

UTILIZATION AND SATISFACTION WITH MAJOR HEALTH CARE SERVICES AMONGST THE SLUM DWELLERS OF DHAKA CITY

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Summary

The main objectives of this study are to find out the extent of utilization of health care services and satisfaction with major types of health care services amongst the slum dwellers of Dhaka city. This descriptive cross sectional study was conducted for a period of 6 months starting from July 2013 to December 2013. A house to house survey was conducted and a total of 1029 slum dwellers were enrolled for the study. Purposive sampling technique was used in the study. Data were collected through pre-tested and semi-structured questionnaire. The study showed that pharmacy quacks 476 (46.3%) were the most dominant source of health care for the slum dwellers in Dhaka city. Medical College Hospital 238 (23.1%) was the second most dominant source of health care in slum areas. The other main sources were government hospitals, private practitioners respectively. Most of the respondents 429 (41.69%) were satisfied with the services of pharmacy quack and 268 (26.04%) respondents were satisfied with the services of medical college hospital. Among rest, 132 (12.82%) were satisfied with government hospitals and 121(11.75%) were satisfied with private practitioners. Majority of the respondents selected pharmacy quack to receive health care services due to affordability 127 (24.6%) and feasibility 107 (20.7%). In the study, 51 (16.1%) respondents selected medical college hospital for availability of facilities, effective treatment, good

doctor-patient communication and better investigation facilities. According to the respondents 291 (38.1%) the main barrier to access health care was treatment cost. Highly significant association was found between educational status of the slum dwellers and selection of pharmacy quack ($p=0.000$) and medical college hospital ($p=0.000$). Significant association was also found between occupational status and selection of pharmacy quack (0.003) and medical college hospital (0.011). Highly significant association was found between monthly income and selection of medical college hospital ($p=0.000$). Pharmacy quack was the most dominant healthcare service in slum area. As persons running pharmacy quacks often provide poor quality of healthcare services, they need continuous training and back-up supports to improve their quality of services and to strengthen the overall healthcare system in Bangladesh.

Key words

Utilization of health care; Satisfaction; Slum dwellers; Pharmacy quack.

Introduction

Bangladesh is a signatory of many international treaties and declarations namely Alma-Ata conference, International Conference on Population and development, Beijing Declaration and the United Nations' Millennium Development Goals [1]. This country also has a pluralistic healthcare infrastructure with many options of healthcare services [2,3,4]. These services could be broadly grouped as public versus private, or formal versus informal, or allopathic versus non-allopathic or modern versus traditional services [3-5].

The healthcare system in Bangladesh is generally biased towards rich people and urban elites [1]. Poor people face more barriers to healthcare services than the rich [6].

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Some of the barriers are acute shortage of healthcare workforce, poor quality of services, absence of critical staff, lack of essential drugs and supplies, lack of supervision and job accountability [5,7,8].

Within the domain of private healthcare sector, pharmacies (mostly run by drug sellers) are the leading source of care for common and acute medical problems in Bangladesh and other developing countries [9-14]. Some possible reasons for utilizing pharmacies may include close proximity, short distance, short waiting time, easy accessibility and reduced cost for treatment [4,7,11,15,16]. Other determinants may include socio-demographic and economic factors, cultural beliefs and practices, severity of diseases, political and healthcare system [17,19]. Although many studies regarding utilization and customers' satisfaction of healthcare services are available, such information is scarce in Bangladesh particularly for urban slum dwellers.

The present study might be interesting for health planners and other relevant stakeholders in developing countries as they need to understand people's healthcare utilization pattern including determinants of leading healthcare services. This information could facilitate formulating policies and implementing targeted strategies which are responsive to people's needs and priorities [3,17].

Materials & methods

This descriptive cross sectional study was conducted to determine the utilization of health care services and satisfaction with major health care services amongst the slum dwellers of Dhaka City. The study was conducted at Mogbazar, Basabo and TNT slum in Dhaka city for a period of 6 months starting from July 2013 to December 2013. The target population consisted of individuals living permanently in Mogbazar slum, Basabo slum and TNT slum of Dhaka city. A house to house survey was conducted and a total of 1029 slum dwellers were enrolled for the study. Purposive sampling technique was used in the study.

