EVALUATING MEDICAL SERVICES UTILIZATION. A CASE OF KIMWANYI HEALTH CENTER II, KIRA MUNICIPALITY, WAKISO DISTRICT, UGANDA

BY

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JANUARY, 2024

Declaration

I, **Naguti Erusa,** hereby declare that this work is my original work and has never been submitted before any School, or institution of learning for any academic award of any qualification. Theories, ideas and materials obtained from existing literature and other sources have been dully acknowledged and referenced.

Signed..... Date 15/02/2024

NAGUTI ERUSA

(RESEARCHER)



Approval

I hereby declare that the research dissertation titled, "**Evaluating medical services utilization. A case of Kimwanyi Health Center II, Kira Municipality, Wakiso District, Uganda" by "Naguti Erusa"** has been done under my supervision and is approved for submission to the university.



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Dedication

I dedicate this research report to my mother, husband, my brothers and sisters for moral, psychological and spiritual support they have rendered towards my studies.

May the almighty God bless you abundantly

Acknowledgement

My special thanks go to the great king of heaven and earth, my God who has given me the gift of wisdom, knowledge, confidence and protection throughout my course

I would also like to send my sincere thanks to the following personalities who helped me through the research process;

My supervisor, Dr. Odoki Martin for tireless efforts rendered to me to ensure success of the research study

The research committee King Ceasor University for the support given

I register my heartfelt appreciation to the incharge kimwanyi health centre for having granted me permission to carry out my study in that health centre

I also extend thanks to my husband, my sister kako Robinah for having supported me psychologically throughout my course.

May almighty God bless you

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Definition of terms

Patient delay is defined as the overall amount of time a patient spends waiting at a health facility before being received by a health worker.

Patients' waiting time is defined as the length of time from when the client enters the outpatient clinic to the time the patient actually receives his or her prescription.

Health or care seeking behavior has been defined as any action taken by someone in order to find an appropriate remedy for themselves or for the person whom they take care of, when they have a health problem or illness.

Professional code of conduct a set of guidelines and rules to be followed and adhered to by all health workers.

Abbreviations

ANC	:	Antenatal Care
HMIS	:	Health Management Information System
OPD	:	Out Patient Department
WHO	:	World Health Organization

Abstract

The provision of quality medical services to patients is an ideal that every health care institution hoped to achieve since it has many benefits attached to it (Bazrafcan et al., 2015).

A study was carried out to evaluate medical services utilization. A case of Kimwanyi Health Center II, Kira Municipality, Wakiso District, Uganda. The study design was descriptive and cross-sectional and it employed quantitative data collection methods. A sample size of 60 respondents was selected using convenience sampling procedure. An interview guide was used to collect data. The study found various socio-economic factors affecting medical services utilization. Although all the respondents 60 (100%) were aware and had ever attended the health care services provided at Kimwanyi Health Center II, 40 (66.7%) of respondents were not aware of the dangers of poor health seeking behavior for medical services, 40 (67%) did not receive adequate support and encouragement from their partners to ensure access to health care services, 36 (60%) had never been health educated about home treatment for illnesses, 24 (40%) respondents resided 4 – 5 km away from Health Center and 24 (40%) respondents spent between 5000 – 10,000shs on transport to the health facility, yet 50 (83.3%) reported that lack of money for transport as a factor affecting medical services utilization.

Results also revealed various health worker related factors affecting medical services utilization as 40 (67%) reported that health workers had bad behavior towards patients , 40 (67%) reported that health workers had negative attitudes during the provision of medical services, 20 (33.3%) reported over conversing and unwelcoming health workers and 16 (26.7%) reported inefficient and slow health staff.

Results showed various health facility factors affecting medical services utilization and although 24 (40%) respondents rated the quality of medical care received the last time they used the health care services as very good, 22 (36.7%) spent 30 minutes to 1 hour, 16 (26.7%) spent more than 4 hours, 36 (60%) reported that Kimwanyi Health Center II is not accessible from their homes, 24 (40%) were sometimes able to get all the required services and medication.

In conclusion, respondents faced various socio-economic, health worker and health facility factors affecting medical services utilization. The key recommendations included improved customer care, ready availability of services, and ready availability of medication among others.

Chapter One: Introduction

1.0 Introduction

This chapter presents the background of the study, problem statement, purpose of the study, specific objectives, research questions and significance of the study.

1.1 Background to the study

Poor utilization of medical services remains a major challenge globally. The provision of quality medical services to patients is an ideal that each and every health care institution hoped to achieve since it has many benefits attached to it including increased utilization of the medical services, patient satisfaction with the services provided as well as loyalty to the health facility (Bazrafcan et al., 2015).

World Health Organization (WHO, 2020) reported that health services could only be rated as quality services if the health personnel delivering the services strictly adhered to the available code of professional conduct and ethics based on 5 core principles including respect for the dignity of the person, professional responsibility and accountability, quality of practice, trust and confidentiality as well as collaboration with others.

However, according to Lederle et al. (2021) despite the provision of quality medical services, patients did not adequately turn up and utilize the available services and this was attributed to various factors including unsupportive environments, understaffing, heavy workload, burn out, low morale and motivation of health staff, lack of supervision, poverty, low level of education and lack of support among other factors.

Globally, poor utilization of medical services by patients was also experienced in developed countries such as the Germany and Italy, as evidenced in a study by Bitton et al. (2017) whose study found that 29% of patients had left the outpatient department before being called for their

examination due to patient delays and this was attributed to various factors including poor coordination among other factors.

In Sub Saharan Africa, the situation gets worse as most health care systems are not well developed and efficient and according to Kyeremaa (2015), in their study in Ghana reveal that in an African context, poor utilization of medical services was attributed to various factors including inadequate staffing, inefficiency, language barriers, low staff morale and motivation among others. This was also evidenced in a study by Okonofua et al. (2018) whose study among the South African black population revealed that 76% relied on public hospitals and the facilities were overcrowded, understaffed and under resourced, contributing to waiting time of over one hour to see a health provider and subsequent poor utilization and loss of interest in the health services.

In East African countries such as Kenya and Tanzania, factors contributing to poor utilization of health services among patients included health worker/hospital related factors such as inadequate staffing, inefficiency, language barriers, lack of money for transport and medical services, poor coordination, lack of supervision and monitoring as well as ineffective communication among others (Dassah et al., 2018).

Poor utilization of medical services by patients in Uganda was associated with various factors including inadequate staffing, unavailability of services, stock outs of medication and other required resources, long distance to service points, absenteeism among health workers, poor allocation of available resources as well as low morale of health workers and understaffing as reported by Sreenivas & Prasad (2018).

1.2 Problem Statement

In Uganda, poor attendance and utilization of medical services remains a major challenge as various studies had identified this as a key health concern. For instance, a study by (McPhail, 2016) found out that there was a gradual reduction in service utilization among patients which was attributed to various factors including long waiting time to receive services, poor quality medical services, poor location of facilities, stock outs of medication as well as poverty, low patient related status of the patients among other factors.

Similarly, Kansiime (2017) study about health service delay and associated factors among patients presenting to Mulago Hospital revealed that 65% of patients reported experiencing delays at OPD, encountered frequent stock outs of drugs and had to purchase these from pharmacies and clinics out of the hospital, long waiting time to receive services among other factors yet these have been identified as factors affecting medical services utilization.

Kimwanyi Health Center II served a total catchment population of 17,555 people and it is the only government health facility in Kimwanyi Parish which had a total of 8 villages including Kijabijjo A, Kijabijjo B and Kijabijjo C, Nakwero A and Nakwero B, Kimwanyi, Kiwologoma, Kitukutwe as well as serving clients from villages in the neighboring parish including Manyangwa, Kabubbu, Nakasajja and Kalagala among others. However, according to Health Management Information System (HMIS, 2021/2022) records of the facility, from April – June, 2021, only 1863 clients attended outpatient services. In the same period, only 465 women attended Medical services, 81 attended family planning services while only 1157 caretakers attended immunization services for their children under 5 years. These figures demonstrated poor utilization and uptake of the medical services provided. It was hence according to this background that the researcher picked interest to

carry out this study and identify the factors affecting medical services utilization at Kimwanyi Health Center II.

1.3 General Objective

The general objective of the study was to evaluate medical services utilization. A case of Kimwanyi Health Center II, Kira Municipality, Wakiso District, Uganda in an effort to come up with measures to improve medical services utilization.

1.3.1 Specific Objectives

1) To assess the patient related factors affecting medical services utilization at Kimwanyi Health Center II, Wakiso District.
2) To identify the health worker related factors affecting medical services utilization at Kimwanyi Health Center II, Wakiso District.
3) To determine the health facility factors affecting medical services utilization at Kimwanyi Health Center II, Wakiso District.

1.3.2 Research Questions

1) What are the patient related factors affecting medical services utilization at Kimwanyi Health Center II?
2) What are the health worker related factors affecting medical services utilization at Kimwanyi Health Center II?
3) What are the health facility factors affecting medical services utilization at Kimwanyi Health Center II?

1.4 Significance of the study

The findings could assist the Ministry of Health and Health Planners and other stake holders by identifying the potential areas which still required improvements in the training of health workers to improve efficiency during provision of medical services.

Identifying the factors affecting medical services utilization at Kimwanyi Health Center II could greatly assist the administration of the health facility to come up with practical measures to improve efficiency and quality of medical services provided in an effort to improve service utilization.

The study could further assist health workers at Kimwanyi Health Center II as they would be better able to put in place measures to improve efficiency and ensure effective provision of quality medical services which would improve service utilization.

The study could benefit patients at Kimwanyi Health Center II as they would be able to access more efficient and quality services once recommendations to improve the provision of health services had been implemented.

The study provided a valuable point of reference for researchers carrying out similar studies in future and also contributed to the available literature on factors affecting medical services utilization.
The study helped the researcher in accomplishing the Degree as it was a partial requirement to be fulfilled for the award of a Bachelors in Nursing Science.

Chapter Two: Literature Review

2.1 Introduction

This chapter describes the literature review cited by other scholars about the factors affecting medical services utilization. The literature was presented according to the objectives of the study and it commenced with the patient related factors affecting medical services utilization. The literature was presented as follows:-

2.2 Patient related factors affecting medical services utilization

Bindman et al. (2015) in a study about consequences of queuing for care at a public hospital emergency department that patient related factors affecting medical services utilization included marital status as well as language barriers which led to poor communication between patients and health workers thus leading to longer patient waiting time which will ultimately affect service utilization.

