UTILIZATION OF HEALTH CARE SERVICE IN St. LALIBELA PRIMARY HOSPITAL, CATCHEMENT AREA, AS A (PHCU), NORHT EAST ETHIOPIA

A THESIS REPORT TO BE SUBMITTEDM TO JIMMA UNIVERSITY; FACULTY OF HEALTH DEPARTMENT OF HEALTH POLICY AND MANAGEMENT IN PARTIAL FULFILMENT FOR REQUIRMENT FOR MASTER OF HEALTH CARE SERVICE AND HOSPITAL ADMINISTRATION

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September ’4,2019

Jimma, Ethiopia

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Acronym and abbreviations

BSC,.....Bachelor of science

CBHI..... Community based health insurance

EH,..... Environmental health

EHSTG,..... **Ethiopian** hospital service transformation guidelines

EPD,..... Emergency patient department

Ec,..... Ethiopian calendar

GP....., General practitioner

HEW,..... Health extension workers

HO,..... Health officer

HR,..... Human resource

HIT,..... Health information technology

HIV....., Human immune virus

IPD,..... Inpatient department

IHDHPM..... Instituet of health department of health policy and management

KAP,..... Knowledge, attitude and practice

KPI,..... Key Performance indicator

MHA,..... Master of health administration

MPH, ... Master of public health

OPD, ... Outpatient department

PHCU..... Primary Hhealth Care Unit

SPSS, ... Statistical package for social science

STD, ... Sexual transmitted disease

WHO,..... World health organization

Abstract

Background;-*Utilization of health care service that provides services to treat patients with curative, preventive, rehabilitative, and palliative disciplinary teams of trained professionals to meet health needs of individuals and populations. Client flow to Lalibela hospital catchment area is very low(0.2) or below from the expected catchment population(AS, a Primary Hhealth Care Unit). Therefor aim of this study is to identify utilization level and its associated factors of St. Lalibela Hospital catchement area.*

Objectives;- *To assess utilization of health care services and associated factors at St. Labella Hospital, catchement area as (PHCU),Northern East Ethiopia 2019 G.C.*

Methods: *A community based cross-sectional study have beeen conducted randomly selected 762 among people aged above 18 years in three woreda. A pre-tested and structured questionnaire was used to collect primary data for this study by participating 20 health extension workers.. Data was analyzed by using SPSS version 25 statistical software The Descriptive statistics was done to describe the data. Binary logistic regression was performed to assess the association between dependent and independent variables. Odds Ratios along with 95% confidence level were estimated to identify factors associated with the outcome variable using binary logistics regression. The level of statistical significance was declared at p-value less than 0.05.*

Results: *The utilization of health care service in St. Lalibella hospital catchment area was 40.8%. Respondent's educational status, occupation (OR= 1.37 (95% CI 1.18, 1.59; P value= 0.000)), marital status, age group, monthly income were the determinant sociodemographic variables. Distance to the health facility, information about health services, and information about serious mistakes committed by the health professional were also significantly associated variables. Government workers were 5.29 times more likely utilize health services given at St. Lalibela hospital catchment area than farmer household (AOR=5.29, 95%CI(1.63, 17.11)). The Utilization of Health Care Services among distance of the study area from their home 21-30 KM far have significant association (OR =0.073{0.043, 0.126} p=0.000) as compared with those are far than 31KM.*

Conclusion*. The overall health seeking behavior of households was low. Modern health services utilization was found to be low in St. Lalibela hospital Catchment area.*

Recommendations;- *Based on the conclussion, the researcher conclude that to the stockholders must efforts have to be made to increase utilization of modern health services through establishing systems like health extension workers and health taskforce.*

Acknowledgement;

I thank to Jimma University, Institute of Health (DHPM); for giving the course,. Heartfelt thanks to my advisor Mr. Waju, and Muluneh Getachew, to all of the respondents, the data collector, my lovely sisters, and wife about financial & spritual support and especial thank you for Dear Mr. Police Abebe the one who showed his hablness & integrity, and i thank all my friends for their continuous encouragement and moral support. I thankful to Almighty God, whose blessings have always been enormous and who bestowed the skills, knowledge and strength upon me to complete this thesis !!

CHAPTER ONE

1. INTRODUCTION

1.1 Background

Utilization of health services is a complicated subject, which is influenced by numerous factors. Therefore, every study on this subject should consider a definite number of factors, which may influence the utilization of health services(1). One of the objectives in the evaluation of people's utilization of health services is to identify major factors influencing the use of these services. Abetter understanding of these factors helps stakeholders and policymakers have a comprehensive image of different variables influencing the utilization of health services; in addition, it can help predict the use of these services in different populations(1). Using the limited resources efficiently and spend public funds on the suitable and effective services, as well as. Under the first 5-year rolling plan of the Health Sector Development Plan, the overall performance of the health sector had improved; however, the ability to deliver essential services in rural settings was less successful (2). Though health service coverage is 86.7%, total outpatient utilization of government health facilities in Ethiopia suggest that, on average, there are about 0.25 visits per person per year. This is very far from the 3 visits of World Health Organization and Millennium Development Goals and is the lowest in sub-Saharan Africa.(3)

As Ethiopia's health service is structured in to a three-tier system: primary, secondary and tertiary levels of care (2), the primary level of care includes primary hospitals, health centre (HCs) and health \posts (HPs). The primary health care unit (PHCU) comprises five satellite HPs (the lowest-level health system facility, at village level) and a referral HC. This is the point where PHC is administered and primary services facilitated under the health service delivery structure (2). So that we have assessed the associated factors for utilization of primary health care service in, St. Lalibela hospital catchement area.

Eventhough in theory health care utilization should correlate highly with the need, however defined, for services (3). But some services are needed and not obtained and other are utilized but not clearly indicated, or are indicated only after other protocol are followed To know how many population from the community are utilizing the hospital service, it depends from the provision and hospital activities. Also it can depends from the health care reform and how to managed cares from that hospitals.The importance of strong and effective person-focused

primary health care service as the crucial level for care continuity, co-ordination and integration with in a health system (2).The Importance of primary health care service utilization as a fundamental approach to health and community development, and hence in reducing inequalities and improving health importance of about health care service often addressed by analyzing health care utilization,

1.2 Statement of the problem

Client flow to Lalibela hospital catchment area is very low(0.2) or below from the expected catchment population(AS, a Primary Hhealth Care Unit). Therefor aim of this study is to identify utilization level and its associated factors of St. Lalibela Hospital catchement area.

