

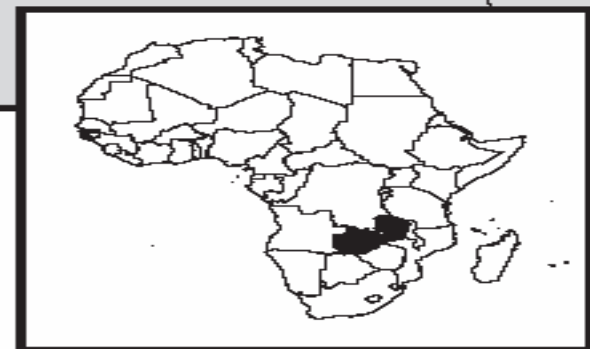
Factors That Influence Household Health Care Utilization Patterns In Two Districts Of Zambia: A Rural – Urban Comparative Evaluation.

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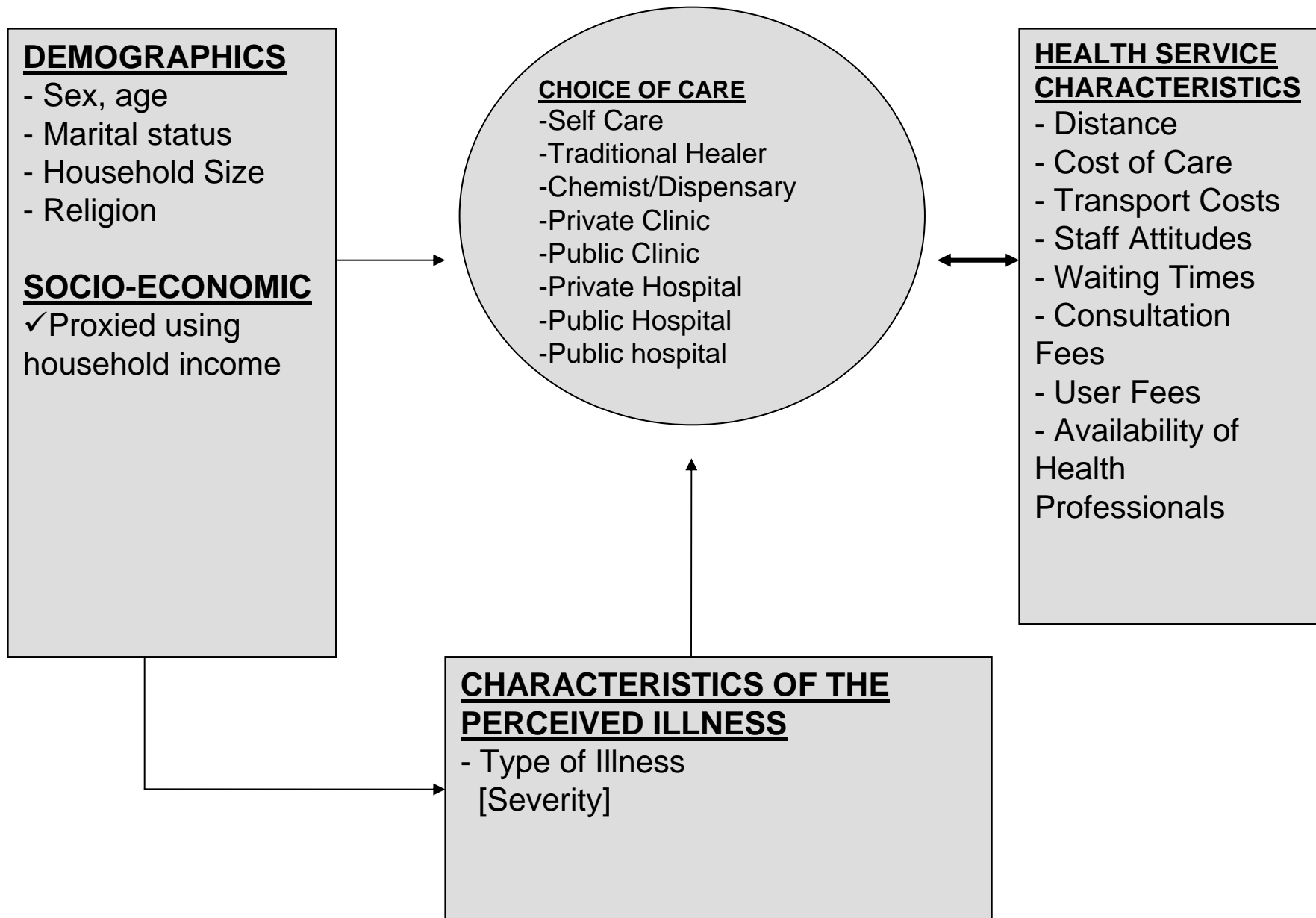
Project Funder: SIDA