Another study by Gabrani et al. (2020) about the factors associated with the utilization of primary care services: a cross-sectional study in public and private facilities in Albania revealed that some of the patient related factors affecting medical services utilization included low level of education as well as lack of support among other factors. It was further revealed that low level of education of some patients at times did not enable them to express themselves and receive the services they need.

Lindelow & Serneels (2015) in a study about the performance of health workers in Ethiopia results from a qualitative research revealed that some of the patient related factors affecting medical services utilization included lack of knowledge about the services available as well as where to get them.

Mpungu et al. (2015) in a study about patient and health service delay in pulmonary tuberculosis patients attending a referral hospital, a cross-sectional study that some of the patient related factors affecting medical services utilization included long distance to facilities as well as poverty which led to lack of money for transport to the health facility as well as for the health services and low patient related status of the patients among others.

Dassah et al. (2018) study about the factors affecting access to primary medical services for persons with disabilities in rural areas: a "best-fit" framework synthesis revealed that some of the factors affecting medical services utilization included unemployment, type of occupation as well as severity of illness of the patients. Furthermore, going to hospitals without anybody for support had also been found to prolong waiting time of patients at outpatient department which made patients lose interest in the services provided by the health facility.

Another study by Vissers (2016) about patient flow-based allocation of inpatient resources, a case study reported that the factors affecting medical services utilization included language barriers, age, severity of illness, low level of education as well as low social economic status among other factors. Gardiner (2017) about advances in fetal echocardiography reported that patient related factors affecting medical services utilization included young age as well as lack of support.

A study by Okonofua et al. (2018) about the predictors of women's utilization of primary health care for skilled pregnancy care in rural Nigeria revealed that factors such as women's status, preference for traditional care, cultural beliefs and limited resources that all affected utilization of health services.

2.3 Health worker related factors affecting medical services utilization

Whitt (2015) reports in a study about improving service by informing customers about anticipated delays that some of the health worker related factors affecting medical services utilization included lack of customer care skills, inexperience of personnel and inefficiency of available staff as well as failure to adhere to professional code of conduct and ethics among other factors.

Kim et al. (2018) study about rethinking the role of the public health clinic: comparison of outpatient utilization in the public health clinics and private clinics in Korea reported that some of the health worker related factors affecting medical services utilization included negative attitudes towards patients, poor communication skills, lack of customer care skills and inexperience of personnel as well as lack of respect for patients.

Liu et al. (2018) study about why patients prefer high-level healthcare facilities: a qualitative study using focus groups in rural and urban China revealed that some of the health worker related factors affecting medical services utilization included unapproachable or impatient health staff, negative attitude of staffs towards patients.

Kumar et al. (2015) study about exploring the role of the public and private funded primary health care facilities for children in a Pluralistic health care setting of Barbados: one of the English Caribbean countries found out that health workers absenteeism, late coming and early departures as well as poor motivation. This was attributed to the way health staffs carried out their duties in a slow manner as well as negative practices such as late coming, early departures as well as poor response to patient enquiries and requests among others all of which contributed to poor utilization of health services.

Similar findings were presented by Jin et al. (2017) in a study about the impact of health workforce availability on health care seeking behavior of patients with diabetes mellitus in China revealed that some of the health worker related factors affecting medical services utilization included low morale, motivation and commitment to the job among health staffs leading to inefficiency and slow response to patient requests.

Another study by Bitton et al. (2017) about primary health care as a foundation for strengthening health systems in low- and middle- income countries revealed that health worker related factors affecting medical services utilization included poor health education and sensitization of patients about the availability and benefits of good health seeking behavior as well as the dangers of failure to seek health services.

2.4 Health facility factors affecting medical services utilization

Tancred et al. (2016) study about using mixed methods to evaluate perceived quality of care in southern Tanzania revealed that an important health facility factor affecting utilization of health services was understaffing and insufficient number of health workers. If the number of health staff is not adequate compared to the number of clients, it leads to delays and a longer waiting time to receive services which ultimately affects utilization of the health services.

Similar findings were presented by Swanson et al.(2017) study about the challenges of implementing antenatal ultrasound screening in a rural study site: a case study from the Democratic Republic of the Congo documented that health facility factors affecting medical services utilization include insufficient computer facilities at the outpatient registration counter, improper record management and poor filling systems which affect the search time leading to a longer waiting time for clients to receive services.

Mackintosh et al. (2016) study titled "What is the private sector? understanding private provision in the health systems of low-income and middle-income countries revealed that health facility factors affecting medical services utilization included inadequate infrastructure and capacity to handle and process a good number of patients leads to serious delays in receiving services and contributing to patients' lack of interest in the health services.

Stigler et al. (2016) study titled "No universal health coverage without primary health care" revealed that some of the health facility factors affecting medical services utilization include untidiness in the various facilities and their surroundings, unavailability of required drugs/medication, inadequate provision of resources, lack of ambulances among others.

A study by Kruk et al. (2018) about mortality due to low- quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries reported that health facility factors affecting medical services utilization included unavailability of equipment and facilities, human resources, slow registration processes as well as insufficient capacity of facility to handle the number of clients.

McPhail (2016) study about multimorbidity in chronic disease: impact on health care resources and costs reported that health facility factors affecting medical services utilization included lack of equipment which led to issues of gridlock and "bottlenecks" as well as poor fore-casting and scheduling. Other factors included poor supervision and monitoring.

A study by Gage et al. (2018) study about whether quality influences utilization of primary health care? Evidence from Haiti revealed that major health facility factors affecting medical services utilization included unavailability of medication, understaffing, perceived or actual provision of poor-quality medical services and low health worker-patient ratio which led to situations of high patient health worker ratio which caused delays in receiving medical services.

Chapter Three: Methodology

3.0 Introduction

The chapter focuses on methodology which included the study design, study setting, study population, sample size determination, sampling procedure, inclusion criteria, definition of variables, research instruments, pilot testing, data collection procedure, data management, data analysis and presentation, ethical considerations, limitation of the study and dissemination of results.

3.1 Study Design and rationale

The study design was cross sectional and descriptive, employing both quantitative and qualitative data collection methods. It was a cross sectional type of design because data was obtained at a single point in time, it was descriptive because it identified the factors influencing medical care services utilization among clients in Kimwanyi Health Center II, Kampala District and present it as it was without alterations.

3.2 Study setting

The study was conducted at Kimwanyi Health Center II, Kira Municipality, Wakiso District. The health center offers many health services including immunization, HIV/AIDS counseling and testing services, laboratory services,family planning services, antenatal and post natal services, EMTCT and RCT services. The study setting was selected because it was easy for the researcher because she was familiar with the area and the problem under study had been noted on the ground.

3.3 Study Population

The study included men and women attending medical services at Kimwanyi Health Center II, Kira Municipality, Wakiso District.

3.3.1 Sample Size

The study consisted of a sample of 60 respondents and all were men and women attending medical services at Kimwanyi Health Center II, Kira Municipality, Wakiso District. Using the Morgan and Krejcie table for sample size determination, and having a study population of 100 men and women who attend services every day, the sample size was 60 respondents. This sample size represented the views of the entire target population. See appendix.

3.3.2 Sampling procedure

The researcher utilized convenience sampling procedure to select the respondents to participate in the study. In this sampling procedure, the researcher selected all the available respondents who wished to participate and included them in the study. This continued until the total of 60 respondents was achieved.

3.3.3 Inclusion criteria

The study included only men and women attending medical services at Kimwanyi Health Center II who were available at the hospital during the data collection days and were free and willing to consent to take part in the study.

3.4 Definition of Variables

The independent variables for the study included:

Patient related factors

Health worker related factors

Health facility factors

The dependent variables for the study included:

Medical services utilization

3.5 Research Instruments

Data was collected using an approved semi-structured interview guide which contained both open

and closed ended questions which were self-administered. This instrument was selected because the study involved only literate respondents who were able to read write and understand the tool and hence answer by themselves.

3.5.1 Quality Control

The interview guide was pre-tested among 6 male and female patients attending medical services at Kirinya Health Center II in Kira Municipality to enable the researcher to assess its clarity, accuracy and reliability and thereafter made any necessary adjustments before applying the tool in the study area.

3.6 Data Collection Procedure

The researcher was introduced to the respondents by the In-charge of Kimwanyi Health Center II. The researcher identified the respondents, introduced herself and interviewed one respondent at a time. Data was collected for 6 days. Depending on the availability of respondents, the researcher interviewed 10 respondents per day and each respondent participated for between 15 – 20 minutes.

3.6.1 Data management

Data was managed by the researcher to ensure that confidentiality and security was maintained. Data management also included data editing before leaving the area of study to ensure that there were no mistakes or areas left blank, and any mistakes found were corrected before leaving the area of study. Collected data was stored under lock and key and only accessed by the researcher.

3.7 Data analysis and presentation

The collected data was first analyzed by Statistical Package for Social Scientists (SPSS Version 25) after which the researcher presented the data descriptively. Both descriptive and inferential statistics such as the mean, mode and average were used for summarizing the data and establishing the association between the independent and dependent variables and the outcomes.

3.8 Ethical Considerations

A letter of introduction was obtained from King Ceasor University, introducing the researcher to the administration of Kimwanyi Health Center II and seeking permission to carry out the study. Once permission was granted, the researcher was escorted and introduced to the respondents by the In-charge of the health facility. Respondents were assured of maximum confidentiality for all the information they gave and the study only commenced after the objectives of the study had been clearly and well explained to participants and they had understood and voluntarily consented to participate in the study.

3.9 Limitations of the study

The researcher also encountered time constraints in the course of the study, balancing the research study and other demanding course works. The researcher overcame these limitations by drawing up a timetable which was strictly followed to overcome the time barriers.

3.10 Dissemination of results

The results were forwarded to King Ceasor University to enrich the school library and for award of the Degree, another copy was given to the administration of Kimwanyi Health Center II for actions as per the recommendations and the researcher also retained one copy for ownership and future reference.