The low income community clearly has higher need for healthcare especially with rising prevalence of chronic illnesses and non-communicable diseases (5). Due to various reason of the study area population are practicing, high family size (4). Low rain fall in these woreda, as well as they are not using modernized farming practice and drought, as based on the local governed areas of decades report. High burden of disease leading to high death of productive age (STD & HIV), increase number of unemployed (7). All these are the main cause of luck of income people living in the surrounding areas. However the local government was covering their health cost for those who are categorized as absolute poverty, which have been incorporate with the local criteria, the demand of the community still unsatisfactory. Due to this reason peoples are unable to be a member of health insurance and unwilling to go to health facilites while they become sick because of fear of the cost of health care service to heal facilities (5). In general low income is suggested to be cause of low utilization of health care service in St.Lalibela primary hospital(8)

Healthcare utilization that is an immediate outcome of health seekingbehaviour (5);A variety of factors have been identified as the leading causes of poor utilization of primary health care services (7). In this surrounding area (study area) peoples are culturally they believed many reasons for morbidity and mortality of diseases rather than the main cause (Communicable & Non communicable). Some of their believes" evil-eyes", traditional medications "Awudik " (Epilepsy), devil sprit (Stroke) are some of the causes they reduce the number of Hospital utilizers, because when people are thinking the cause of morbidity and mortality is the above mentioned believes they characterize different approach as a risk; rather than having to health care service utilization in the Hospital. example if they are thinking the cause some one

morbidity in that community is “evil-eye” having health care service from the hospital is a risk for them, they are thinking if the patient gets medication like injection he or she will die. Studied in Sothern Ethiopia on health-seeking behavior of the community in low in-come countries showed as risk behavior is an immediate outcome of utilization of health care service (5). Eventhough the health extension workers have been tried to exert their effort, about package of basic and essential promotive, preventive and curative services for selected diseases, And this initietive were designed based on the principles of primary health care, to improve the health status of families and households, with their full participation and using local technologies; the result was not satisfactory(2). The health extension workers are providing care for the community focussing on four areas: disease prevention and control, family health, hygiene and environmental sanitation and health education across the countr

Studied in Southern Ethiopia, Hadiya Zone, Hosanna, Those participants who are illiterate were about five times more likely to have low health-seeking behavior than who completed higher education, about eighty five percent of (85.4%) participants had low level of health-seeking behavior. Most of the people those who are living in the study area are illiterates which is related with the studied of Amhara health service utilization (3,8) this causes unable to understand health education, promotion and prevention. Also they couldn’t understood the severity of the disease, they simply ignore rather than seeking medication for their illness (5). Due to this reason illiteracy is supposed to be one other cause of reducing the health care service utilizers.

2.3 Significance of this study

Assessment of utilization of health care services and determining to the associated factors are used to identify major factors influencing the use of these servicers. Since utilization of health care services is an important public health and policy issue in developing countries(9). However, the level of health care services is not satisfactory in many countries, So therefore the main importance of this study by identifying the gap on utilization of St. Lalibela hospital catchement area, of primary health care service then, finding a solution through a comprhensive collaboration based on this finding for it. So that the Health Extension Programme (HEP) of the government have worked to fill gaps in access to care throughout its extensive and often hard to reach rural communities by recruiting and training women as paid frontline health workers. They train families on hygiene and other public health practices, and deliver a defined package of basic services. So as to extensively utilizing the health extension workers potential, assassing the utilization of health care service prevalence and associated factors to the outcome variables would enabling to strengthen and functional to the established stractural system would be cost effective(2).

Client flow of Lalibela hospital catchement area health facilities per annum (Report of 2010, Ec) 26.4 % according to the catchment population (254,947),below from the expected number, This indicated that the utilization of health care service have been getting too low, in mind this, the community leaders expected to be enhance the community mobilization so as to increas the utilization rate.

Accessing the health facilities by the government and non governmental bodies also an important recomandable, as based on the PHCU, structure and the study finding also an enabling factor to increase the utilization of health care service (2). Since health insurance in this community is newly started, assessing the community need is necessary for better utilization. inaddition to the economic factor, it is mandatory to find a rout cause. Not only few studies have been conducted in Ethiopia to evaluate the factor affecting utilization of health care services, But also the previous studies reported only the single factor of health service utilization such as economic status or cultural practice (7). Therefore, this study used a holistic approach to find out the barrier, and barriers to accessing the health care service in St. Lalibela Primary Hospital Cathement area as a primary health care service unit, were identified.

Submitting and presenting this study to the concerned bodies may help as, a sensitization to having good utilization of health care service is a fundamental need in the life of a person, because it helps grow a positive self- image and also opens up the opportunities for an individual to do his/her daily activities as an essential of them and an enabling factors commit for the intervention. Also used as a bench mark for strategical planning, implementing and for farther study, Utilization of health care service in public health facilities are attained through the availability of adequate staff, resource, for the health facilities and good communication process that enable the facilities to run efficiently. This research aimed at finding out the various factors influencing utilization of health care service in north east Amhara and majorly focused on the public health facility of St. Lalibela primary Hospital, cathement area.

After having done this study and finding a solution for the study result the Hospital catchement area health care service utilizer may gain benefits like, The community will keep themselves healthy; by increasing their interest of health care service. If there is an increment of health care service utilizer there have well-being, then there will an increment of life expectancy rate. In addition to this, if the population health status is well there will be satisfaction both on the health professional and the community as well. More over the population at all will, productive, prosperous. Rising relative costs. There is a tendency for the relative costs of the health services to rise faster than the average, so that a higher level of spending is required year by year just to maintain standards.

New and improved services and also extension in the coverage, as more groups in the population and more categories become eligible for the benefits that often take the form of a shift from clustered to public responsibility for a particular area.

At the end this study my important to understand the problem of health care utilizers for every concerned body by recommending what was deserved for each body. (Example, policy maker institution and community).

CHAPTER TWO

2. LITERATURE REVIEW

Rate of health care service utilization are globally by different indicators, unfairly large inequalities exist between developing and developed countries,(4), The economic polarization within the society and lack of social security system make the poor more vulnerable in terms of affordability and choice of health care service (6) Poverty not only excludes people from the benefits of health care system but also restricts them from participating in decisions that affect their health, resulting in greater health inequalities. however 70 % of utilizer in developed countries is high as, copmpared with studied in Africa, Sub-shara ,Africa like, Ethiopia, the overall modern health care service utilization rate was,low (4),

Let's see each indipendant four(Socio-demographic, Individual health status, health facilities and health providers) variables these are listed in the following in this study how the variables affect the outcome variables(Utilization of health care service in St. Lalibela primary hospital cachment area population), ;

2.1.Socio-demographic related variables

Review of the worldwide literature recommends that these factors can be classified as cultural beliefs, socio-demographic status, women's autonomy, economic conditions, physical and financial accessibility, and disease pattern and health service issues (6,). From the above utilization of health care service factors let's see about sex related factors(Women's autonomy). Men play a paramount role in determining the health needs of a women . Since men are decision makers and in control of all the resources, they decide when and where woman should seek health care. Women suffering from an illness report less frequently for health care seeking as compared to men. Status of women prevents them from recognizing and voicing their concerns about health needs. Women are usually not allowed to visit a health facility or health care provider alone or to make the decision to spend money on health care. (7).Thus women generally cannot access health care in emergency situations. This certainly has severe repercussions on health in particular and self-respect in general of the women and their children. Despite the fact that women are often the primary care givers in the family, they have been deprived of the basic health information and holistic health services (8).