Only interested dwellers were interviewed and information regarding age, sex, education, occupation, marital status, monthly family income, utilization of health care services, satisfaction regarding the health care centre and barriers of receiving health care services of the slum dwellers were collected. We had 439 under 5 years children in the study and their information were collected from their parents/ caregivers. Data were collected through pre-tested and semi-structured questionnaire. Face-to-face interviews by trained interviewers were performed in the day time. Before starting the interview, the aims of the survey were explained and verbal consent from each respondent was taken. Participation was voluntary and freedom was given to quit the interview anytime. Assurance had been given that the confidentiality concerning their information would be maintained strictly. The data were checked, verified and then entered into the computer. The analysis was carried out with the help of SPSS (Statistical package of social science, version-17) Windows software program. All analyzed data were presented in the form of percentages. Chi-square test was applied wherever applicable. For Chi-square test $p < 0.05$ was considered as significant.

Results

Out of 1029 urban slum dwellers 536 (52.1%) were male and 493(47.9%) were female. The mean age of the respondents was 19.50; (SD \pm 17.929) years. Most 862(83.8%) of the respondents were married. Majority 704 (68.41%) of the respondents were employed like domestic work, day labour, rickshaw puller, small business, transport work or helper and butcher. Regarding educational status, 589 (57.3%) were illiterate and 440(42.7%) were literate. The monthly family income of most 558(54.2%) of the respondents varied from Taka 4001 to Taka 8000 and the mean income was Taka 7202.43; (SD \pm 2969.902) (Table I). Pharmacy quacks 476 (46.3%) were the most dominant source of health care for the slum dwellers. Medical College Hospitals 238 (23.1%) were the second most dominant source of

health care in slum areas. The other main sources were government hospitals, private practitioners respectively (Table II). Most of the respondents 429 (41.69%) were satisfied with the services of pharmacy quack and 268 (26.04%) were satisfied with the services of medical college hospital. Among rest, 132 (12.82%) were satisfied with government hospitals and 121 (11.75%) were satisfied with private practitioners (Table III). Most of the respondents selected pharmacy quack to receive health care services due to affordability 127 (24.6%) and feasibility 107 (20.7%) and 217 (42%) respondents gave multiple answer (Table IV). In the study, 51 (16.1%) respondents selected medical college hospital for availability of facilities, effective treatment, good doctor-patient communication and better investigation facilities and 112 (35.4%) respondents gave multiple answers (Table V). According to the respondents, 291 (38.1%) stated that the main barrier to access health care was treatment cost, 141 (18.5%) stated due to affordability (Fig 1). Highly significant association was found between educational status of the slum dwellers and selection of pharmacy quacks ($p=0.000$) and Medical College Hospitals ($p=0.000$). Significant association was also found between occupational status and selection of pharmacy quacks (0.003) and Medical College Hospital (0.011). Highly significant association was found between monthly income and selection of Medical College Hospital ($p=0.000$) (Table VI).

Table I : Distribution of the respondents by socio-demographic characteristic (n=1029)

Socio-demographic characteristics	Frequency	Percentage	Mean±SD
Age			
≤10 years	462	44.9	19.50 ± 17.929
11-20 years	105	10.2	
21-30 years	202	19.6	
31-40 years	124	12.1	
41-50 years	75	7.3	
>50 years	61	5.9	
Sex			
Male	493	47.9	
Female	536	52.1	

Socio-demographic characteristics	Frequency	Percentage	Mean±SD
Education			
Illiterate	278	27.0	
Never attended any school	85	8.3	
Can sign only	226	22.0	
Primary incomplete	184	17.9	
Primary complete	165	16.0	
Secondary incomplete	64	6.2	
Secondary complete	27	2.6	
Occupation			
Unemployed	134	13.0	
Domestic worker	266	25.9	
Day labourer	133	12.9	
Rickshaw puller	59	5.7	
Transport work or help	17	1.7	
Small business	51	5.0	
Butchery	53	5.2	
House wife	191	18.6	
Garments worker	67	6.5	
Others(bagger, care taker, security guard, driver, students, night guard,)	58	5.6	
Marital status			
Married	858	83.4	
Unmarried	145	14.1	
Separated (not divorced)	4	0.4	
Divorced	11	1.1	
Widowed	11	1.1	
Monthly Family income			
Taka ≤ 4000	233	22.6	7202.43± 2969.902
Taka 4001-6000	274	26.6	
Taka 6001-8000	284	27.6	
Taka 8001-10000	133	12.9	
Taka >10000	105	10.2	
Total	1029	100.0	