Chapter Four: Data Analysis and Presentation

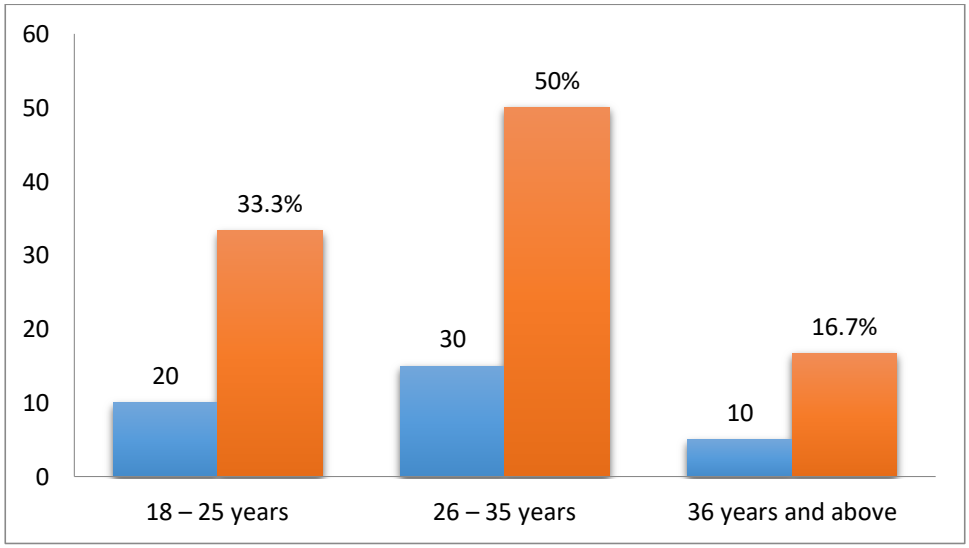
4.1 Introduction

This chapter presented results from respondents. The researcher gathered data from questionnaires. The findings were analyzed and presented in form of frequency tables, figures and graphs. The study interviewed a sample of 60 respondents.

4.2 Demographic and Social Characteristics

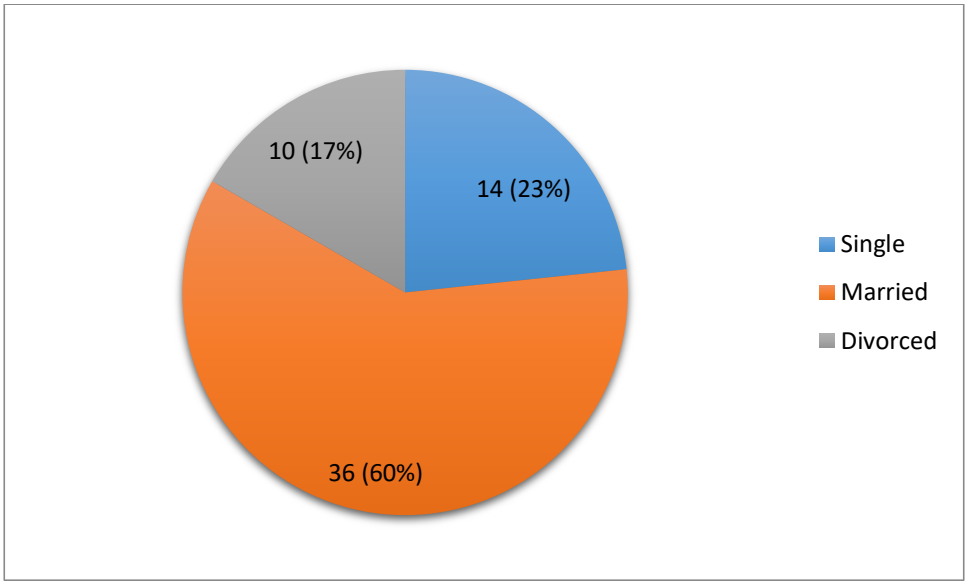
The questionnaire included questions on demographic and social characteristics such as age, marital status, level of education, occupation. This information was assessed to find out its relationship with the evaluation of medical services utilization. A case of Kimwanyi Health Center II, Kira Municipality, Wakiso District, Uganda. The results were presented as follows.

Figure 1: Distribution of respondents by age n=60



Half of the respondents 30 (50%) were in the age range of 26 – 35 years, followed by 20 (33.3%) who were in the age range of 18 – 25 years while the least 10 (16.7%) were 36 years and above.

Figure 2: Distribution of respondents by marital status n=60



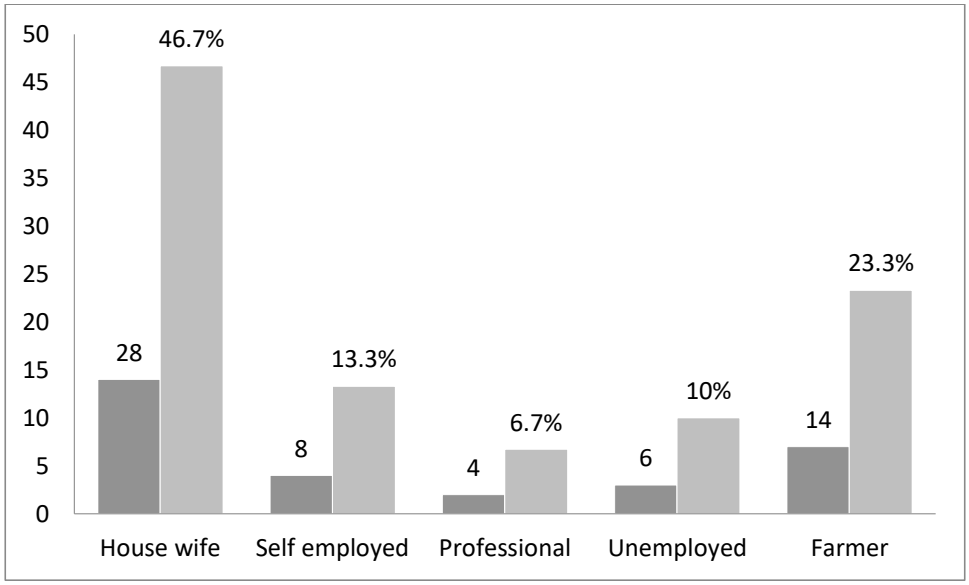
Majority of respondents 36 (60%) were married, followed by 14 (23%) who were single while the least 10 (17%) were divorced.

Table 1: Distribution of respondents by level of education

Level of education	**Frequency (n=60)**	**Percentage (%)**
Primary level	22	36.7
Secondary level	12	20
Tertiary level	6	10
No formal education	20	33.3
Total	**60**	**100**

A total of 22 (36.7%) had attained primary level education, followed by 20 (33.3%) had not attained any formal education, 12 (20%) had attained secondary level education while the least 6 (10%) had attained tertiary level education.

Figure 3: Distribution of respondents by occupation n=60



Less than half of the respondents 28 (46.7%) were house wives, followed by 14 (23.3%) who were farmers, 8 (13.3%) were self-employed, 6 (10%) were unemployed, 4 (6.7%) were professionals.

4.3 Socio economic factors affecting medical services utilization

Table 2: Awareness of the health care services provided at Kimwanyi Health Center II

Responses	**Frequency (n=60)**	**Percentage (%)**
Yes	60	100
No	0	0
Total	**60**	**100**

All the respondents 60 (100%) were aware of the health care services provided at Kimwanyi Health Center II.

Table 3: Ever attended the health care services at Kimwanyi Health Center II

Responses	**Frequency (n=60)**	**Percentage (%)**
Yes	60	100
No	0	0
Total	**60**	**100**

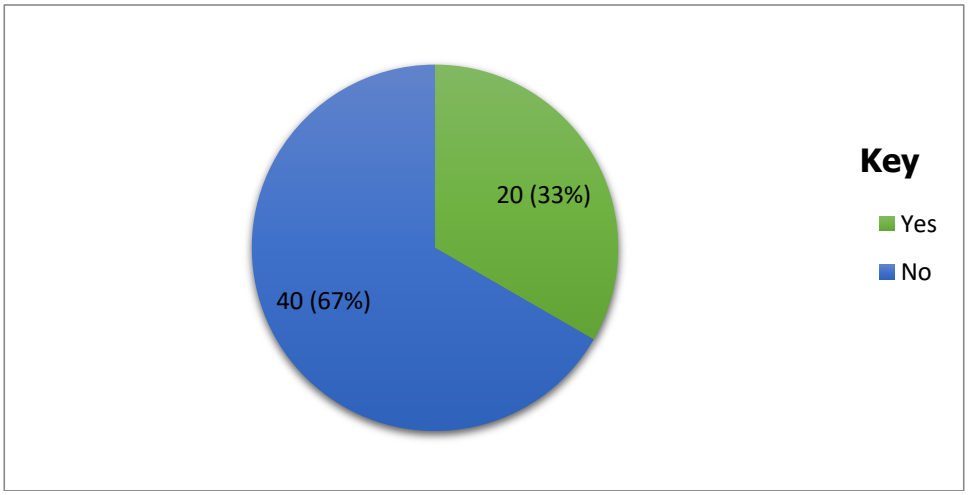
All the respondents 60 (100%) had ever attended health care services provided at Kimwanyi Health Center II.

Table 4: Awareness of dangers of poor health seeking behavior for medical services

Responses	**Frequency (n=60)**	**Percentage (%)**
Yes	20	33.3
No	40	66.7
Total	**60**	**100**

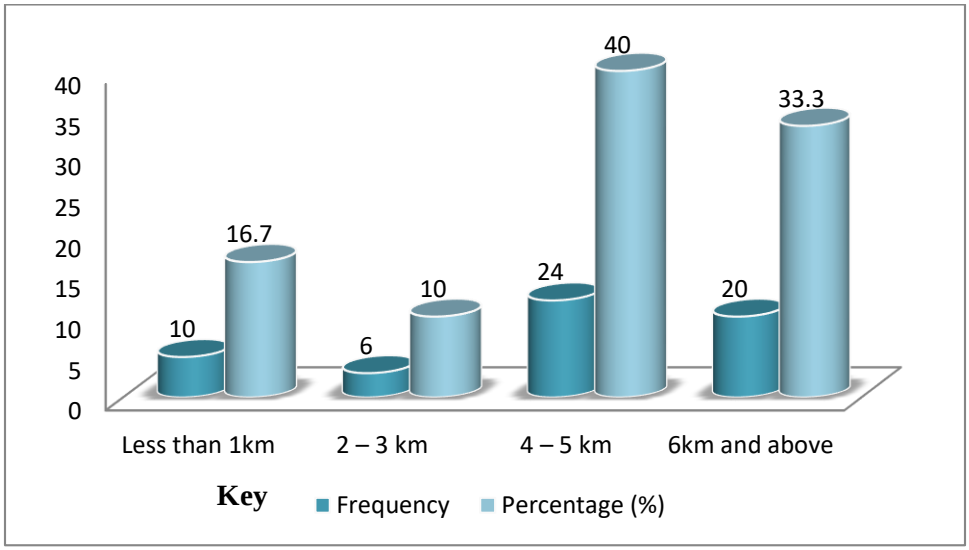
Majority 40 (66.7%) of respondents were not aware of the dangers of poor health seeking behavior for medical services while the least 20 (33.3%) were aware of the dangers of poor health seeking behavior for medical services including death and complications.

