Utilization of Essential Service Package by rural community

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Abstract

Background : Government has implemented Essential Service Package (ESP) under Health, Nutrition and Population Sector Program (HNPSP) to reach and maintain the highest attainable level of health care to the people of Bangladesh.

Objective : To assess the utilization of Essential Service Package by rural community.

Methodology : A descriptive, cross-sectional study was carried out during January 2011 to June 2011 on 160 respondents of age 18 years and above.Sample was selected purposively from Nababganj Upazila under Dhaka district. After taking informed consent data were collected by face to face interview using structured questionnaire. Data analysis was done by SPSS version 16.

Results : The study revealed that highest number (71.9%) of respondents attended Upazila health Complex (UHC) to utilize ESP services. Among the respondents female (85.6%) were more than male. The lower class (19.4%) and middle class population (46.9%) utilized significantly more than upper class (8.7%).The most of the respondents had primary level of education (31.9%). Utilization of Expanded Programme on Immunization (EPI) (82.9%), Antenatal care (ANC) (16.2%), Family planning (FP) (11.2%), treatment of communicable diseases (40%) and limited curative care (12.5%) were found. Regarding Behavioural change communication (BCC) (41.3%) said that they got health education from the UHC and 58.9% response was negative.

Conclusion : The overall utilization of ESP services is good. To utilize the ESP from the existing UHC facilities for the rural community population is needed to be strengthening for achieving the health goals.

Key words : UHC, ESP, EPI, FP, ANC, BCC

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Introduction

Bangladesh with an area of 2, 46,037 sq km has a population 166,368,149 million which is 8th highest population in the world. Population density of Bangladesh is 1139 per sq. km. Annual per capita income of our people is around US $1861.[1] Family Planning program which began in early fifties has achieved a remarkable success with a Contraceptive Prevalence Rate (CPR) of 61% and Total Fertility rate (TFR) of 2.1 per women in spite of comparative low socio-economic development in our country.[2] The Bangladesh Health and population program has made substantial progress over the last thirty seven years. The fertility transition is already well under way and the success of the FP and immunization program is also impressive.[3]

To see the people of Bangladesh healthier, happier and economically productive and to reach and maintain the highest attainable level of health Government has launched Health, Nutrition and population sector program (HNPSP) in 1998 in consultation with the development partners and stakeholders. Under the HNPSP program the government is implementing Essential Service Package (ESP), The ESP covers the following five major areas:

- Reproductive health care
- Child health care
- Communicable and Non communicable disease control
- Limited curative care
- Behavior change communication (BCC)

This programme mainly emphasize on reduction of maternal and child mortality, communicable diseases, unwanted fertility and total fertility rate, as well as increasing life expectancy at birth, age at first pregnancy, nutritional status

and healthy life style of the population.

Reproductive Health Care : Services include Safe Motherhood, Family Planning, Maternal Nutrition, Unsafe Abortion, Neonatal Care, Adolescent Health Care, Prevention and control of Reproductive Tract Infection (RTI)/Sexually Transmitted Diseases (STD), HIV/AIDS and Infertility.

Child Health Care : Include control of Acute Respiratory Infection (ARI), Diarrheal Diseases, vaccine preventable disease (EPI – Expanded program on Immunization), prevention of Vitamin A deficiency, Iodine deficiency, Malnutrition, and Integrated Management of Childhood Illness (IMCI).

Communicable and Non Communicable Disease Controlare TB, Leprosy, Malaria, Filariasis, Kala-azar, Intestinal parasites, Accident, Stroke, Diabetes, Cancer and other Emerging and Re-emerging diseases including dengue fever and arsenic poisoning.

Limited Curative Care : Include Basic First Aid, Treatment of Medical and Surgical Emergencies, Pain Relief and Advice, Asthma, Skin Diseases, Eye, Dental and Ear Diseases.