Table II : Distribution of the respondents by selection of health care services (N = 1029)

Type of health care services	*Frequency	Percent
Pharmacy quack	476	46.3
Homeopath	58	5.6
Ayurvedh	40	3.9
Govt. Clinic/Hospital	162	15.7
NGO facility	34	3.3
Private practitioners	124	12.1
Healer	35	3.4
Medical College Hospital	238	23.1

*Multiple responses

Table III : Distribution of the respondents by self reported satisfaction of health care services (n=1029)

Type of clinic/facility visited for services	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied
Pharmacy quacks	429 (41.69%)	73 (7.09%)	15 (1.45%)
Homeopath	55(5.34%)	8 (0.77%)	3(1.45%)
Ayurveth	57 (5.53%)	6 (0.58%)	3 (0.29%)
Govt. Clinic/Hospitals	132 (12.82%)	13 (1.26%)	42 (4.08%)
NGO facility	41(3.98%)	1 (0.1%)	1(0.1%)
Private practitioners	121(11.75%)	13(1.26%)	10(0.1%)
Healer	22 (2.13%)	5 (0.48%)	3(0.29%)
Medical College Hospitals	268 (26.04%)	41 (3.98)	7(0.68%)

*Multiple responses

Table IV : Distribution of the respondents by reasons for selection of pharmacy quack (n=476)

Pharmacy quack	Frequency	Percent
Feasible	107	20.7
Affordable	127	24.6
Cost effective	42	8.1
No transport problem	24	4.6
Multiple responses	217	42.0
Total	517	100.0

Table V : Distribution of the respondents by reasons for Medical College Hospital selection

Medical College Hospital	Frequency	Percent
Availability of facilities	32	10.1
Cost not affordable	48	15.2
Better treatment	43	13.6
Good doctor-patient communication	4	1.3
Effective treatment & good doctor-patient communication	22	7.0
Availability of facilities, Effective treatment, good doctor-patient communication & better investigation facilities	51	16.1
Multiple responses	112	35.4
Others	4	1.3

Table VI : Relation of socioeconomic factors with selection of pharmacy quack and Medical College Hospital for health care services

Socioeconomic factors	Pharmacy quack			Medical College Hospital		
	χ^2	df	P-value	χ^2	df	P-value

Educational status

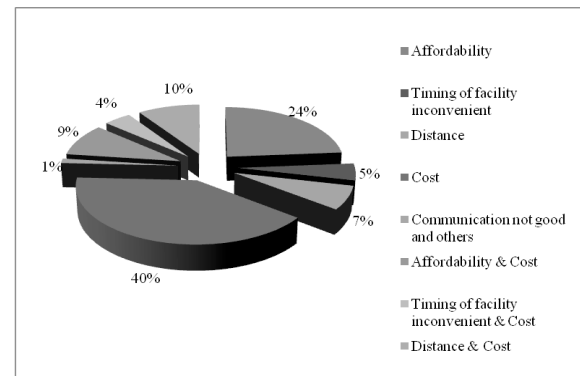
Illiterate						
Never attended any school						
Can sign only	26.311	6	0.000	35.645	6	0.000
Primary incomplete						
Primary complete						
Secondary incomplete						
Secondary complete						

Occupational status

Unemployed						
Domestic worker						
Day labourer						
Rickshaw puller	26.613	9	0.003	21.406	9	0.011
Transport work or help						
Small business						
Butchery						
House wife						
Garments worker						
Others						

Monthly family income

Taka ≤ 4000						
Taka 4001-6000	8.130	4	0.087	20.676	4	0.000
Taka 6001-8000						
Taka 8001-10000						
Taka >10000						



***Multiple answers**

Fig 1 : Distribution of the respondents by barriers to access health care services

Discussion

The present study attempted to assess the extent of utilization of health care services and satisfaction with major types of health care services amongst the slum dwellers of Dhaka city. Particularly pharmacy quacks become the leading source of healthcare services for majority of poor people, although the overall quality of such services is low. The results of the study indicate that most of the respondents interviewed were satisfied with pharmacy quack. Very few similar studies have been done and therefore we lack the data for comparison. Yet, the findings of the survey are quite helpful if they are transformed into actions for improving the quality of health care.