Poor utilization of Primary health care service have been identified in Sub-sharan and developing countries, The leading causes including low socioeconomic status, lack of physical accessibility, cultural beliefs and perceptions, low literacy level of the mothers and large family size(10) and recent studies have indicated that utilization of healthservices is associated with people's gender, place of residence, and socioeconomic status(11)

2.2. Individual health status related variables

The first challenge is difficulty to identifying factors that influence a person's use health care services, including poverty in Amhara region was found 41.8%, 40.1% and 30.5% in 1999/00, 2004/05 and 2010/11, respectively; while the 2015/16 survey based analysis the poverty rate of the region has declined to 26.1 percent (5). Health care service utilizations are determined by the need for car, by whether they want to obtain care, and by care can be accessed. Factors that affect need for care and barrier to use of service will need a study, to identify gaps and improve service (3). This is very far from the 3 visits of World Health Organization and Millennium Development Goals and is the lowest in sub-Saharan Africa (3). Only 10 percent of persons recording illness actually obtained treatment for their conditions from any health facility, government or private. In addition, utilization of health services during illness had shown great rural- urban differences with 9.5 percent for the rural and 14 percent in urban areas. Shortages and imbalances of human resources for health, geographical distance from health facilities, and socioeconomic factors aggravated by the poor health-seeking behaviors of the population were among the major obstacles to attaining wider access to health services. The most frequent reported reason for not seeking health care when ill was shortage of money (41 percent), which is consistent with the fivth-round NHA household survey findings. The second most frequent reason was the perception that the illness was not severe (25 percent). The use of self-medication accounted for about 15 percent and the need to travel long distance to a facility accounted for 9 percent of not seeking care when ill(12)

Evidences show that socio-economic status, geographic settings, cultural issues, service quality, health system policy and procedures are among the factors affecting health-seeking behavior of the community. Individuals who fail to get health information found to have lower health seeking behavior(9). Healthcare-seeking behavior is a multidimensional effect and needs an appropriate investigation in order to provide knowledge that will help with the formulation of plan to check and prevent as an individual level, and as the same side for a leaders who are concerned in order to maximizing the communities health seeking behavior by formulating the agendas and policies of health care (15). Studied in Southern Ethiopia,

Hadiya Zone, Hosanna, Those participants who are illiterate were about five times more likely to have low health-seeking behavior than who completed higher education, about eighty five percent of (85.4%) participants had low level of health-seeking behavior. An immediate outcome of health seeking behavior is utilization of health care service (9).

Studies of health services utilization rate in Jimma Zone, South West Ethiopia and North East Ethiopia, were found to be 45.6%. 41.8%,respectively (3,8) Regarding illness in the last 12 months prior to the study 59.1% reported that they encountered one or more acute illness. Among them 40.7% encountered acute illness only once. Whereas the rest had encountered

Level of health care service utilization indicates the quality of health care service both in the facilities and through the community. 2010 Ec Amhara regional health bureau, North Wollo Zone and St. Lalibela Primary Hospital Utilization of health Care service performance report as a prevalence of health care service utilization rates, showed 1.8, 0.6 and 0.264 there is a gap so as to improve, the enabling factors that could be achieving the national plan or the Ethiopian Health Sectors Transformation Plan (EHSTP).

The most common reason for not visiting health institution was the perception that the illness was not much severe. Next is economic reasons and more than half of the respondent had more than one reason for not visiting modern health institution having poor perceived health status, having two or more than two illnesses, severe perceived severity of illness and having chronic health problem were found to have a statistically significant associated with utilization (13).

Most striking, uninsured individuals were much less likely to have had a doctor visit than people with health insurance coverage In 2011, only 43.2% of the uninsured had at least one doctor visit over a six month period, compared to three-fourths of people who had insurance coverage (76.3%) (9),another study in North West Ethiopia shows that utilization of health services among insured households in CBHI was higher. Educational Status, Family size, Occupation, Marital Status, Travel time to the nearest health institution, perceived quality of care, first choice of place for treatment during illness and expected healthcare cost of a recent treatment should be emphasized to enhance community health insurance enrolment, which leads to universal health coverage (16).

The overall levels of health care utilization were generally low in all patients (7). One billion people lack access to health care systems and nearly one third of the world population couldn’t use health services due to different socioeconomic and cultural reasons. The health service

utilization rate in Africa is low and, sub-Saharan Africa in particular is very low ranging from only 0.2 annual visits to 2 visits (3).

2.3. Health facilities related varables

Ethiopia is one of the sub-Saharan countries most affected by high disease burden reflected by the high rates of maternal and child mortality. Under the first 5-year rolling plan of the Health Sector Development Plan, the overall performance of the health sector had improved; however, the ability to deliver essential services in rural settings was less successful,evehough health service coverage is 86.7%(17), total outpatient utilization of government health facilities in Ethiopia suggest that, on average, there are about 0.25 visits per person per year.

A lot have been tried to assess the utilization rate of health care service, by a means of Ethiopian Hospital Service Transformation Guidelines (EHSTG), this guidelines contains twenty chapters, hundred ninety six standards with verification criterial and twenty six key performance indicators (KPIs) , But the utilization rate of health care service in St. Lalibela Primary Hospital still significantly low, There for the objective of this study will to assess utilization of health care service and factors affecting it, was conducted from in St. Lalibela Primary Hospital, cachment area, North East Ethiopia.

2.4. Health providers related variables

It has long been recognized that human resources are an essential input into the delivery of health services. The human resource policy agenda has gradually shifted from a focus on workforce expansion and manpower planning, to concern with quality and financial sustainability(13). The health workforce is inequitably distributed across urban and rural areas. As one individual from the FMOH observed: “High-level specialized doctors and master’s holders live and serve in urban areas.” There are few disaggregated data on the number of professionals working in rural and urban areas(2)

