

**Utilization of formal health care services and associated factors
in Uganda: a case study of Luweero district**

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The level of utilization of health care services in Uganda remains very low. The low level negatively affects the quality of life of many Ugandans who remain outside the health care delivery system when ill. This descriptive cross sectional study was carried out to establish the level of utilization of health care services among residents of Luweero district and to determine what factors promote or hinder use of health care services in the formal health care system. The study was also carried out to establish the types of health facilities through which people got care. Consumer attributes, provider practices and social economic factors that influence health care seeking decisions were explored. Findings from this study show that whereas 82.0% (n=373) of the respondents sought some form of care, only 47% (n=176) of the people sought and got it from a health facility. Effectively, only 38.7% of the respondents got care from a health facility. The contribution of the public sector to direct delivery of health care services was 30% while private sector was 70%. These proportions indicate a decline from reported levels in the late 1980s of 56% for the public sector and an increase from 41% for the private sector. The finding that 47% of the people sought care from health facilities and of these only 30% (n=52) went to public facilities means that the public sector effectively provides health care to 11% of the individuals who fall sick. Presence of a chronic condition (68.7%), perception of health status in comparison to others (51.5%), severity of the illness (50.9%), marital status and level of income were found to influence health care seeking behavior (p-value<0.05). Perceptions about cause of disease and knowledge of services available were also found to influence health care seeking behavior. Credibility of health facilities and caring attitude of health care workers (56.8%), and availability of drugs and supplies were found to enhance health care seeking decisions. Lack of financial means and distance to health facilities were found to be a barrier to seeking care. Dependants were less likely to seek care than individuals who made their own decisions (p-value<0.05). Caring roles for other members of the household were found to have varying impact on health care seeking decisions. Whereas caring for the elderly and the chronically ill had an impact on health care seeking

decisions ($p\text{-value} < 0.05$), caring for under 5 children and the disabled did not ($p\text{-value} > 0.05$). Similarly, education level was found to have varying impact on health care seeking decisions. Whereas the education level of individuals was found to influence health care seeking decisions ($p\text{-value} < 0.05$), education level of heads of households was not ($p\text{-value} > 0.05$). On the other hand, occupation, nature of guardianship, and sex of the respondents were found not to have a statistically significant relationship with health care seeking behavior ($p\text{-value} > 0.05$). The study concluded that the level of utilization of health care services in Luweero district was not satisfactory. Alternative financing mechanisms, accessible to the rural poor, should be explored to address the financial barriers to seeking health care.