The present study showed that, out of 1029 respondents, 493(47.9%) were male and 536(52.1%) were female. Majority 862 (83%) of the respondents were married. These findings were similar with the study done by Bukasa Parish, Makindye Division-Kampala and Jagdalpur Municipality, in Chhattisgarh state [20, 21]. The mean age of slum dwellers was 19.50 years (SD = \pm 17.929). The age distributions of the respondents were correspondent with the other studies conducted among the same population of railway line in Bukasa Parish, Makindye Division-Kampala and the study done in urban population of Bangladesh [22]. Most 1019(90.0%) of the respondents were Muslim and only 10(1.0%) were Hindu. BBS-2009 found the similar statistics [23]. About half of the respondents 589 (57.3%) were illiterate and 440 (42.7%) were literate, which was not correspondent to the adult literacy rate of Bangladesh [24].

This may be due to ignorance and low socioeconomic condition of urban slum dwellers. Average monthly family income of the respondents were Taka 6001 to Taka 8000 and the mean income was TK 7202.43 (SD = \pm 2969.902). This was quite similar in relation to per capita income of Bangladesh [24]. In the present study, pharmacy quacks (46.3%) were the most dominant source of health care for the slum dwellers which is consistent with the reports of several representatives studies [25,26].

In a developing country such as Bangladesh, pharmacy quacks are often seen as a 'first point of contact' for most of the common health problems [11,14]. As compared with any other healthcare facilities, they get more opportunities to interact with and advise patients [14]. As they have already become an integral part of the present healthcare system, their service quality must be improved. The second most important option of health care for the slum dwellers was medical college hospital. Khan MMH et al showed that government hospital was the second most important option for urban slum dwellers [25]. In the study, most of the respondents 429 (41.69%) were satisfied with the services of pharmacy quack. Qadri SS et al noted that 73.85% respondents were satisfied with the services of pharmacy quack [27]. The main reason for preferring pharmacy quack to receive health care services were due to affordability 127 (24.6%) and feasibility 107 (20.7%). This finding was almost similar with study findings of Khan MMH [26]. In this study, 51 (16.1%) respondents selected medical college hospital for availability of facilities, effective treatment, good doctor-patient communication and better investigation facilities. The study done by Banerjee A et al observed that more than 60% urban slum dwellers sought treatment from private medical facilities [28]. The researcher also noted that the main barriers to health care identified were waiting time long, affordability, poor quality of care, distance, and attitude of health workers [28]. But our study showed that, the main barrier to access health care service was treatment cost.

In the present study, it was observed that, highly significant association was found between educational status of the slum dwellers and selection of pharmacy quack ($p=0.000$) and medical college hospital ($p=0.000$). Significant association was also found between monthly income and selection of medical college hospital ($p=0.000$). So, education and monthly family income may play important parts to select medical college hospital for health care services of slum dwellers.

The limitations of the study include the cross-sectional nature of the study. Findings based on the sample of only one city may limit the generalizability of the results. Self-reported information (regarding satisfaction) including recall bias may also limit the reliability of our findings. Moreover, the use of word 'pharmacy quacks' as drug sellers may be misleading as there are few pharmacies with a qualified pharmacist who prescribes medicines.

Conclusion & recommendation

Pharmacy quack was the most dominant healthcare service in slum area. As persons running pharmacy quacks often provide poor quality of healthcare services, they need continuous training and back-up supports to improve their quality of services and to strengthen the overall healthcare system in Bangladesh.

Disclosure

All the authors declared no competing interest.

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