CHAPTER THREE

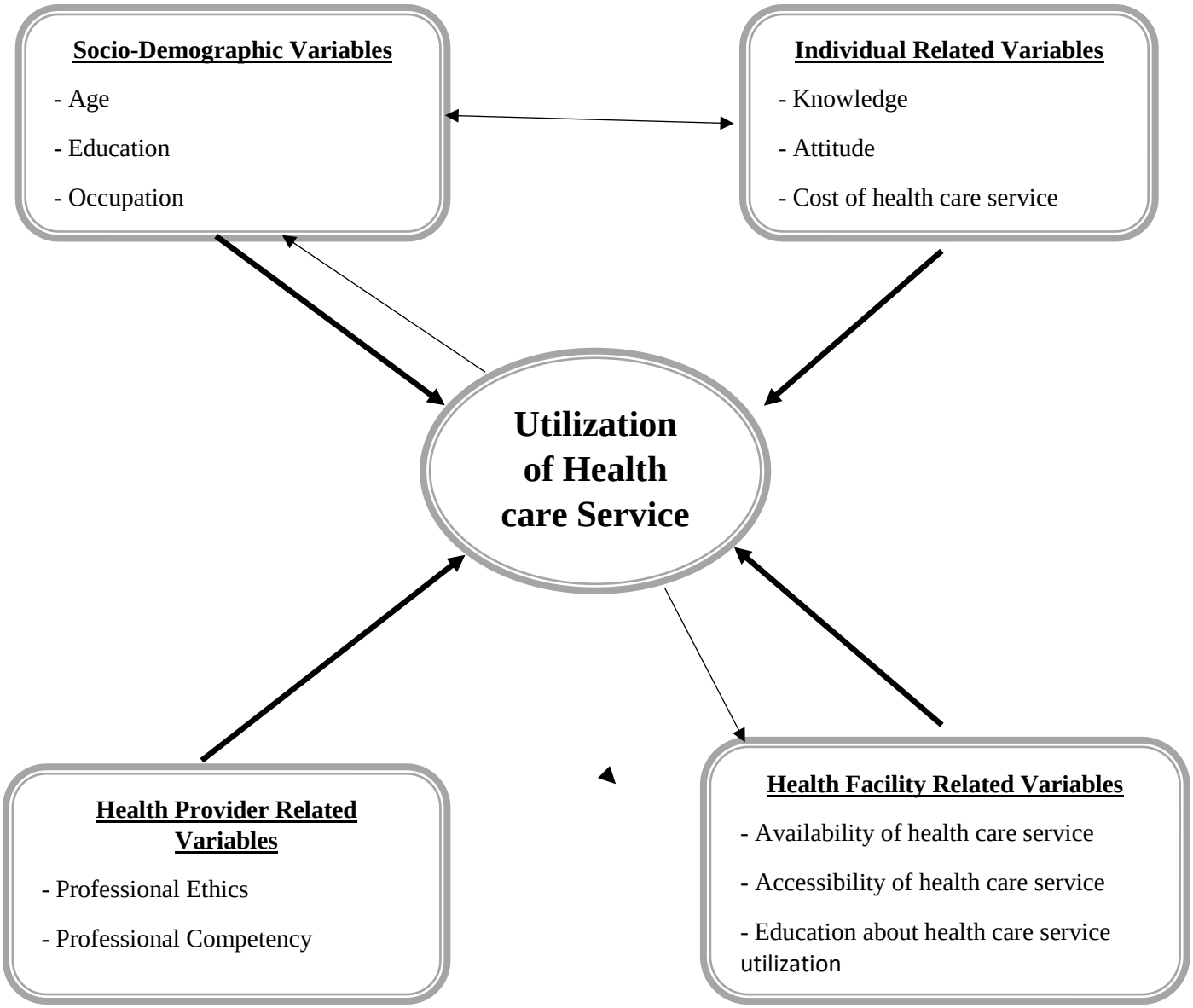


Figure 1: conceptual frame work developed after reviewing different related articles.

CHAPTER FOUR

4. OBJECTIVES

4.1 General Objectives

To assess utilization of health care services and associated factors in St. Lalibela Hospital catchement area of , North East Amhara, 2019 G.C.

4.2 Specific objective

1. To determine prevalence of health service utilization in St. Lalibela hospital,cachement area

2. To assess factors associated with utilization of health care services in St. Lalibela hospital,cachement area.

CHAPTER 5.

METHOD AND MATERIALS

5.1 Study area and period

St.Lalibela Primary Hospital is placed in Lalibela town administrative which is located in the North Eastern part of Ethiopia and it is about 300 Km far from Bahr Dar town which is the Regional capital city, and 700 km away from Addis Ababa. This Hospital serving for the catchment area of Lalibela town administration and the surrounding tow rural districts (Bugna, and Lasta). These total population is 254947, an urban16403 and rural 41775 households are respectively, and 49.2% males and 50.8% females are living there (18). Regarding health facilities there are a 01, Primary Hospital, 13 Health Center 45 Health Post, and four mid-level private clinics available. This study was conducted from March 10th 2019 to May 10th 2019.

5.2Study design

Community based cross sectional study was employed(19)

5.3 Source population

The source population were include all households in two districts and one city administrations, as a primary health care unit(PHCU) under St. Lalibela Primary Hospital were participants.

5.4 Study population

The study population were sampled households which, were selected through systematic random sampling from kebeles of two districts and one city administration areas of where are structured as a PHCU of St. Lalibela Primary Hospital.

5.5Inclusion and exclusion criteria

5.5.1 Inclusion criteria

Households with individual aged from 18 and above or their guardian who live at least for thelast six months and those who can respond for the presented questioner in the selected areas.

5.5.2 Exclusion criteria

Populations who live in these three local government area aged under 18 years old, comatose or unconscious patient and unable to communicate were excluded.

5.6 Variable

5.6.1 Dependent variable

Level of health care service utilization in primary hospitals, catchement area

5.6.2 Independent Variable

- Socio-demographic related factors,
- Individual health status related factors,
- Health provider related factors, and
- Health facility related factors.

5.7 Operational Definitions

1,St. Lalibela Primary Hospital, health care unit;- The primary level of care includes St. Lalibela primary hospital, the surounding 13 Health Centres (HCs) and 45 Health Posts (HPs). This is the point where PHC is administered and primary services facilitated under the health service delivery structure (2).

2,St. Lalibela Primary Hospital Catchment Area;- Is an area of coverage two districts(Bugna&Lasta) and Lalibela city administration of public and private health facilities these are under this Hospital as a primary health care service unit

3. Health care cervices;health care service in this study area include public and private licensed health institutions (Hospitals, health centers, and private clinics.

4, Utilization of health care service The respondat to the questions of "Have you got health care service for the last 12month from the serounding health facilities?" There responce may be "Yes or No".

5. **High utilization of health care service**; Study respondents having a score of above the mean on each of the target measurements will equated with having a high level of utilization of health care service (6).

6. Low utilization of health care service; Study respondents having a score of below the mean on each of the target measurements will equated with having a low level of utilization of health care service (6).

7. Local Government area; Is the lower government structure that have specific constitutional powers and duties to perform; So there for each of ,Bugna & Lasta woreda and Lalibela town administration have their own specific constitutional power.

5.8 Sample size determination

Sample size was calculated using the single population proportion formula. The most common confidence intervals are 90% confident, 95% confident, and 99% confident .Based on the following assumption, 95% confidence interval with a 5% margin of error. The expected proportion health facility utilizers from populations who have below mean utilizer score be 45.6 % (20).

Formula (N) =1.96 at CI of 95%

Formula (N) = $\frac{(Z\alpha 2)^2 p(1-p)}{w^2}$ *Zα2 = 1.96 at CI of 95%*

P value 0.428 [7]

