



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

This policy brief describes the level of health service utilization of households in 12 selected kebeles of kersa woreda, Eastern Hararghe.

Introduction

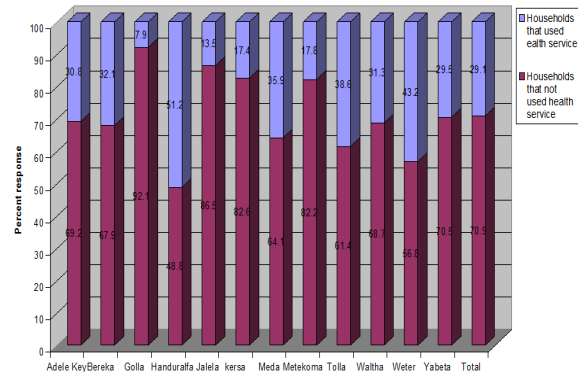
Level of health service utilization can vary based on age, sex and health status, perception of disease susceptibility, severity, cost, accessibility and health seeking behavior. A study was conducted in Kersa District from March to April, 2008 on the level of health service utilization in the family of 12 Kebeles of the district. In this study, 491 respondents from each studied households were participated.

In this policy brief the following questions have been addressed:

- To what extent do household members in the study utilize modern health care?
- Is there a difference in the health service utilization among the different kebeles?
- Is there a difference in the health service utilization among the different households with different income levels?
- Which of the available health institutions are frequently utilized?

Level of health care utilization in Kersa woreda

The respondents have been asked about whether any member of the family has needed health care from modern health institutions in the last six months. 348/491 (70.9%) of the respondents replied that their family has never used the service for the last six months



Health care utilization among the kebeles
 Fig 1 Distribution of use of modern health service in different studied Kebeles, 12 Kebeles studied the mararghe, Eastern Ethiopia, March to April 2008. In this study, among the 12 Kebeles studied the mararghe, Eastern Ethiopia, March to April 2008, 51.2% of the respondents from Handura kosum kebele reported that they used modern health service when family member is ill. While the least percentage (7.9%) of health care utilization is recorded in Gola Belina, which has poor accessibility for transportation than the rest kebeles.

Level of income versus health care utilization

It has been found out in the study that with the increasing level of total family monthly income, there is a steady increase in the percentage of households who have utilized modern health service. It ranges from 27.1% of the first lowest income category to 42.9% of the last highest income category. But, there is no statistically significant association between this two variables (P=0.08).

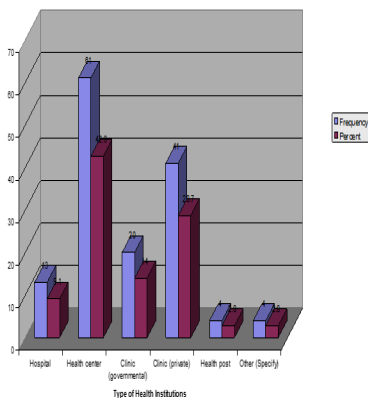
Table 1: Utilization of modern health service in studied households with different family monthly income status in Kersa District, Eastern Ethiopia, March to April 2008

Total family monthly income in ETB		Use of Modern Health service in the family for sick family members in the last six months		
		Yes	No	Total
0-199	No. of households	40	108	148
	Percent	27.0%	73.0%	100.0%
200-499	No. of households	78	187	265
	Percent	29.4%	70.6%	100.0%
500-749	No. of households	19	43	62
	Percent	30.6%	69.4%	100.0%
750-1,000	No. of households	3	6	9
	Percent	33.3%	66.7%	100.0%
>1,000	No. of households	3	4	7
	Percent	42.9%	57.1%	100.0%
Total	No. of households	143	348	491
	Percent	29.1%	70.9%	100.0%

Type of health institution visited

Respondents whose family have visited modern health services in the last six months have been asked about the type of health institutions visited for the last time. Almost half of the respondents 61/143 (42.6%) have said that their family have visited Health center to get health service for the last time in the last six months. The rest 28.7%, 14.0%, 9.1%, and 2.8% have got the required service from Private clinics, governmental clinic, hospital, and Health post respectively.

Fig 2: Type of health institutions visited for sick family members for the last



time in the last six months in Kersa District, Eastern Hararge, Eastern Ethiopia, March to April 2008.

Many developing countries including Ethiopia report very low health service coverage. Only a few portions, one-quarter (25%), of households in this study had visited modern health care. We have seen a direct association in the study between health service utilization and family monthly income. Intervention mechanisms in the study area need to consider a means to improve the health service utilization. There should be a subsidized treatment cost in the health institutions as a short term plan and the family income status also needs to be improved in future in order to enhance the health care utilization. In addition to this, continuous education of the community has to be made in order to raise the health seeking behavior.

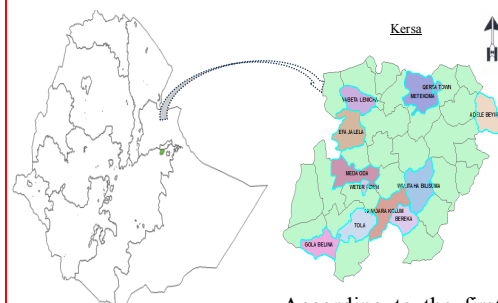
Kersa Demographic Surveillance and Health

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.

Recommendations



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