Figure 4: Whether respondents receive adequate support and encouragement from the husband/partner to ensure access to health care services at the facility n=60



Majority of respondents 40 (67%) did not receive adequate support and encouragement from their husband/partner to ensure access to health care services while the least 20 (33%) received adequate support and encouragement from their husband/partner.

Figure 5: Distance to Kimwanyi Health Center II from respondents' homes (n=60)



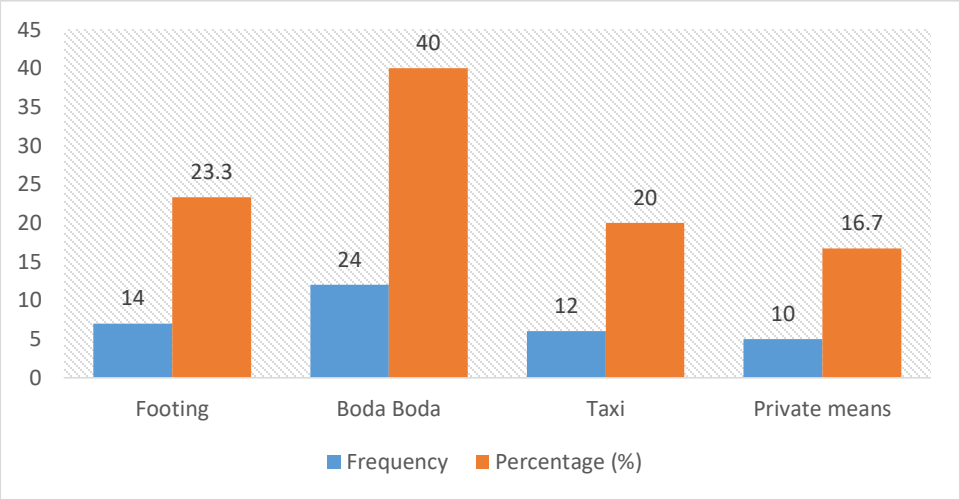
A total of 24 (40%) respondents resided 4 – 5 km away from Kimwanyi Health Center II, followed by 20 (33.3%) who resided 6 km and above away, 10 (16.7%) resided less than 1 km away while the least 6 (10%) resided 2 – 3 km away.

Table 5: Availability of reliable and safe transport to get them to Kimwanyi Health Center II

Responses	**Frequency (n=60)**	**Percentage (%)**
Yes	60	100
No	0	0
Total	**60**	**100**

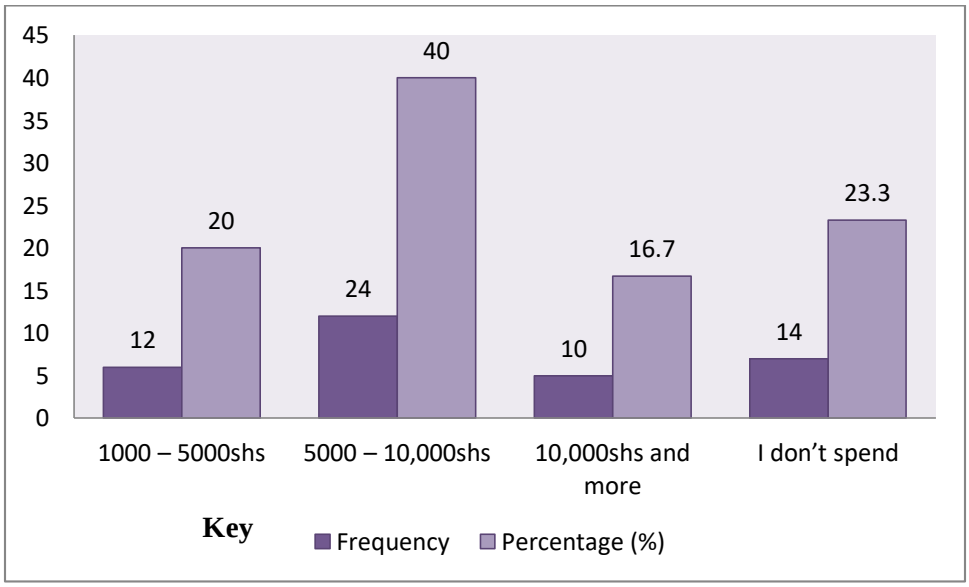
All the respondents 60 (100%) reported that they had reliable and safe transport available to get them to Kimwanyi Health Center II.

Figure 6: Means of transport used to get to the health facility (n=60)



Results showed that 24 (40%) respondents used boda boda as a means of transport to get to the health facility, followed by 14 (23.3%) who footed, 12 (20%) used taxis while the least 10 (16.7%) used private means.

Figure 7: Amount of money spent on transport to the health facility (n=60)



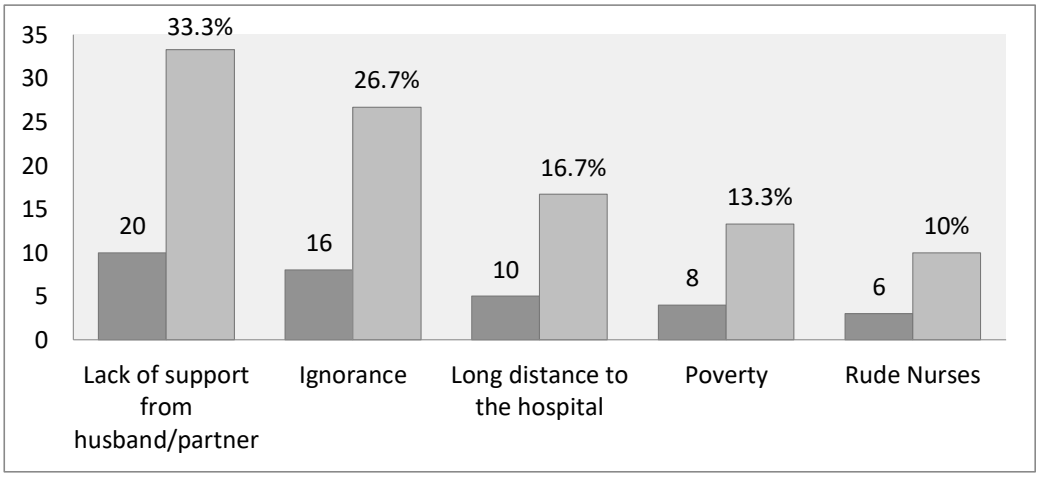
A total of 24 (40%) respondents spent between 5000 – 10,000shs on transport to the health facility, followed by 14 (23.3%) who did not spend any money as they footed to the facility, 12 (20%) spent 1000 – 5000shs while the least 10 (16.7%) spent 10,000shs and more on transport.

Table 6: Whether lack of money for transport and for health care services a determinant for health seeking behavior

Responses	Frequency (n=60)	Percentage (%)
Yes	50	83.3
No	10	16.7
Total	**60**	**100**

Majority of respondents 50 (83.3%) reported that lack of money for transport and for health care services a determinant for health seeking behavior while the least 10 (16.7%) reported that it was not a determinant for health seeking behavior.

Figure 8: Other socio economic factors affecting medical services utilization n=60

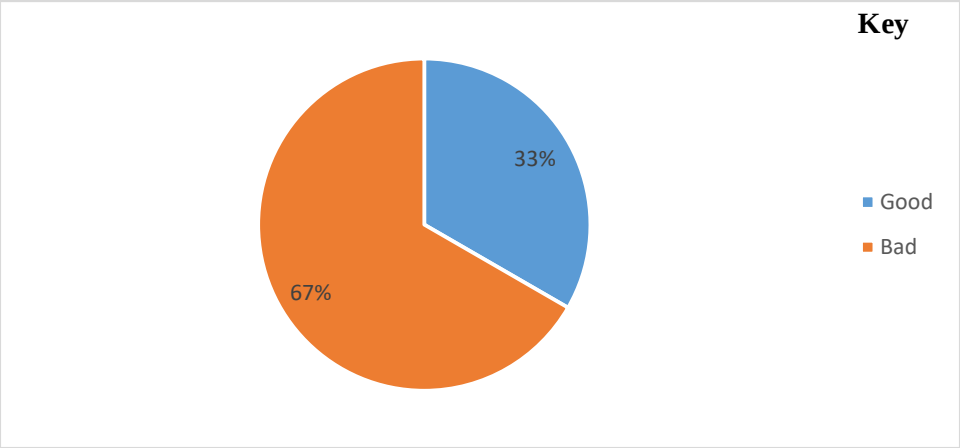


A total of 20 (33.3%) mentioned lack of support from the husband/partner as a socio-economic factor affecting medical services utilization, 16 (26.7%) mentioned ignorance, 10 (16.7%) reported long distance to the hospital, 8 (13.3%) poverty while the least 6 (10%) mentioned rude Nurses.

4.4 Health worker related factors affecting medical services utilization

Figure 9: Rating health workers behavior towards patients (n=60)

Most respondents 40 (67%) reported that health workers had bad behavior



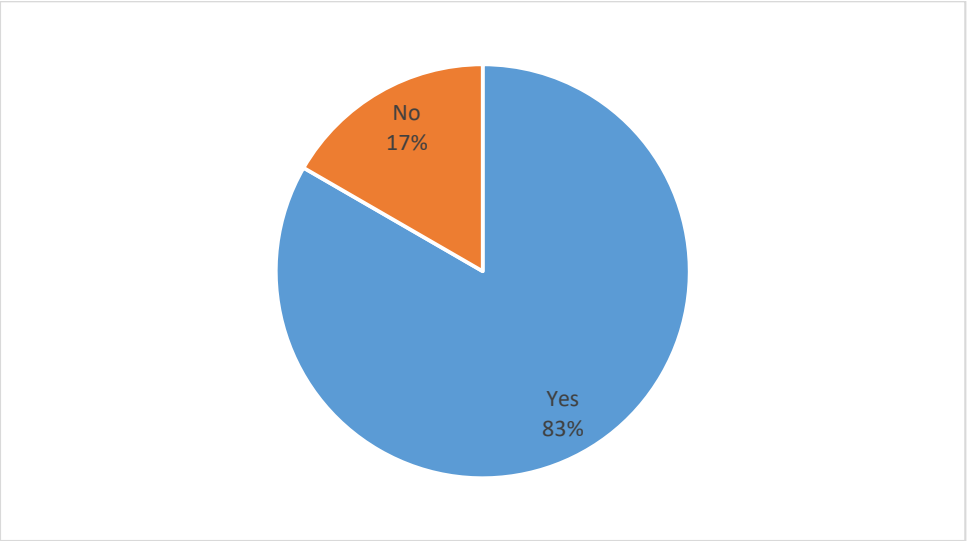
towards patients as they were rude and not welcoming while the least 20 (33%) reported that the health workers had good behaviors.