= *3.8416*0,456 (1-0.544)*

0.0025

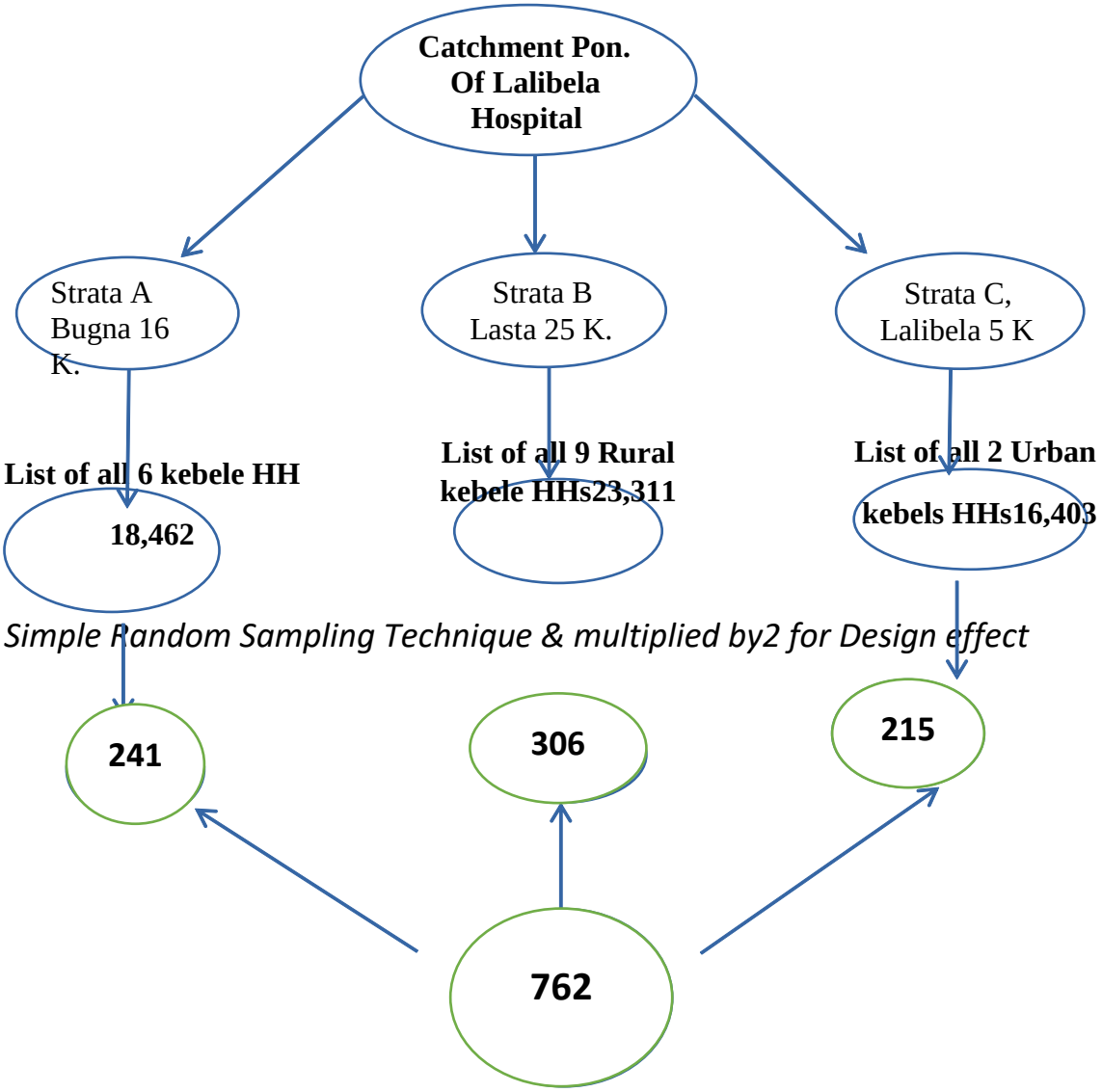
= ***381 *2(design effect)***

= ***Final sample = 762***

5.9 Sampling Technique

The study area have a 01 Primary Hospital, 13, Health Center and 45 health post, which belongs to address for 46 Kebele. This particular community based study the households with age above 18 and can able hear. A total of 762 sample or people were selected using multi-stage systematic random sampling technique after listing there name from the center/ Kebeles/ as the recording of health extension workers at each kebeles is used as considering the design effect;

Diagram presentation of sampling procedures



5.10 Data Collections Tools

Data of socio demographic and economic variables were collected using a structured, pretested questionnaire and standardized tools were used to assess household hospital utilizer, after adapting the hospital using habit in context of the locality and developing the questioner then the questionnaire have been further developed to include important predictors of this study.The hospital using patterns were measured by a qualitative recall of all health care service consumed by each people in the community. Thus, certain health care utilizer groups were aggregated to calculate individual health care utilization frequency habit.

5.11 Data collection procedure

The data were collected by using a structured, questionnaire by a 20 health extension workers for fifteen days long, who are currently working in the study area, so as to reduce the issue of bias, data entry method were be coded, and the HEWs were assign on the other working area rather than their permanent working place, by doing so it have been easy to find each selected house hold.

The catchments area was stratified in to three strata based on governmental administration and geographical settlement. Then by talking 37% of the "Kebele" from each strata, six, nine and two "Kebele" were selected by using simple random sampling from strata A B,C respectively. Then the final 762 household were allocated proportionally to the three strata and then to each selected Kebele in each strata, finally from each Kebele households were approached using computer generated random number simple random sampling method.

5.12 Data Quality Assurance

The following measure were under taken as to control the quality of the data. The questionnaire was initially developed in English and translated in to local language spoken in the study area ("Amharic"). And then after questionnaires was translated back to English language by another individual who was blind to the original English version and fluent in English and local languages. Four days training was given by Amharic for both supervisors and data collectors, so as to make the data collectors understand what is expected from them and fill the questioners as needed, selection criteria of household, and how to approach the respondents. Again the data collectors was trained for one extra day to ensure the structured questionnaire was checked

then to avoid printing errors before data collection started. The name of the data collectors was recorded so as to enhance the responsibility to any incomplete data. Data collectors will summit the collected data to supervisor in daily basis and the supervisors will check the completeness of the data. Code cleaning was done. .

Pretest before the actual data collection, the check list was tested on 20 people who has inhabitants of study area; which are not randomly choose to actual data collection and not include in the actual study period. Both the data collectors and supervisor was selected to collect data in situation that cannot interfere with their own working time. The data was collected by home to home visit. The selected participants was again informed by the data collector as she was selected to participate in the study. When the selected participants is interested, the consent was obtained and the data was collected.

5.13 Data Processing and Analysis

The data collected using quantitativemethod was be entered to Ep-data version 3.1 which was transported to SPSS version 25 window soft ware computer programme for analysis. Frequencies, percentages, cross tabulation, odds ratio of different variables wasdetermined. Logistic regression was used to control confounders. The data collected using the qualitative method was transcribed, coded, categorized and developed into themes for analysis. The collected data were presented using figures, tables and pictures.

5.14 Ethical Consideration

Ethical clearance were obtained Institutional Review Board of Jimma University; Institute of health, Official letter were send to ‘’Lalibela’’ town administration, ‘’Bugna’’ and ‘’Lasta Woreda’’ health department and the data collection was gain after permission and cooperation letter was write to all kebeles on which the study is going to be carried out.

The study purpose, procedure and duration, possible risks and benefits of the study was clearly explained for the participants using local language. Then individual informed written consent was taken. The respondents was assured of confidentiality by excluding their name during the

period of data collection. They was again informed well that they have full right to totally refuse to participate or with draw from the study at any time if they have any difficulty to do.

5.15. Dissemination of results

Finding this study was presented in open defense and submitted to: Jimma University institute of health, department of health policy, and Management and policy, MHA program. Effort will also make to publish in peer reviewed journals and present in different national and international conference and seminar.

CHAPTER SIX

6. RESULTS

6.1 Sociodemographic of the respondents

From the total 762 households, 754 of them participated in the study, giving a responce rate of 98.9%. Of these majority 409 (54.2%) of the respondants were females. Almost half (377,50%) of the respondants were farmers; 501(66.4%) of them were married and 650(86.2%) orthodox christian. Two hundred fifty nine (34.4%) of respondans can not read and write and 254(33.7%) of them were between age range of 36-46 years. Socio-demographic characteristics of the respondants were summarized in Table 1.