Behavior Change Communication (BCC) : BCC service for changing attitudes and behavior of the people to improve their health status. Changing attitudes and behavior of service providers to provide client oriented services.[4]

Material and methods : This cross-sectional type of descriptive study was carried out during January 2011 to June 2011. A total 160 respondents of above 18 years old were selected purposively from Nababganj upazila in Dhaka district. After taking informed consent, data were collected by face to face interview, using a pretested questionnaire. Dependent variable was utilization of essential service package. Independent variables on socio-demographic characters and utilization of ESP were visit at UHC, purpose of visit, attended by health provider, distance of UHC, child immunization, use of family planning methods, behavior change communication (BCC). Ante natal care (ANC), Family Planning (FP), Tetanus toxoid (TT) vaccine, communicable and non communicable disease, limited curative care were measured under purpose of visit. There were no missing data and nobody refused to participate in this study. Data were entered into SPSS version 16.0 and analyzed by the researchers.

Results

Socio demographic characteristics showed that 39.4% were at the age group 18-25 years and minimum were > 55 years age group. Age range was 64 (82-18) years, mean age were 33 years with Standard deviation + 13.448. Among the respondents female were 85.6% and 14.4% were male. Economic status revealed that 19.4%, 71.9% from lower and middle class respectively and only 8.7% from upper class. The most of the respondents had primary level of education (31.9%). Highest number of respondent was housewife (78.8%).

Table 1 : Socio demographic profile of respondents (n=160)

Age of Respondents (n=160)

Age group	Frequency	Percentage (%)	
18-25 years	63	39.4	Mean Age 33years
26-35 years	48	30.0	S D+ 13.448
36-45 years	21	13.1	Maximum Age 82
46-55 years	17	10.6	Minimum Age 18
55 years+	11	6.9	

Sex of the Respondents (n=160)

Gender	Frequency	Percentage (%)
Female	137	85.6
Male	23	14.4

Education status of the Respondents (n=160)

Education level	Frequency	Percentage (%)
Illiterate	22	13.8
Able to put signature only	12	7.5
Primary	51	31.9
Upto Class VIII	41	25.6
Secondary	27	16.9
Higher Secondary/> Higher	7	4.4

Occupation of the Respondents (n=160)

Occupation	Frequency	Percentage (%)
Business	8	5.0
Farmer	2	1.2
Service	5	3.1
Labour	4	2.5
House-wife	126	78.8
Student	9	5.6
Others	6	3.8

Distribution of Monthly Income of the Respondents (n=160)

Monthly Income	Frequency	Percentage (%)	Mean 15900
Lower class (<Tk5000/-Tk15,000)	31	19.4	SD15576.748
Middle class (Tk 16,000/ - Tk40,000)	115	71.9	Minimum Tk2000/
Upper class (>Tk 46,000/	14	8.7	Maximum Tk100000/
Utilization of ESP service			

The study result showed that maximum respondent 115 (71.9%) visited UHC and only 45 (28.1%) never visited UHC during the study period (Fig 1).

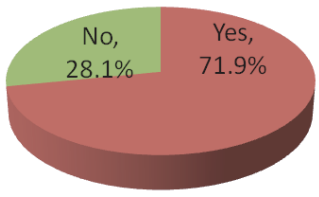

Fig 1 Distribution of respondents visited UHC for health care (n=160)

Regarding purpose of visit highest number of respondents 26 (16.2%) visited UHC for diarrheal treatment and ANC. Next 18 (11.2%) was visited for family planning and vaccination (TT). For Acute respiratory problem 15 (9.4%) respondents attended. Ear, Nose, Throat (ENT) problem, Postnatal checkup and Skin problem were 11(6.9%), 9(5.6%) and 7(4.4%) respectively and limited curative care 20(12.5%). (Table II)

Table II : Distribution of respondent according to purpose of visit (n=160)