Table 7: Whether health workers had good customer care skills

Responses	**Frequency (n=60)**	**Percentage (%)**
Sometimes	24	40
Always	16	26.7
Never	20	33.3
Total	**60**	**100**

A total of 24 (40%) respondents reported that health workers sometimes had good customer care skills, followed by 20 (33.3%) who reported that they never had good customer care skills while the least 16 (26.7%) reported that they always had good customer care skills.

Figure 10: Whether poor customer care skills among health workers is a determinant of health seeking behavior (n=60)



Most respondents 50 (83.3%) agreed that poor customer care skills among health workers is a determinant of health seeking behavior while the least 10 (16.7%) disagreed.

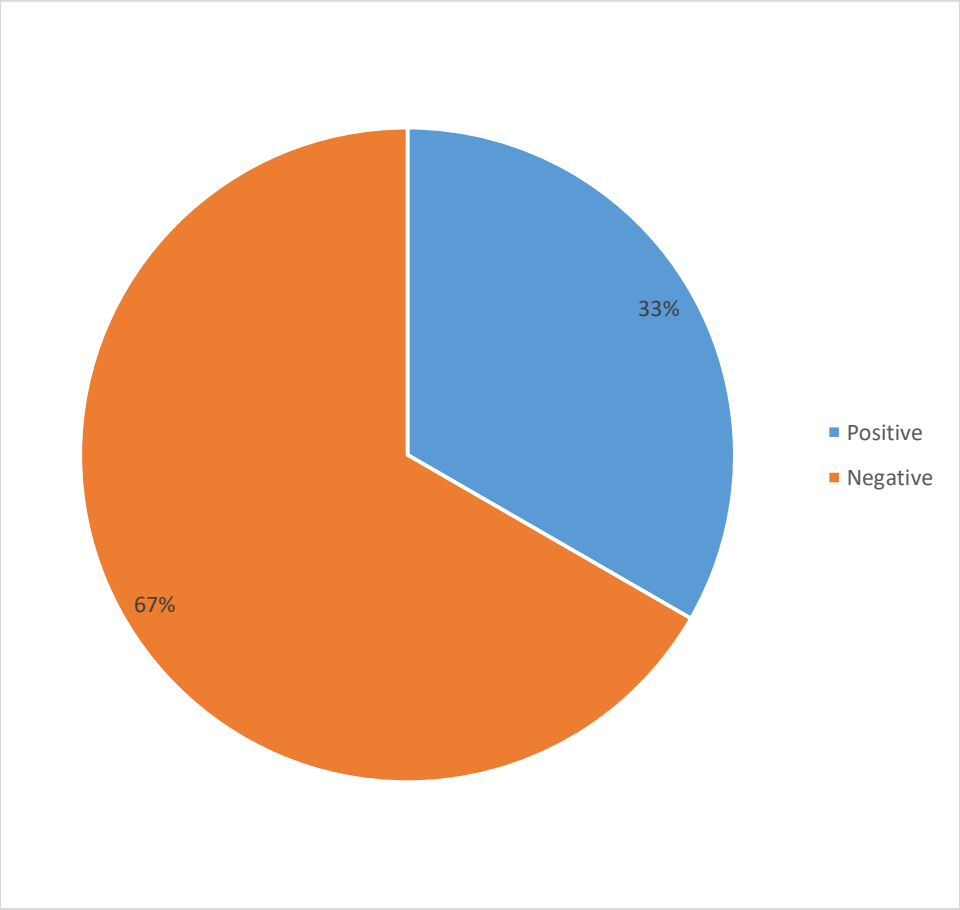


Figure 11: Attitude of health workers during provision of Medical services (n=60)

Most respondents 40 (67%) reported that health workers had negative attitudes during the provision of Medical services to mothers which was a determinant to service utilization while the least 20 (33%) reported that the health workers had positive attitudes.

Key

Table 8: Health worker factors affecting medical services utilization

Responses	**Frequency (n=60)**	**Percentage (%)**
Negative attitudes towards mothers	24	40
Rude and unwelcoming health staff	20	33.3
Inefficient and slow health staff	16	26.7
Total	**60**	**100**

Results showed that 24 (40%) respondents reported negative attitudes towards mothers as a health worker factor affecting medical services utilization, followed by 20 (33.3%) who reported rude and unwelcoming health workers while the least 16 (26.7%) reported inefficient and slow health staff.

4.5 Health facility factors affecting medical services utilization

Table 9: Ever attended the health care services at Kimwanyi Health Center II

Responses	**Frequency (n=60)**	**Percentage (%)**
Yes	60	100
No	0	0
Total	**60**	**100**

All the respondents 60 (100%) had ever attended health care services provided at Kimwanyi Health Center II.

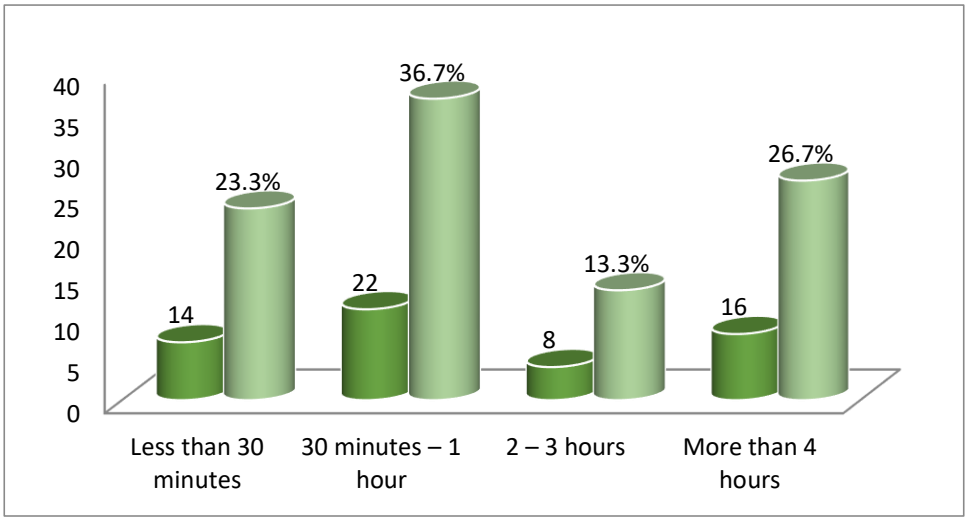
Table 10: Respondents' rating of the quality of medical care received the last time they used the health care services

Responses	**Frequency (n=60)**	**Percentage (%)**

Good	18	30
Very good	24	40
Poor	16	26.7
Very poor	2	3.3
Total	**60**	**100**

A total of 24 (40%) respondents rated the quality of medical care received the last time they used the health care services as very good, followed by 18 (30%) who rated it as good, 16 (26.7%) rated it as poor and only 2 (3.3%) rated it as very poor.

Figure 12: Waiting time to be attended to n=60



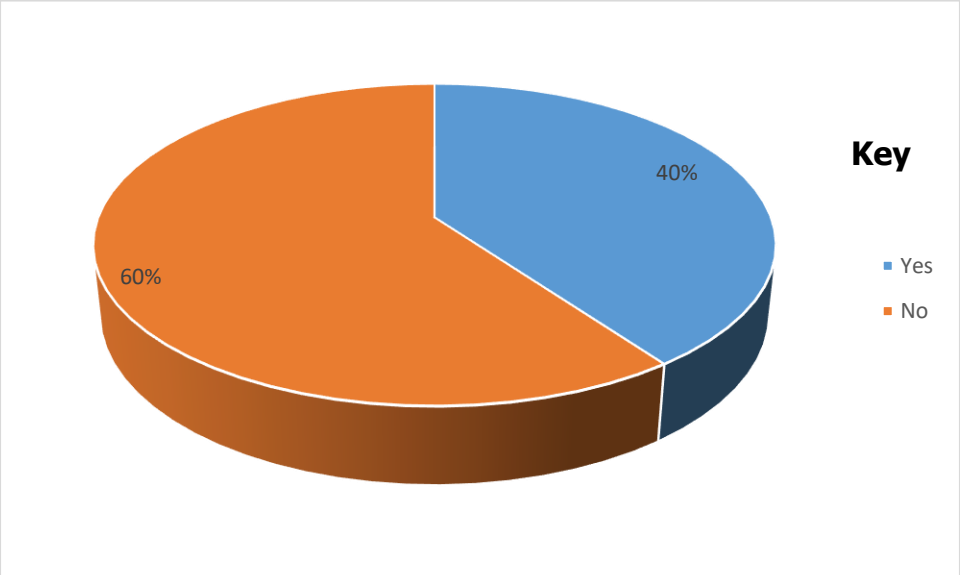
A total of 22 (36.7%) said they spent 30 minutes to 1 hour, followed by 16 (26.7%) spent more than 4 hours, 14 (23.3%) spent less than 30 minutes while the least 8 (13.3%) spent 2 – 3 hours.

Table 11: Whether long waiting time to receive services is a determinant of health seeking behavior

Responses	**Frequency (n=60)**	**Percentage (%)**
Yes	60	100
No	0	0
Total	**60**	**100**

All 60 (100%) of the respondents agreed that long waiting time to receive services is a determinant of health seeking behavior.

Figure 13: Whether Kimwanyi Health Center II is accessible from respondents' home n=60



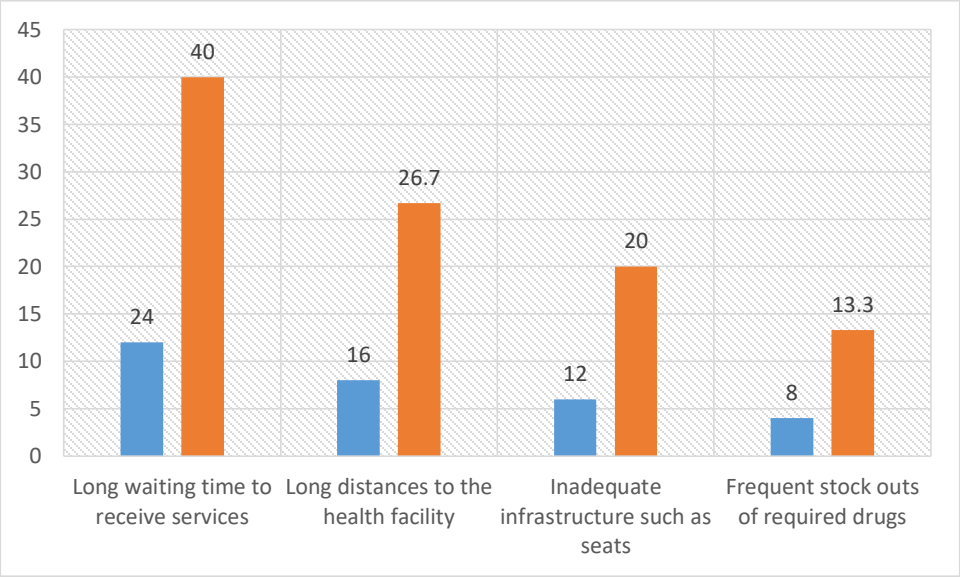
Most respondents 36 (60%) reported that Kimwanyi Health Center II is not accessible from their homes while the least 24 (40%) reported that it was accessible.