Table 1 description of sociodemographic Variables of the respondents of St. Lalibela Hospital catchment area March 10, 2019 to May 10, 2019

Sociode-mographic Variables (N= 754)	Response	Frequency	Percent
Sex of the respondent	Male	345	45.8
	Female	409	54.2
Occupation of the respondent	Farmer	377	50.0
	Student	90	11.9
	Merchant	78	10.3
	Gov. worker	127	16.8
	Other(specify)	82	10.9
Marital status of the respondent	Single	140	18.6
	Married	501	66.4
	Divorced	75	9.9
	Widowed	38	5.0
Religion of the respondent	Orthodox	650	86.2
	Muslim	64	8.5
	Protest	37	4.9
	Others	3	0.4
Educational status of the respondent	Illiterate	259	34.4
	only read and write	189	25.1
	Primary	144	19.1
	Secondary	60	8.0
	Tertiary	102	13.5
Age Group of respondents	<25	40	5.3
	25-35	174	23.1
	36-46	254	33.7
	47-57	179	23.7

	>57	107	14.2

6.2 Utilization of health care services

Regarding utilization of health care services 308 (40.8%) of the respondents visited a health facility in the last 12 months prior to the survey. If respondents had a visit of health facility in the last 12 months before the survey, questions enquiring about the cost, outcome and hospital status were asked. Less than half of the visitors were cured by the service they got from health institutions, whereas, satisfaction rate were high. Greater than half of the respondents felt very satisfied by the service provided. Health facility cleanliness was also good as judged by the respondents. Summarized in table 2.

Table 2: Description of respondent's response on Individual health care status of the respondents of St. Lalibela Hospital catchment area March 10, 2019 to May 10, 2019

Items	Response	Count	Percent
Do you have health care service for the last 12 months?	Yes	308	40.8
	No	446	59.2
From your monthly income how much do you cost for health care service?	¼	212	68.8
	½	73	23.7
	1/3	23	7.5
Have you cured by the given health service provision?	Yes	135	43.8
	No	173	56.2
How do you evaluate the fee	Very expensive	76	24.7
	Expensive	87	28.2
	Fair	129	41.9
	Low cost	16	5.2
How do you evaluate the facility?	Very satisfied	165	53.6
	Satisfied	78	25.3
	Neutral	44	14.3
	Dissatisfied	18	5.8
	Very dissatisfied	3	1.0
Was there any payment for treatment	Yes	184	59.6
	No	124	40.4
had you wrote your comment about in the suggestion book of the hospital	Yes	166	53.9
	No	142	46.1
do you believe that health care provider properly treated you	Yes	256	83.1
	No	20	6.5

	Unanswered	32	10.4
do you believe that the hospital has been clean and safe	Yes	212	68.8
	No	91	29.5
	Missing System	5	1.6

Closer to two-third of the respondents have information about exempted services (66.8%). Majority (64.4%) of the respondants have ever utilized the traditional healers, 248(51.3%) of the community visited a traditional healer once for the last 12 months.

Table 3: respondent response on Individual health care status of respondents of St. Lalibela hospital catchment area March 10, 2019 to May 10, 2019

Item	Response	Count	%
Had you an information about exempted health care service?	Yes	499	66.8
	No	255	33.2
Had you information about St. Lalibela hospital service provision type?	**Yes**	**531**	**70.4**
	No	223	29.6
Are all your family users of community based health insurance?	Yes	149	20.3
	No	586	79.7
Do you have an information in your neighbor whom are traditional healer?	Yes	600	79.8
	No	152	20.2
Did you utilized the traditional healer by the last 12 month?	Yes	483	64.40
	No	271	35.94
Number of visit of traditional healer for the last 12 month?	One times	248	51.3
	Two times	158	32.7
	three times	34	7.0
	Four times	43	8.9

In the above table, one in five (20.3%) of the respondents utilizes community based health insurance. Around 80% of the respondents had information about traditional healers, as a result 483 (64.40%) of them had visited traditional healer in the last 12 months.

Table 4: respondent response on Health facility accessibility and service provision of respondents of St. Lalibela hospital catchment area March 10, 2019 to May 10, 2019

Items	Response	Frequency	%
How far the distance of health facilities from your home?	<10	95	12.6
	11-20	108	14.3
	21-30	285	37.8
	>=31	266	35.3
How many times do you go to any health facilities so as to have service?	Never ever go to there	363	50.9
	I have gone for one times	212	29.7
	I have gone two times	71	10.0
	I have gone three times	25	3.5
	more than three times	42	5.9
Are the health care person explain the procedure (n=606)	Yes	541	89.3
	No	65	10.7
If q35 yes have you an exposure of involvement in the planning?	Yes	553	85.6
	No	93	14.4
Do the health care personal listened to you during the care?	Yes	508	70.8
	No	210	29.2

As depicted from table 3, the majority 515(68.3 %) of the households were between 21-30 km away from the health institutions. Less than 10% of the households were found within 20Kms of any health facility. Three hundred sixty three (50.9%) of the households never go to health facilities to have service. 541(89.3%) of the households health care professionals explain the treatment but the 553(85.6%) of them exposure of involvement in the planning while the majority (70.8%) of households health care personal listened to them during the care.

Table 5 respondents response for Health Care provider at St. Lalibela hospital catchment area March 10, 2019 to May 10, 2019

Items	Response	Count	%
Do the health care personnel listened you during the care?	Yes	508	70.8
	No	210	29.2
Do you believe that health care provider properly treated you?	Yes	553	89.0
	No	68	11.0
Do you believe that health care provider to maintain confidentiality?	Yes	594	90.4
	No	63	9.6
Do believe that effective that preceded in the health facility	Yes	510	69.9
	No	220	30.1

Do you practice illness after you treated	Yes	363	49.2
	No	375	50.8
Do you properly used the prescribed drugs as a physician ordered	Yes	456	62.0
	No	279	38.0
Do you believe that the hospital has been clean and safe	Yes	534	78.5
	No	146	21.5
Had the shift changes are problematic for this hospital	Yes	294	39.6
	No	271	36.5
	I do no	177	23.9
Do you think that the hospital staff members are enough	Yes	276	37.0
	No	469	63.0
Is there requisition trend for the prevention of mistakes	Yes	232	30.8
	No	522	69.2

Based on the table 4, the respondent stated that the majority (70.8%) of the health care personnel had listened the respondents during the health care provision while the rest (29.2%) of the health care personnel perceived as not listened the respondent during the care. On the other hand 553(89.2%) of the health care provider properly treated while the 68(11.0%) not as felt by the respondents of this study. Great majority 594(90%) of the health care provider were trusted to maintain confidentiality while the rest minority 63(9.6%) health care providers not according to the respondents of this study.

Table 6 Associated factors for health care service utilization among respondents of St. Lalibela hospital catchment area March 10, 2019 to May 10, 2019