Purpose of Visit	Frequency	Percentage (%)
Antenatal Checkup(ANC)	26	16.2
Postnatal Checkup(PNC)	9	5.6
Vaccination(T T)	18	11.2
Family Planning	18	11.2
TB	2	1.2
Accident	5	3.1
ENT Problem	11	6.9
Eye Problem	3	1.9
Skin Problem	7	4.4
Diarrhea	26	16.2
Acute Respiratory Infection	15	9.4
Limited curative care	20	12.5
Total	160	100.00

Most of the respondents 94 (58.8%) were attended by Medical officer, 59 (36.9%) health assistant and 7 (4.4%) were by specialist at UHC. (Table III) Distance of UHC from house of respondents were 85 (53.1%)< 1 mile, 60 (37.5%) between1-2 mile and 15 (9.4%) within > 2miles. (Table IV)

Table III : Health Professional attending at UHC

Attended by	Frequency	Percentage (%)
Health Assistant	59	36.9
Medical Officer	94	58.8
Specialist	7	4.4
Total	160	100.00

Table IV : Distance of UHC from house

Distance	Frequency	Percentage (%)
< 1 mile	85	53.1
1-2 Mile	60	37.5
> Miles	15	94.4
Total	160	100.00

In our study area, family planning methods used by the respondents were pills 28 (38.9%), condom 17(23.6%), injection 9(12.5%) implant 3(4.1%) and ligation/vasectomy were 15(20.9%). (Fig2)

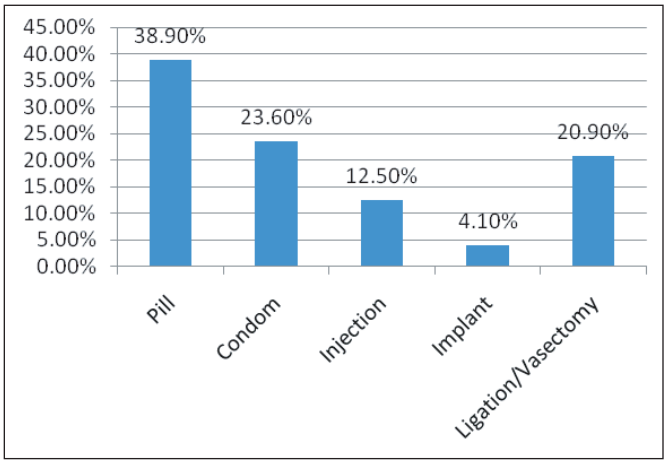

Fig 2 : Family planning methods used by respondents

Regarding vaccination given to the last child it was found that 58(82.90%) children were vaccinated and 12(17.1%) did not vaccinated (Fig 3)

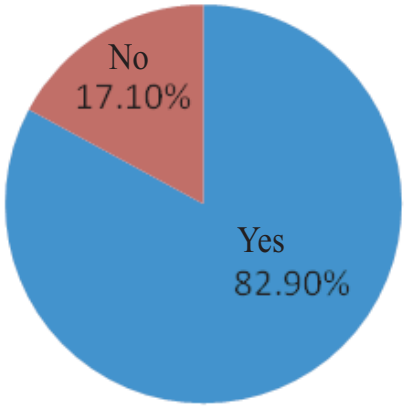

Fig 3 : Vaccinated last child

The respondents were asked whether they received health education 66 (41.03%) said that they got health education from the UHC and only 94 (58.97%) response negative regarding that matter.(Fig 4)

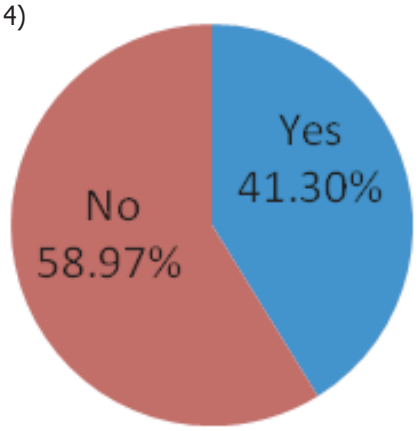

Fig 4 : Received Health education from UHC

Discussion

A key component of HNPSP is Essential Services Package (ESP) to meet the health needs of the people in rural community particularly women, children and the poor. UHC, Union sub centre, Community clinic, village level facilities developed as a focus for the provision of ESP. The study was carried out among 160 rural peoples of Nababgonj UHC of Dhaka district.