Table 12: Whether respondents were able to get all the required services and medication from Kimwanyi Health Center II

Responses	**Frequency (n=60)**	**Percentage (%)**
Sometimes	24	40
Always	20	33.3
Never	16	26.7
Total	**60**	**100**

Results showed that 24 (40%) respondents were sometimes able to get all the required services and medication from Kimwanyi Health Center II, followed by 20 (33.3%) who were always able while the least 16 (26.7%) were never able to get all the required services.

Figure 14: Health facility factors affecting medical services utilization (n=60)



A total of 24 (40%) respondents reported long waiting time to receive services as a health facility factor affecting medical services utilization, followed by 16 (26.7%) who reported long distances to the health facility, 12 (20%) inadequate infrastructure such as seats while the least 8 (13.3%) reported frequent stock outs of required drugs.

Chapter Five: Discussion, Conclusions and Recommendations

5.1 Introduction

This chapter presented the discussion of findings, conclusions and recommendations of the study which were obtained after data analysis.

5.1.2 Demographic and Social Characteristics

Half of the respondents 30 (50%) were in the age range of 26 – 35 years. This showed that respondents were mature enough to understand and appreciate the importance of good health seeking behavior for medical services and ensure its good utilization. This study finding was in agreement with Gardiner (2017) whose study about advances in fetal echocardiography reported that patient related factors affecting medical services utilization included young age as well as lack of support.

Majority of respondents 36 (60%) were married, which implied that since they were married, they would be able to receive support and encouragement from their partners to ensure use of Medical services. However, this was not entirely the case in the study. This study finding was similar to Bindman et al. (2015) whose study about consequences of queuing for care at a public hospital emergency department that patient related factors affecting medical services utilization included marital status as well as language barriers which led to poor communication between patients and health workers thus leading to longer patient waiting time which will ultimately affect service utilization.

A total of 22 (36.7%) had attained primary level education, followed by 20 (33.3%) had not attained any formal education. This demonstrated that most respondents attained a low level of education and this could greatly affect their awareness of the importance and benefits of ensuring good health seeking behavior as well as utilization of medical services. This study finding was in

agreement with Gabrani et al. (2020) whose study about the factors associated with the utilization of primary care services: a cross-sectional study in public and private facilities in Albania revealed that some of the patient related factors affecting medical services utilization included low level of education as well as lack of support among other factors. It was further revealed that low level of education of some patients at times did not enable them to express themselves and receive the services they need.

Less than half of the respondents 28 (46.7%) were house wives, followed by 14 (23.3%) who were farmers, 8 (13.3%) were self-employed. This implied that since most respondents were gainfully involved in an income generating activity, they would be better placed to ensure adequate access to and utilization of Medical services. This study finding was in line with Dassah et al. (2018) whose study about the factors affecting access to primary medical services for persons with disabilities in rural areas: a "best-fit" framework synthesis revealed that some of the factors affecting medical services utilization included unemployment, type of occupation as well as severity of illness of the patients. Furthermore, going to hospitals without anybody for support had also been found to prolong waiting time of patients at outpatient department which made patients lose interest in the services provided by the health facility.

5.1.3 Socio economic factors affecting medical services utilization

All the respondents 60 (100%) were aware of the health care services provided at Kimwanyi Health Center II which implied that failure of patients to access and utilize medical services could not be attributed to lack of knowledge and awareness of the services provided at the health center but to other determinants. This study finding was contrary to Lindelow and Serneels (2015) whose study about the performance of health workers in Ethiopia results from a qualitative research revealed

that some of the patient related factors affecting medical services utilization included lack of knowledge about the services available as well as where to get them.

All the respondents 60 (100%) had ever attended health care services provided at Kimwanyi Health Center II. This showed that all the respondents had used services at the health center previously which implied that service unavailability was not a determinant to utilization of Medical services by patients.

Majority 40 (66.7%) of respondents were not aware of the dangers of poor health seeking behavior for medical services which could further influence poor health seeking behaviors of pregnant women for Medical services. This study finding was in line with Bitton et al. (2017) whose study about primary health care as a foundation for strengthening health systems in low- and middle-income countries revealed that health worker related factors affecting medical services utilization included poor health education and sensitization of patients about the availability and benefits of good health seeking behavior as well as the dangers of failure to seek health services.

The majority of respondents 40 (67%) did not receive adequate support and encouragement from their husband/partner to ensure access to health care services which highlighted one of the major factors affecting medical services utilization especially since a significant number of pregnant women were unemployed housewives who depended on their husbands/partners. This study was in agreement with Gabrani et al. (2020) whose study about the factors associated with the utilization of primary care services: a cross-sectional study in public and private facilities in Albania revealed that some of the patient related factors affecting medical services utilization included low level of education as well as lack of support among other factors. It was further

revealed that low level of education of some patients at times did not enable them to express themselves and receive the services they need.

A total of 24 (40%) respondents resided 4 – 5 km away from Kimwanyi Health Center II, followed by 20 (33.3%) who resided 6 km and above away. This demonstrated that most respondents resided a considerable distance away from the health facility and this influenced ANC service utilization, particularly if they did not have reliable transport means or even money to pay for this transport. This study finding was not different from Mpungu et al. (2015) whose study about patient and health service delay in pulmonary tuberculosis patients attending a referral hospital, a cross-sectional study revealed that some of the patient related factors affecting medical services utilization included long distance to facilities as well as poverty which led to lack of money for transport to the health facility as well as for the health services and low patient related status of the patients among others.

All the respondents 60 (100%) reported that they had reliable and safe transport available to get them to Kimwanyi Health Center II and 24 (40%) respondents used boda boda which implied that since they had reliable and safe transport to the facility, it would contribute to good health seeking behaviors among for Medical services among pregnant women. This study finding was not different from Mpungu et al. (2015) whose study about patient and health service delay in pulmonary tuberculosis patients attending a referral hospital, a cross-sectional study revealed that some of the patient related factors affecting medical services utilization included long distance to facilities as well as poverty which led to lack of money for transport to the health facility as well as for the health services and low patient related status of the patients among others.

A total of 24 (40%) respondents spent between 5000 – 10,000shs on transport to the health facility, 50 (83.3%) reported that lack of money for transport and for health care services. This

demonstrated that respondents spent a considerable amount of money on transport to the health facility which might directly influence Medical services utilization. This study finding was in line with Mpungu et al. (2015) whose study about patient and health service delay in pulmonary tuberculosis patients attending a referral hospital, a cross-sectional study revealed that some of the patient related factors affecting medical services utilization included long distance to facilities as well as poverty which led to lack of money for transport to the health facility as well as for the health services and low patient related status of the patients among others.

A total of 20 (33.3%) mentioned lack of support from the husband/partner as a socio economic factors affecting medical services utilization, 16 (26.7%) mentioned ignorance. This study finding was in line with Gardiner (2017) whose study about advances in fetal echocardiography reported that patient related factors affecting medical services utilization included young age as well as lack of support.

5.1.4 Health worker related factors affecting medical services utilization

Most respondents 40 (67%) reported that health workers had bad behavior towards patients as they were rude and not welcoming. This study finding was in line with Liu et al. (2018) whose study about why patients prefer high-level healthcare facilities: a qualitative study using focus groups in rural and urban China revealed that some of the health worker related factors affecting medical services utilization included unapproachable or impatient health staff, negative attitude of staffs towards patients.

A total of 24 (40%) respondents reported that health workers sometimes had good customer care skills, 50 (83.3%) agreed that poor customer care skills among health workers is a determinant of health seeking behavior. This study finding was in line with Whitt (2015) who reported in a study about improving service by informing customers about anticipated delays that some of the health

worker related factors affecting medical services utilization included lack of customer care skills, inexperience of personnel and inefficiency of available staff as well as failure to adhere to professional code of conduct and ethics among other factors.

Most respondents 40 (67%) reported that health workers had negative attitudes during the provision of Medical services to mothers which was a determinant to service utilization, 24 (40%) respondents reported negative attitudes towards mothers as a health worker factor affecting medical services utilization. This study finding was in line with Kim et al. (2018) whose study about rethinking the role of the public health clinic: comparison of outpatient utilization in the public health clinics and private clinics in Korea reported that some of the health worker related factors affecting medical services utilization included negative attitudes towards patients.

A total of 20 (33.3%) reported rude and unwelcoming health workers while the least 16 (26.7%) reported inefficient and slow health staff. This study finding was in agreement with Kumar et al. (2015) whose study about exploring the role of the public and private funded primary health care facilities for children in a Pluralistic health care setting of Barbados: one of the English Caribbean countries found out that health workers absenteeism, late coming and early departures as well as poor motivation. This was attributed to the way health staffs carried out their duties in a slow manner as well as negative practices such as late coming, early departures as well as poor response to patient enquiries and requests among others all of which contributed to poor utilization of health services.

5.1.5 Health facility factors affecting medical services utilization

All the respondents 60 (100%) had ever attended health care services provided at Kimwanyi Health Center II. This showed that all the respondents had used services at the health center previously

which implied that service unavailability was not a determinant to utilization of medical services by patients.

A total of 24 (40%) respondents rated the quality of medical care received the last time they used the health care services as very good, followed by 9 (30%) who rated it as good. This study finding was contrary to Gage et al. (2018) whose study about whether quality influences utilization of primary health care? Evidence from Haiti revealed that major health facility factors affecting medical services utilization included unavailability of medication, understaffing, perceived or actual provision of poor-quality medical services and low health worker-patient ratio which led to situations of high patient health worker ratio which caused delays in receiving medical services.