	B	Yes (%)	No (%)	OR	95% C.I.for OR		P vaue
					Lower	Upper	
Occupation	Farmer	106(14.1)	222(29.4)				
	Student	35(4.6)	55(7.3)				
	Merchant	39(5.2)	42(5.6)	1.373	1.182	.594	0.000
	Gov. worker	72(9.5)	89(11.8)				
	Other	56(7.4)	38(5.0)				
Marital status	Single(ref)	70 (9.3)	70(9.3)	.570	.428	.760	.000
	Married	216 (28.6)	285(37.8)				
	Divorced	13 (1.7)	62(8.2)				
	Widowed	9(1.2)	29(3.8)				
Educational status	Illiterate(ref)	108(14.3)	111(20.0)	.578	.487	.686	.000
	Read/write	76(10.1)	113(15.0)				
	Primary	57(7.6)	87(11.5)				
	secondary	26(3.4)	34(4.5)				
	Tertiary	41(5.4)	61(8.1)				
Information about services	Yes	265(35.1)	266(35.3)	.104	.060	.182	.000
	No	43(5.7)	180(23.9)				
Health insurance	Yes	82(11.2)	67(9.1)	.350	.208	.588	.000
	No	215(29.3)	371(50.5)				
Distance	<10	128(17.0)	157(20.8)	.694	.566	.851	.000
	11-20	124(16.4)	142(18.8)				
	21-30	34(4.5)	61(8.1)				
	>31	22(2.9)	86(11.4)				
Mistakes	Yes	27(4.0)	21(3.1)	.368	.165	.820	.015
	No	253(37.2)	380(55.8)				
Confidentiality	Yes	276(42.0)	318(48.4)	1.236	.555	2.753	.605
	No	21(3.2)	42(6.4)				
Age Group	15-19	98(13.0)	59(7.8)	.784	.685	.896	.000
	20-34	49(6.5)	63(8.4)				
	35-49	65(8.6)	114(15.1)				
	50-64	30(4.0)	134(17.8)				
	>64	66(8.80	76(10.1)				
Monthly income	<900	67(8.9)	113(15.0)	1.271	1.093	1.478	.002
	900-1800	48(6.4)	93(12.3)				
	1801-2700	80(10.6)	80(10.6)				
	2701-3400	62(8.2)	145(19.2)				
	>3400	52(6.8)	15(2.0)				

After bivariate analysis, the following candidate variables were entered into multivariate logistic regression. From the respondent's occupation, taking farmer as a reference, students

and merchants had lower odds of utilization of health services OR= 0.35 (95% CI 0.14, 0.82: P value= 0.016) and OR= 0.17 (95% CI 0.06, 0.48: P value=0.001) respectively. No significant difference were observed between farmers, and government workers. The nominal variable marital status doesn't have much difference between the different respondent's statuses. Compared with singles widowed individuals had the lower odds to utilize health service OR=0.09 (95% CI 0.01,0,48 P value= 0.005).

Regarding educational status, compared with the reference level of education (illiterate), the odds of using health service was better in other cases. The highest of odds was in those only read/write and primary education, OR= 5.29 (95% CI 2.01, 13.94: P value= 0.001) and OR= 4.89 (95% CI 1.90, 12.94: P value= 0.001) respectively. The odds of health service utilization were also increased in secondary and tertiary education, however it was not significant. Home to home visit by a health worker seems to discourage health service utilization by the respondents. Compared with two times home to home visit, no visit or one time visit had better utilization with odds ratio of 5.79 and 16.01 respectively.

Another stronger predictor of health service utilization was information about health institutions. Those who have information about services in the health institution had better odds with OR= 17.47 (95% CI 8.83, 34.57: P value= 0.000) than those who don't have. The use of health insurance had also increased the odds of health service utilization. Users of health insurance were almost 2 times more likely to utilize health services. Having information about traditional healers decreased the odds of health service utilization, though it was not significant.

As distance from the health facility increased the likelihood of health service utilization was decreased. Compared with the farthest the nearest had the highest of all odds to utilize health services. The distance from the health facility to respondents home was the determinant factor. Respondents were questioned if they trust health professionals in keeping confidentiality, respondents who respond no to this question had the lower odds OR= 0.19 (95% CI 0.07, 0.2: P value=0.001) Associated factors after multivariate logistic regression is summarized in table 5.

Table 7: factors affecting health service utilization of respondents of St. Lalibela hospital catchment area March 10, 2019 to May 10, 2019

	Category	OR	95% C.I.for OR		Sig.
			Lower	Upper	
Occupation	Farmer(ref)				
	Student	0.35	0.14	0.82	.016
	Merchant	0.17	0.06	0.48	.001
	Gov. worker	0.69	0.24	1.96	.488
	Other	0.53	0.22	1.28	.163
Marital status	Single(ref)				
	Married	1.30	0.31	5.40	.712
	Divorced	1.40	0.38	5.17	.608
	Widowed	0.09	0.01	0.48	.005
Educational status	Illiterate(ref)				
	Read/write	5.29	2.01	13.94	.001
	Primary	4.89	1.90	12.59	.001
	secondary	1.02	0.38	2.74	.966
	Tertiary	1.23	0.47	3.20	.658
Home to home visit	2 times(ref)				
	One time	16.01	4.12	62.23	.000
	No visit	5.79	1.66	20.16	.006
	No service	4.06	1.20	13.74	.024
Information about services	No(ref)				
	Yes	17.47	8.83	34.57	.000
Use of health insurance	No(ref)				
	Yes	1.925	1.017	3.641	.044
Information about traditional healers	No(ref)				
	Yes	0.51	0.26	1.00	.052
Distance in KM	<10	4.50	1.96	10.29	.000
	11-20	3.23	1.45	7.15	.004
	21-30	2.38	0.898	6.34	.081
	>31(ref)				
Information about mistakes	Yes(ref)				
	No	1.86	0.70	4.94	.209
Perceived keeping confidentiality	Yes(ref)				
	No	0.19	0.07	0.20	.001
Age Group	15-19(ref)				
	20-34	2.12	1.08	4.16	.028
	35-49	2.06	0.93	4.55	.074
	50-64	0.76	0.38	1.53	.452
	>64	0.44	0.21	0.93	.033
Monthly income	<900(ref)				
	900-1800	0.10	0.04	0.25	.000
	1801-2700	0.11	0.04	0.28	.000
	2701-3400	0.13	0.05	0.36	.000
	>3400	0.06	0.02	0.16	.000

CHAPTER SEVEN

7. Discussion

As the finding of the study shown, many evidences suggest that addressing health care service pave ways for appropriate utilization of health care services. This study tried to measure utilization of health care services in multidimensional approaches to improve specific health care services change to prevent disease, cure and promote health in the community. The extent of health-seeking behavior of the current study was remarkably low when compared to different parts of the world (1,2).

The overall prevalence of health care service utilization among St. Lalibela primary hospital catchments users in the current finding was 43.1. This result was nearly similarly with the prevalence in comparative cross-sectional study of Modern health services utilization and associated factors in North East Ethiopia (3) with the overall health services utilization was found to be 41.8%. As the study showed, the most reason for not visiting health care service was the perception that the illness was not much severe. The next is economic reason and more than half of the respondents had more than one reason for not visiting health care service. The traditional healer user and religious father or holy water user in the community than visiting Health care service utilization in the study area.

Socio-demographic traits of household were tested for association. The results illustrated that marital status, occupation, age group, monthly income and level of education showed an association with health care service determinant to the influence of marital status to utilization of health care service, those widowed individual were less likely to have health care utilization compared to singles in the current study. This finding was consistent with study reported for southern Ethiopia in 2018 (5) This study was also consistence with the study conducted among determinant and pattern of health care service utilization (2009) Allama Iqbal Open University, Islamabad in which the there were significant of marital status for the health care utilization ($p=0.04$). Pertaining to the influence of marital status to health care service, divorced and widowed participants had low health-seeking behavior in our study. This finding was consistent with study reported for Jamaica in 2009 (6).

This study show that, the practice illness after treated among those who were ill in the last 12 months prior to the study those who perceived that their illness was severe were 21.486 times more likely to visit than those perceived mild illness (95% CI 5.88, 78.499). this study confirm with the study conducted by (2), Adults who encountered acute illness twice and above in the

last 12 months were 5.780 times more likely to use health services than who encountered only once (95% CI 1.639, 20.408). Adults with chronic health problem were 4.247 times more likely to use modern health services than those without chronic health problem (95% CI 1.176, 15.335) (2).

