

Utilization of health care service

Definition

Utilization may be defined as the proportion of people in need of service who actually receive it and their frequency of use in a given period of time usually one year.

Utilization may be used (but not always) as synonymous with the term "coverage". It may also be defined as "the met demand". Need which is a gap between optimal and ill health may be expressed as demand for health care. This demand is likely to be met if services are available accessible, acceptable and provided at affordable cost. Met demand is compatible with utilization. See the outline

Approaches to study utilization

- 1. Institutionally based approach through the use of routine records available at health care institutions (health centers, hospitals and others).**
- 2. Population-based approaches (household surveys) in which data are directly obtained from population or subset of them through:**

Observation, mail questionnaire, direct interview or any other relevant method .In both of these approaches, utilization is measured as follows:

$$\text{Utilization} = \frac{\text{Number of service users}}{\text{Number eligible to use the service}} \times 100$$

Why to study utilization????

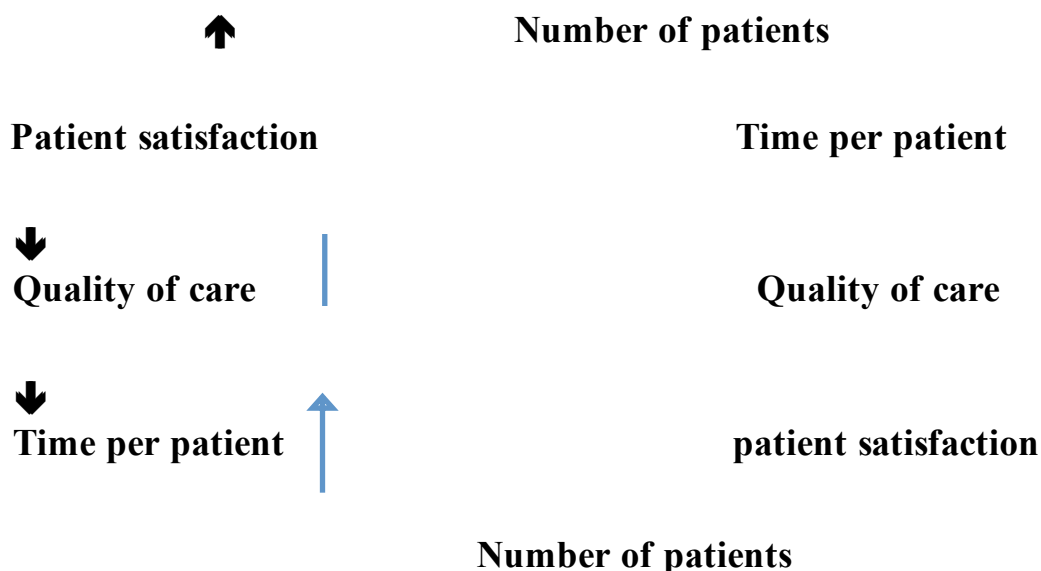
1. To identify the level of service utilization.
2. To identify the level of variation in different population subgroups and to measure time trends in services utilization.
3. To identify the determinants of variation in services utilization.
4. To rationalize services utilization through restructuring the health care system, both in terms of quality and accessibility.

Determinants of services utilization

Almost in every population, services utilization is likely to vary from time to time and in different subgroups in the population.

The variation is a result of complex interaction of many factors. These factors may be grouped as follows

1. Level of morbidity (level of need). The perceived or evaluated need is probably the strongest determinant of whether a person is to seek or not to seek a health care. If this factor (level of need) fails to appear as the main determinant of service utilization, the justice of that health care system is questionable.
2. People perception, awareness and satisfaction with available health care. This can be understood from the following example, which is based on empirical data obtained from research in east Africa.





3. Sociodemographic factors such as age, sex, education and others. A child cannot take a decision to seek care and cannot decide the source of care to be visited for a given illness. Females in general, have higher rates of service utilization, probably due to high illness rates, more severe illness or difference in perception of illness.

4. Distance. This is one of the crucial factors that shape services utilization. The level of utilization decreases substantially if the source of care is located beyond five kilometers from people residence. This inverse relationship was documented in many studies.

5. Economic factors; It is expected that the level of services utilization is related to income (purchasing power) as an enabling factor and cost of care as a deterring factor. In a health care system which charges at the time of use, it is likely that people with high income are able to purchase and use high quality care.

6. Organizational factors such as the location and administrative arrangements, referral arrangements and waiting time.