A total of 24 (36.7%) said they spent 30 minutes to 1 hour, followed by 16 (26.7%) spent more than 4 hours, 60 (100%) of the respondents agreed that long waiting time to receive services is a determinant of health seeking behavior. This showed that most respondents spent a considerable amount of time waiting to receive health care services and this could potentially affect health care seeking behavior among pregnant women. This study finding was in agreement with Tancred et al. (2016) whose study about using mixed methods to evaluate perceived quality of care in southern Tanzania revealed that an important health facility factor affecting utilization of health services was understaffing and insufficient number of health workers. If the number of health staff is not adequate compared to the number of clients, it leads to delays and a longer waiting time to receive services which ultimately affects utilization of the health services.

Most respondents 36 (60%) reported that Kimwanyi Health Center II is not accessible from their homes, 24 (40%) respondents were sometimes able to get all the required services and medication from Kimwanyi Health Center II. This study finding was in agreement with Stigler et al. (2016)

whose study titled “No universal health coverage without primary health care” revealed that some of the health facility factors affecting medical services utilization included untidiness in the various facilities and their surroundings, unavailability of required drugs/medication, inadequate provision of resources, lack of ambulances among others.

A total of 24 (40%) respondents reported long waiting time to receive services as a health facility factors affecting medical services utilization. This showed that most respondents spent a considerable amount of time waiting to receive health care services and this could potentially affect health care seeking behavior among pregnant women. This study finding was in agreement with Swanson et al. (2017) whose study about the challenges of implementing antenatal ultrasound screening in a rural study site: a case study from the Democratic Republic of the Congo documented that health facility factors affecting medical services utilization include insufficient computer facilities at the outpatient registration counter, improper record management and poor filling systems which affect the search time leading to a longer waiting time for clients to receive services.

A total of 16 (26.7%) respondents reported long distances to the health facility which was supported by Mpungu et al. (2015) whose study about patient and health service delay in pulmonary tuberculosis patients attending a referral hospital, a cross-sectional study that some of the patient related factors affecting medical services utilization included long distance to facilities as well as poverty which led to lack of money for transport to the health facility as well as for the health services and low patient related status of the patients among others.

A total of 12 (20%) respondents reported inadequate infrastructure such as seats which was in agreement with Mackintosh et al. (2016) whose study titled “What is the private sector? understanding private provision in the health systems of low-income and middle-income countries

revealed that health facility factors affecting medical services utilization included inadequate infrastructure and capacity to handle and process a good number of patients leads to serious delays in receiving services and contributing to patients' lack of interest in the health services.

5.2 Conclusion

The study found various socio-economic factors affecting medical services utilization. Although all the respondents 60 (100%) were aware and had ever attended the health care services provided at Kimwanyi Health Center II, 40 (66.7%) of respondents were not aware of the dangers of poor health seeking behavior for medical services, 40 (67%) did not receive adequate support and encouragement from their husband/partner to ensure access to health care services, 36 (60%) had never been health educated about home treatment for illnesses, 24 (40%) respondents resided 4 – 5 km away from Kimwanyi Health Center II and 24 (40%) respondents spent between 5000 – 10,000shs on transport to the health facility, yet 50 (83.3%) reported that lack of money for transport and for health care services is a factor affecting medical services utilization.

Results also revealed various health worker related factors affecting medical services utilization as 40 (67%) reported that health workers had bad behavior towards patients as they were rude and not welcoming, 40 (67%) reported that health workers had negative attitudes during the provision of medical services to mothers, 20 (33.3%) reported rude and unwelcoming health workers as well as 16 (26.7%) reported inefficient and slow health staff.

Results showed various health facility factors affecting medical services utilization and although 24 (40%) respondents rated the quality of medical care received the last time they used the health care services as very good, 22 (36.7%) spent 30 minutes to 1 hour, 16 (26.7%) spent more than 4 hours, 36 (60%) reported that Kimwanyi Health Center II is not accessible from their homes, 24 (40%) were sometimes able to get all the required services and medication.

5.3 Recommendations

The Ministry of Health should endeavor to create nationwide guidelines for pregnant women about the importance of adequate utilization of medical services.

The administration of Kimwanyi Health Center II should work together with local authorities to improve infrastructure of the health facility to enable it to handle the large number of clients.

The administration needs to ensure effective provision of all required resources, equipment and drugs to improve efficiency during the provision of medical services.

The administration needs to improve monitoring and supervision of health staffs during the provision of medical services to ensure good customer care skills when handling clients.

Health workers at Kimwanyi Health Center II should endeavor to have good communication and customer care skills which will improve efficiency and reduce delays during the provision of medical services to patients.

Health workers, especially those at Kimwanyi Health Center II can play a vital role in improving timely access and utilization of medical services. This can be done through continuous and regular health education of clients about the importance of early attending medical services, having good customer care skills and providing efficient services which reduce waiting time to receive services among others.

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Appendices

Appendix I: Consent Form

My name is **Naguti Erusa,** a student at King Ceasar University. I am carrying out a study to **evaluate medical services utilization. A case of Kimwanyi Health Center II, Kira Municipality, Wakiso District, Uganda.** You have voluntarily consented to participate in the study and all the information you give will be kept confidential. You are under no obligation to participate in the study, and refusal to participate will not block your access to any services at the health center.

I have explained the study the purpose and objectives of the study to the participant, and they have understood and voluntarily consented to participate in the study.

Researcher's Signature…….Date…….

(RESEARCHER)

The topic and its objectives have been fully explained to me, and I have understood and voluntarily agreed and consented to participate in the study.

Respondents Signature……Date……

(RESPONDENT)

Appendix II: Interview Guide

My name is **Naguti Erusa,** a student at King Caesar University. I am carrying out a study to **evaluate medical services utilization. A case of Kimwanyi Health Center II, Kira Municipality, Wakiso District, Uganda.** You have voluntarily consented to participate in the study and all the information you give will be kept confidential.

Instructions

Please respond to all questions asked

Please answer as accurately as possible to enhance data quality

Section A: Demographic and Social Characteristics

1) Age
    a. 18 – 25 years ☐
    b. 26 – 35 years ☐
    c. 36 years and above ☐
2) Marital status
    a. Single ☐
    b. Married ☐
    c. Divorced ☐
3) Level of education
    a. Primary level ☐
    b. Secondary level ☐
    c. Tertiary level ☐
    d. No formal education ☐

4) Occupation

   a. Self employed ☐
   b. Civil servant ☐
   c. Unemployed ☐
   d. Farmer ☐
   e. Others (specify)……..

Section B: Socio economic factors affecting medical services utilization

5) Are you aware of the medical services provided at Kimwanyi Health Center II?

   a. Yes ☐
   b. No ☐

6) If yes, have you attended these services before?

   a. Yes ☐
   b. No ☐

7) Are you aware of the dangers of poor health seeking behavior for medical services?

   a. Yes ☐
   b. No ☐

8) If yes, please mention all that you know……

   ……

   ……

9) Do you receive adequate support and encouragement from your husband/partner to ensure access to medical services at this health facility?

   a. Yes ☐
   b. No ☐

10) How far is Kimwanyi Health Center II located from your home?

a. Less than 1km ☐
b. 2 – 3 km ☐
c. 4 – 5 km ☐
d. More than 6 km ☐

11) Is there reliable and safe transport available to get you to Kimwanyi Health Center II?

a. Yes ☐
b. No ☐

12) What means of transport do you use to get to the health center?

a. Footing ☐
b. Bicycle ☐
c. Motorcycle ☐
d. Private means ☐
e. Public means ☐

13) Approximately how much do you spend on transport to the health center?

a. Less than 1000shs ☐
b. 2000shs – 3000shs ☐
c. More than 4000shs ☐

14) Is lack of money for transport and for medical services a factor affecting medical services utilization?

a. Yes ☐
b. No ☐

15) If yes, give reasons for your answer…….

……

……

……

16) What other social economic factors affecting medical services utilization are you aware of?.....

……

……

……

Section C: Health worker related factors affecting medical services utilization

17) If you have used services at the facility before, how would you rate health workers behavior towards patients?

a. Good ☐

b. Bad ☐

18) Give reasons for your answer……

……

……

……

19) Do health workers have good customer care skills?

a. Sometimes ☐

b. Always ☐

c. Never ☐

20) Is poor customer care skills among health workers a factor affecting medical services utilization?

a. Yes ☐

b. No ☐

21) What is the attitude of health workers towards patients?

a. Positive ☐

b. Negative ☐

22) If negative, is this a factor affecting medical services utilization among patients?

a. Yes ☐

b. No ☐

23) What other health worker factors affecting medical services utilization do you know?.....

……

……

……..

Section D: Health facility factors affecting medical services utilization

24) Have you used medical services at Kimwanyi Health Center II or another health facility before?

a. Yes ☐

b. No ☐

25) How would you rate the quality of medical care received the last time you went there?

a. Good ☐

b. Very good ☐

c. Poor ☐

d. Very poor ☐

26) How long did you wait to be attended to?

a. Less than 30 minutes ☐

b. 30 minutes to 1 hour ☐

c. 2 – 3 hours ☐

d. More than 4 hours ☐

27) Is long waiting time to receive services a factor affecting medical services utilization?

a. Yes ☐

b. No ☐

28) Would you say Kimwanyi Health Center II is accessible from your home?

a. Yes ☐

b. No ☐

29) Where you able to get all the required services and medication from Kimwanyi Health Center II?