ZAMBIA



Study Objectives

- Comparative assessment of patterns of health care utilization
 - Rural-Urban Households dichotomy
- Evaluate the impact of socio-demographic variables on health-seeking behavior
- Determine the impact of illness severity on the choice of health care provider
- Recommend strategic future health policy directions



Model Specification

- Choice of Care = f [AGE, RELIGION, HHHEAD_gen, MARRIAGE, HH_size, EMPLOYED, SES/income, HHH_educ].
 - Used to conduct analyses for each district sample
- Dependent Variable has three outcomes
 - **“Formal Care”, “Informal Care” & “No Care”**

NB: Used only for the analysis of those reporting an illness/injury over the 4 weeks reference period

Methods: Data Collection

- Purposive selection of study districts
 - Previous exposure/familiarity to areas
- Random selection of households in the study sites
 - 700 HH (350 households in each study district)
 - 3,150 individuals (*823 [26%] reported illness/injury*)
- Household Survey format
 - Structured, administered questionnaire
 - Household head or proxy

Methods: Data Analysis

- Multinomial Logistic Regression (*because we had more than two response categories i.e. no-care; informal care (faith/traditional healers & formal care (public and/or private providers))*)
 - *Outcomes are categorical and not ordered*
- Interpretation of regression coefficients
 - *Discrete changes in the probabilities based on the sign of coefficient relative to the base outcome group (“No Care”)*

Results 1: Utilization Patterns

Source of Care	District	
	Chipata	Ndola
No Care	40.9 %	28.9 %
Informal Care	3.4 %	1.3 %
Formal Care	55.6 %	68.9 %

Pearson Chi2 (6) = 225.3972; Pr = 0.0000

Results 2

- A larger proportion of moderately ill individuals in the rural district reported “**No Care**” as the treatment choice for their conditions i.e. 70.2% compared to 62.5%
- As severity of illness increases, both rural and urban households opt for a formal health care provider (public & private)
 - *Particularly evident in female-headed HH i.e. 75% compared to 56.2%*
- A larger proportion of rural respondents rated the HCF poorly
 - *Distance; staff attitudes & availability; queuing time; drugs availability*

Results 3: Significant Variables

District	Variable	Coefficient	P-value
Ndola	RELIGION	- 0.5236	0.001
	[Formal Care]		
Chipata	AGE	0.0551	0.006
	[Formal Care]		
	AGE	0.0223	0.018
	[Informal Care]		
	HHHEAD_gen	0.7989	0.005
	MARRIAGE	0.5508	0.061
	HHHEAD_educ	0.3440	0.071
	EMPLOYED	0.6026	0.054

Conclusion

- Future health policy initiatives should try to take into account the geographical variation that household characteristics have on health care utilization
 - Various socio-demographic factors have a bearing on health-seeking behavior
- Evident that HCU is impacted upon by various factors (not just external)
- Imperative that sufficient focus is directed at the “no care” group as well
 - *Improved/increase basic health education; formal recognition of THs as an alternative*