about 45% of the Egypt's population). Care also is provided by the ministries of defense, transport, aviation, electricity and interior, the Teaching Hospital Organization, Curative Care Organization, other public sector organizations, nongovernmental organizations, private hospitals and clinics (**Country Cooperation Strategy 2010**).

The Ministry of Health primary health care facilities provide for: maternal and child health services; communicable diseases control; environmental health services; health education; parasitic and endemic diseases control; school health services; curative and emergency care (general practitioner level); family planning; and dental care (**WHO, 2010**). With regard to secondary and tertiary care, there are 139 619 hospital beds in the country, of which 33 063 are in Cairo, 10 930 in Giza, and 10 092 in Alexandria. The vast majority of these beds are in the public sector which appears to have excessive capacity and low occupancy rates, less than 50% (**Country Cooperation Strategy, 2010**).

Factors affecting Health Care Utilization

A variety of factors have been identified as the leading cause of poor utilization of health care services: including socio-economic status, lack of physical accessibility, cultural beliefs and perceptions, low literacy level of the mothers and large family size. Review of the global literature suggests that these factors can be classified as cultural beliefs, socio-demographic status, women's autonomy, economic conditions, physical and financial accessibility, and disease pattern and health service issues (**Stephenson, 2004**). Each group of factors is considered separately in the following.

Cultural and socio-demographic factors

Cultural beliefs and practices often lead to self-care, home remedies and consultation with traditional healers in rural communities (**Nyamongo, 2002**). Advice of the elder women in the house is also very instrumental and cannot be ignored. These factors result in delay in treatment seeking and are more common amongst women, not only for their own health but especially for children's illnesses (**Nakagawa, 2001**). Family size and parity, educational status and occupation of the head of the family are also associated with healthcare utilization besides age, gender and marital status (**Goldman, 2001**). However, cultural practices and beliefs have been prevalent regardless of age, socio-economic status of the family and level of education (**Geissler, 2000**). They also affect awareness and recognition of

severity of illness, gender, availability of service and acceptability of service. Gender disparity has affected the health of the women in Pakistan too by putting an un-rewarded reproductive burden on them, resulting in early and excessive child-bearing. This has led to 'a normal maternity' being lumped with diseases and health problems. Throughout the life cycle, gender discrimination in child rearing, nutrition, health care seeking, education and general care make a woman highly vulnerable and disadvantaged (**Government of Pakistan, 2000**). At times, religious misinterpretations have endorsed her inferior status. For her, limited access to the outer world has been culturally entrenched in the society, and for the unmarried, the situation has been even worse (**Stephenson, 2004**), even if it is a matter of consulting a physician in emergency (**Hasan, 2000**).

Socio-economic status

The socio-economic status (SES) of a community is a composite measure based on factors such as education, income, and demographic characteristics (sex, age, and ethnicity). It is believed that SES has a significant influence on utilization of health services because of its effect on aspects such as need, recognition, and response to symptoms; knowledge of disease; motivation to get well; and access or choice of health services. It is well documented that persons of lower SES experience a greater degree of disease and mortality. Despite these facts, research has shown that clinic and hospital use is not reflective of their circumstances -- especially among infants and children. This disparity in use by young persons of lower SES can result in a disproportionate amount of use when they are older. The economic polarization within the society and lack of social security system make the poor more vulnerable in terms of affordability and choice of health provider. Poverty not only excludes people from the benefits of health care system but also restricts them from participating in decisions that affect their health, resulting in greater health inequalities (**Nyamongo, 2002**). Low-income families face barriers to increasing their income and to obtaining a broad range of health and social services, thus negatively influencing their health and social outcomes. The evidence reviewed indicates that increasing access to service may be a direct and sustainable way to improve health and social outcomes in low-income families (**Pressor, 2007**).

Physical accessibility

Access to care is essential condition for utilization of services. Access and utilization are related concepts in health sector and access has a fundamental role in use of medical care services (**Van et al., 2003**).

Buor (2003) found that distance is the most important factor that influences the utilization of

health services in the south district of Ghana. The effect of travel time on utilization reflects that of distance and utilization. The inadequacies in the access to health facilities have reduced the life expectancy of rural inhabitant and increased infant mortality (Ajala et al., 2005). They further asserted that rural people often waste a lot of time getting to the nearest available health care center of which they have to trek long distance on many occasion because they are often faced with the problem of reliable means of transportation (Woyemi et al., 2011).

Women's autonomy; Men play a paramount role in determining the health needs of a woman. Since men are decision makers and in control of all the resources, they decide when and where woman should seek health care. Women suffering from an illness report less frequently for health care seeking as compared to men (Ahmed, 2000). The low status of women prevents them from recognizing and voicing their concerns about health needs. Women are usually not allowed to visit a health facility or health care provider alone or to make the decision to spend money on health care (Navaneetham, 2002).

Health insurance coverage; Insurance coverage is considered a key determinant of timely access and utilization of health services and there for increased utilization of health services (Mark, 2004).

Need factors; the need factors are defined as those that are imperative and require action to be taken and such relevant variables for the study are: disease, symptoms, health status, and disability days. The decision to include both symptom and disease is informed by differences in decision criteria about seeking care that can possibly follow a mere symptomatic feeling of ill-health and actually being diagnosed with an ailment (Jimoh, 2014). Intensity of illness and number of spells significantly affect utilization of health care services? The higher the severity or number of illness episodes the higher the degree of utilization of services (Fitsum et al., 2011).

Barriers Preventing Utilization of Health Services; There are major barriers responsible for impeding access to medical care such as: any deficiency in the access dimensions (5 dimensions) (Availability, Accessibility, Accommodation, Affordability and Acceptability) is consider a barriers preventing appropriate utilization (Marrone, 2007). Financial barriers are other significant factors which may affect health care of adolescents (Belmonte et al., 2000). Uncomfortable health care service which may lead to a negative experience could also be considered as a barrier of seeking health care services (Fox et al., 2010). Poverty and lack of education, along with other social determinants, are proven barriers to healthcare (Marrone, 2007).

Psychological barriers; One of the most important barriers to get access to reproductive health services is the fear of being recognized by parents or people who may be familiar with them which has been shown in the study (Belmonte et al., 2000).

Conclusions

To develop rational policy to provide efficient, effective, acceptable, cost-effective, affordable and accessible services, we need to understand the drivers of health care utilization of the population in an increasingly pluralistic health care system. This relates both to public as well as private sectors.

Raising the socio-economic status through multi-sectorial development activities such as women's micro-credit, life-skill training and non-formal education have been shown to have a positive impact on healthcare utilization, morbidity and mortality besides the overall empowerment of women population.

Multiple forces determine how much health care people use, the types of health care they use and the timing of that care. Some forces encourage more utilization; others deter it. Some studies on health care utilization identify predisposing, enabling, and need determinants of care. Predisposing factors include the propensity to seek care, such as whether an individual's culture accepts the sick role or not, and what types of care are preferred for specific symptoms. Enabling factors include depth and breadth of health insurance coverage and its affordability, location of services and other factors that allow one to receive care. Need for care also affects utilization, but need is not always easily determined without expert input.

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8/20/2017