a. Sometimes ☐

b. Always ☐

c. Never ☐

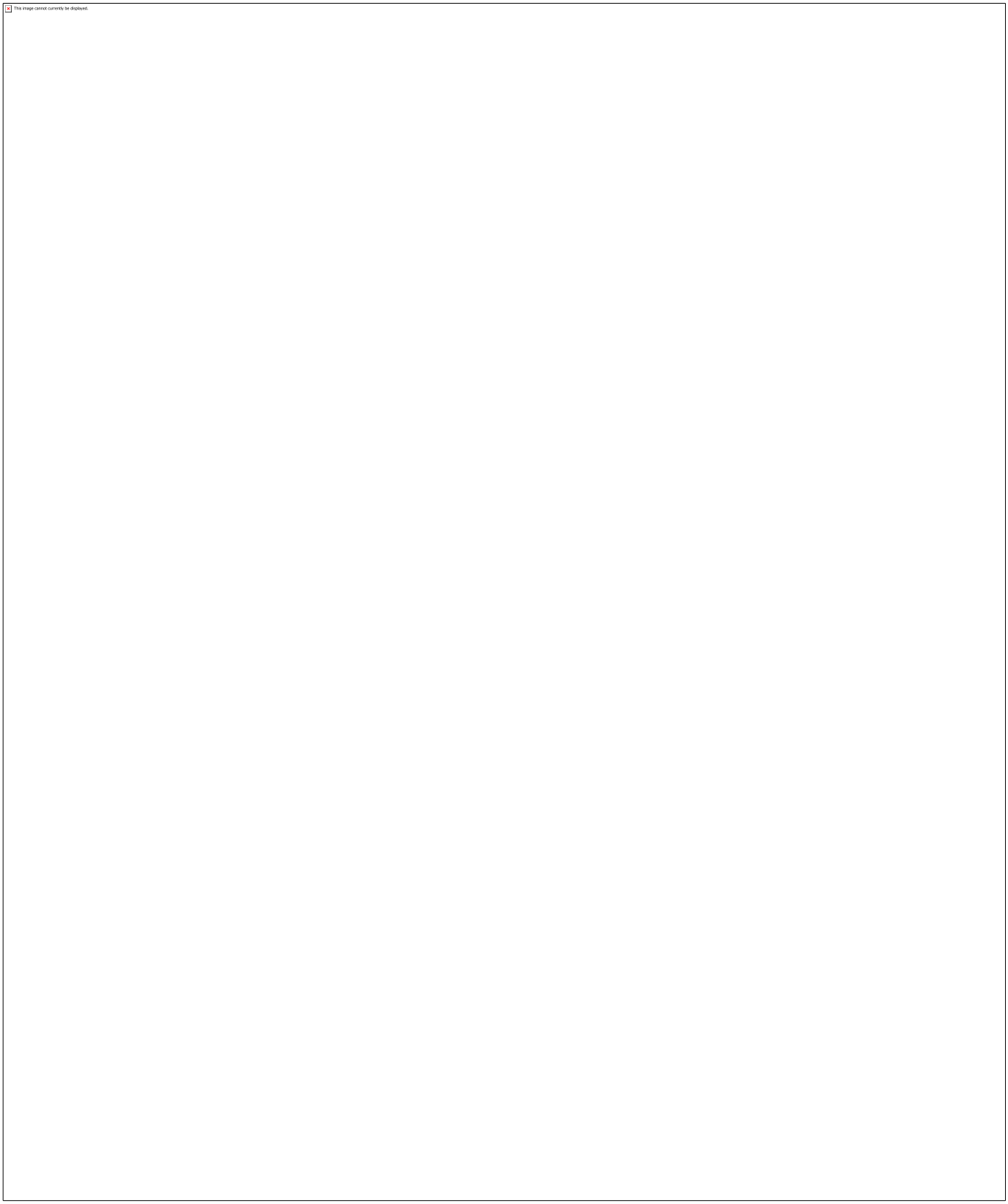
30) What other health facility factors affecting medical services utilization do you know?.....

……

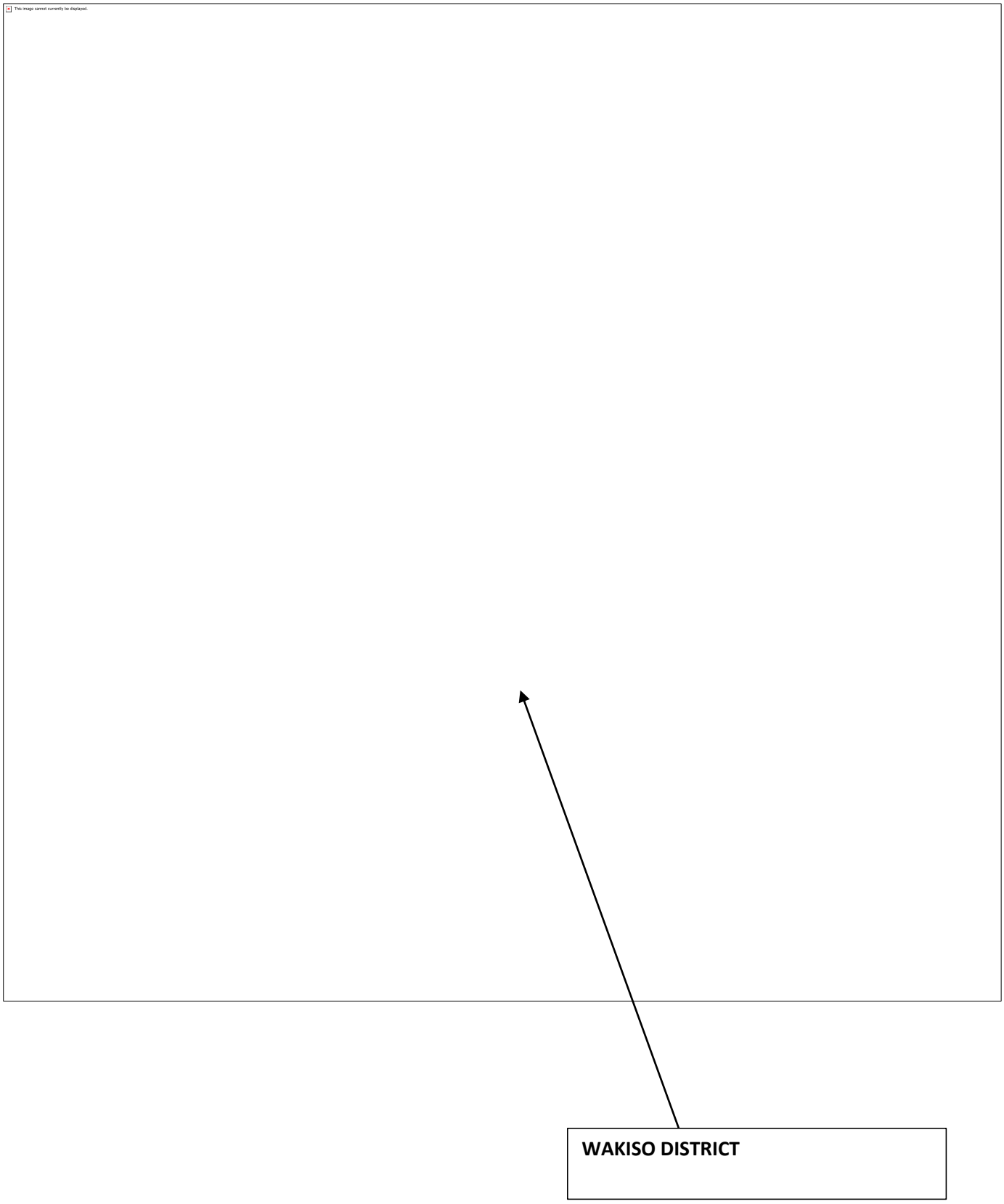
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Thanks for your participation

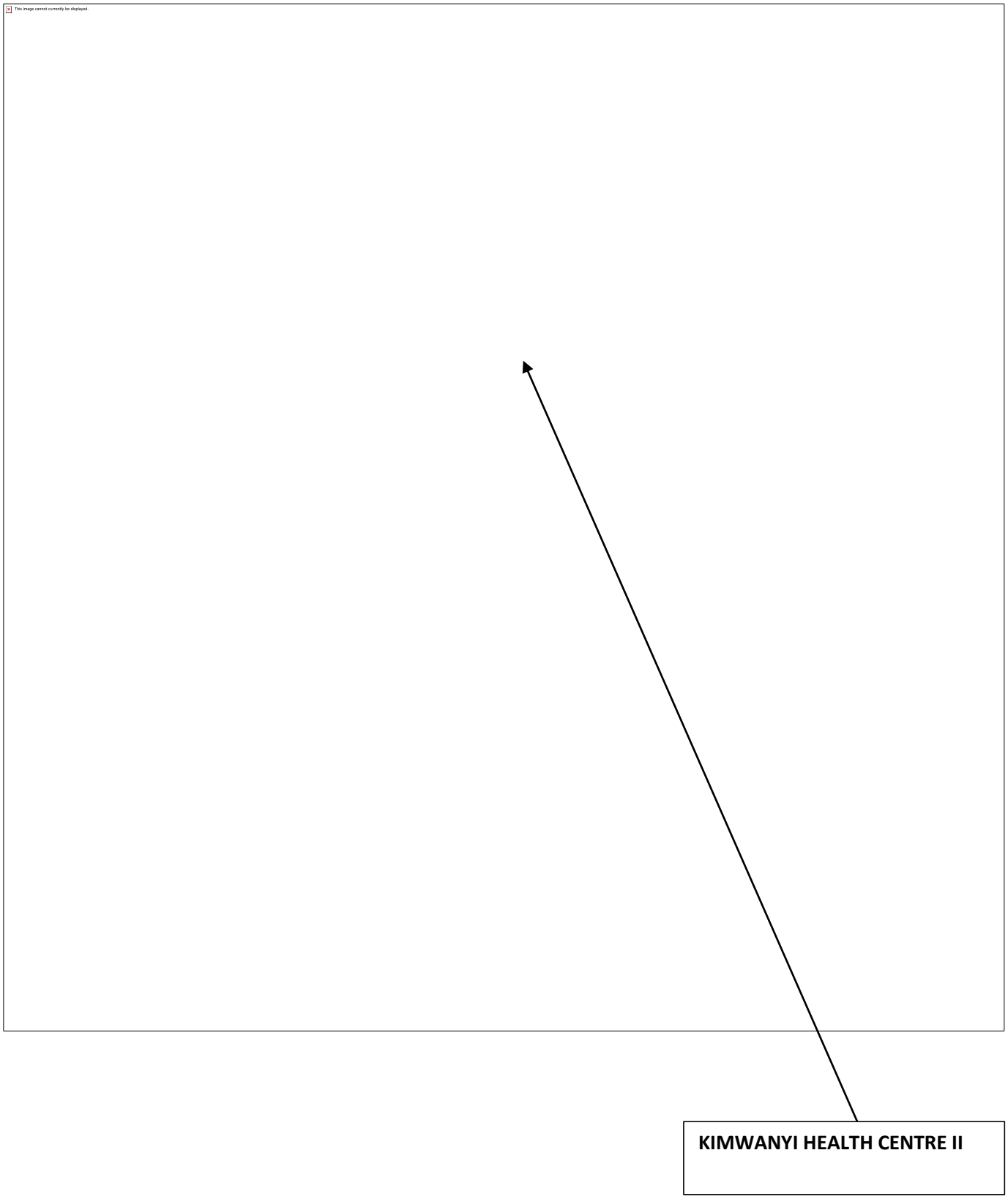
Appendix III: Introductory Letter



Appendix IV: Map of Uganda showing Wakiso District



Appendix V: Map of Wakiso District showing Kimwanyi Health Center II



Appendix VI: Morgan and Krejce table