In our study maximum respondents (39.4%) were in the age group 18-25 years and minimum (6.9%) were >55 years age group. Rushender R et al. found similar result in their study in India·[5] Most of the respondents had primary level of education (31.9%), up to Class VIII (25.6%) and only a few crosses the higher secondary level (4.4%). This indicated that people of study place were conscious about health care though not highly educated. Most of the respondents, (85.6%) were female which was similar to the study of ICDDR, B.[6] Most of the female respondent (78.8%) were housewife. Regarding socioeconomic status of the respondents (19.4%) and (71.4%) from lower and middle class. A few (8.7%) were from upper class. Most of our respondents came from lower and middle class. World Bank report showed similar result.[7] The study result showed that about (83.8%) of the total respondent visited the UHC for seeking health care but another study showed only (34.1%) of the total respondents visited UHC for seeking health care, this indicated improvement of situation.[8]

Purpose of visit showed highest number of respondents (16.2%) visited UHC for diarrheal treatment and ANC. Next (11.2%) was visited for family planning and vaccination (TT). For acute respiratory infection (9.4%) respondents attended. A study by Ferdouse F B in a Upazila health complex showed similar result.[9] Distance of UHC from house of respondents were (53.1%)<1 mile, 1-2 mile (37.5%) and most of the respondents (58.8%) were attended by Medical officer, (36.9%) by Health assistant and (4.4%) by specialist at UHC. This result was consistent with the study by Ferdous FB and Azam ATM Z that distance less than 3miles was significantly associated with the utilization of UHC.[9]

In the component of ESP, Reproductive health care was focused on maternal care i.e ANC, PNC, FP and TT vaccine in this study. These services were taken by16.2%,5.6%,11.2% and 11.2% respondents respectively. (Table II) Respondents receiving family planning methods of them (38.9%) used oral contraceptive pill, (23.6%) used condom, (12.5%) used injection method and (20.9%) had got permanent sterilization. (Fig 2).[6]

Child health care as a component of ESP, child immunization was measured in this study and we found (82.90%) children were vaccinated (Fig 3). In the Communicable and non communicable Disease Control component of ESP, (16.2%) attended for diarrhea, (9.4%) for Acute Respiratory Infection and (6.9%), (4.4%), (1.9%) had taken treatment for ENT Problem, Skin Problem, Eye Problem respectively. For taking TB treatment (1.2%) attended UHC and Accident cases were found (3.1%). (Table 1).[8]

Limited curative care, also a component of the ESP, includes management of day-to-day general ailments, such as fever, pain, simple injuries, insect bite, stings, worm infestation, anaemia, weakness etc. Most of the respondents (12.5%) were found to receive this service. (Table I) Behavior Change Communication (BCC) is the giving health education on safe drinking water, sanitation, use of sanitary latrine, personal hygiene, ORS preparation and use, importance of vaccination, about the common topics, such as diarrhea, night blindness, nutrition of pregnant mothers and children, antenatal and postnatal care, family-planning, immunization, child health, pneumonia, dengue fever, safe delivery, anemia, skin diseases, and cleanliness.[10] In our study 41.3% said that they got health education from the UHC and only 58.97% response negative regarding this matter.[11]

Conclusion

The study was conducted to assess the utilization pattern of ESP from the UHC by the rural community people. More than average people of the study area utilized ESP. Young adult female house wife completed primary education from lower socioeconomic group were found to attend Upazila Health Complex to receive ESP. In the ESP component child vaccination, ANC, FP, TT vaccine, communicable disease control and limited curative care were utilized more but BCC component was found less.

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