As the study Participants reported whose has secondary level were 89% had low to have health service utilization compared with those are at Tertiary level. Most of the reports from Ethiopia and other countries supported this finding (5). Similarly educational status Participants reported lower level of education had low health care utilization behavior. Most of the reports from Ethiopia and other countries supported this finding. Consistencies in findings imply the influence of level of education on health care utilization (6).

As the study finding decision made against occupation, income, distance, those benefited by community based health insurance and those who get information, was also used as an indicator for health care service utilization. Similar results were obtained in the study conducted in Ethiopia, (2015) on analyzing barriers to accessing health care services (12). Respondents who had an average monthly family income below 501 birr were less likely to attend than those who had average monthly family incomes above 1000 birr. This might be because for low income people use to visit less to get health care service. But, a research performed in Brazil, has shown that the lowest socioeconomic group made 62% fewer visits (21,22). This might be due to the fact that there is a free health service to the poor in Ethiopia and the high socioeconomic group might have a better health status. Having health insurance was found to have an important influence in increasing the probability of use to visit for health care service (23).

On the other hand, this study has not consistence with the study conducted in (8), that the low and the medium socioeconomic groups were 2.6 and 3.5 times more likely to visit the health institutions than the high socioeconomic group. And those who had information and those all family benefited by community based health insurance and those who believe the action of hospital management shows that patient safety is very prior had 5.35, 2.24 and 4.68 times more likely health service utilization respectively.

Similarly, Distance under 10KM and 10-20 KM had 4.5 and three times more likely utilization of health service. This study finding is incomparably higher than findings of health seeking and health service utilization of 2005 in Pakistan. This could be due to the fact that our sample consisted of participants entirely both urban and rural area from unlike Pakistan (9) that encompass the urban setting. Service related factors like perceived transport cost, distance to

the nearest health center or hospital and perceived treatment cost were seen to predict use of the health services. Similarly, physical access was found to be a significant determinant in decisions about outpatient visits. Those individuals located less than or equal to 10 kilometers from the nearest health center or hospital had a 2.9 times higher chance of using the health services as compared to those residing more than 10 kilometers away. Besides, absence of transportation was associated with a 0.05 chance of service utilization as compared to those who perceived the transport cost to be expensive (2,8).

This finding was consistent with findings reported for get treatment advice and practice illness in North Shewa zone in Oromiya regional state of Ethiopia (5)About 50.4% participants in our study got for treatment and seek medical help when got ill, which is less than reported in Jimma zone, 76.5% (13). Our data also showed that 37.8 of participants primarily chose goverment clinic when they seek medical helps. This finding is disagree with a study reported in Ethiopia (6).

The respondents stated that, they more less never had treatment advice and believe that the hospital has been clean and safe and management. Thus, the efforts should be strengthened to improve the level of health care use in Lalibela area. According to Andersen, factors affecting utilization of health services include health status, predisposing factors and enabling factors (22). Severity of an illness was seen to be important in utilization of health services. The most common reason (47%) cited for not visiting a health institution during the illness was the fact that the illness was mild. This finding is consistent with other studies in Ethiopia (2,13). Those who practice illness after treated have (65%) less likely utilize health service. Even if the health care person explained the procedure and they believe that the hospital has been clean and safe they are 91% and 84% less likely utilize health service. Most of the reports from Ethiopia and other countries supported this finding (2). Consistencies in findings imply the influence of level of practice illness, treatment advice and believe that the hospital has been clean and safe and management on health care utilization.

Limitations

During the data collection period there was an obstacl to which a misunerstanding of the study objective among the community, due to thie some dileance was and compliant were occured

The present study has some relevant limitations that impede the power. One of the limitations of this study is related to the cross-sectional study design, in which the temporal relationships between the outcome and predictor variables cannot be established.

Since the study inquires activities in the last 12 months respondents may fail to recal answers to the questions and recall bias might be there.

Moreover, the sample was limited to single population which can limit the power of the study. We recommend an exhaustive exploration of the factors associated with health seeking behavior in Ethiopia.

CHAPTER EIGHT

Conclusion

In conclusion, our findings agreed with the findings of previous studies. The overall health seeking behavior of households was low. Modern health services utilization was found to be low in St. Lalibela hospital Catchment area. Occupation, Marital status, age group, monthly income, information about health services, utilization of community based health insurance, home to home visit by health worker and distance from health facilities were found to have a statistically significant association with utilization of health service. This cues to work on promotion of healthcare utilization on the health seeking behaviour of the population of the country. Majority of the population take action when get ill and underestimated the value of screening for general health and health care oriented leisure activities.

CHAPTER NINE

9.Recommendations

Based on the conclussion, the researcher conclude that to the stockholders must efforts have to be made to increase utilization of modern health services through establishing systems like health extension workers and health taskforce. Also a more concerted effort is required for designing behavioural health promotion campaigns through inter-sectoral collaboration focusing more on disadvantaged segments of the population. Further consideration should also be given for the risk factors including sex, marital status and level of education. Health literacy packages considering the identified differences may be designed to enhance awareness of the community about the need of health seeking behavior. Strategies to decrease distance of the health facility like expanding health institutions should be considered.

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ANNEXES

Questionnaire

Questioner Assessment of utilization of health care service in St. Lalibela Hospital questionnaire

I am working on a project which is mainly concerned with utilizetion of healthcare service in St. Lalibela Hospital; I thought you are the most resourceful person in this regard, because you may one of client of St Lalibela Hospital. I would appreciate it if you would talk with me. It won't take much of your time.

S/No	Variable	Code
Part One	**Socio-demographic & economic characteristics**	
1	Age	----------
2	Sex	Male…… 0 Female ……..... 1
3	Occupation	□ Farmer….. 0 □ Student….. 1 □ Merchant… 2 □ Gov. worker.. 3 □ Other(specify).. 4
4	Marital status	□ Single……. 0 □ Married…… 1 □ Divorced…… 2 □ Widowed…… 3
5	Religion	□ Orthodox Christian.. 0 □ Muslim…… 1

		□ Protest ….. 2 □ Others……. 3
6	Educational Status	Illiterate……. 0 only read and write….1 Primary…….. …….2 secondary…… ……...3 Tertiary…… ……..4
7	Monthly income in Birr	□ < 18.5 $ ≈ 518……. 0 □ 18.5-36.5 $ ≈ 518-1022..1 □ 36.6-72.5 $ ≈ 1022-2030..2 □ >72.6 $ ≈ >2030…… 3
Part Two	**Individual Health Status**	
8	From your monthly income, how much do you cost for health care service	¼ ……. 0 ½ . ……. …… 1 1/3 …… 2
9	Have you had a health care service, for the last 12 month?	Yes…… 0 No……. 1
10	How many times do you had home to home visit from HEWs, during this last 12 month?	2 times…… 0 1 times…… 1 Never visited us …….. 2 There is no HEWs in our Kebele ……. 3
11	If the response of Qs No. 9 is Yes, While you feel sick, which	health facility..0 St. Lalibela Hospital .. 1

	facility has been do you like first ?	private health fac.2 Traditional healer 3 Holy water 4
12	How do you evaluate the facility that you had?	very satisfied……. 0 satisfied…… 1 nutral…… 2 Dissatisfied…….. 3 very dissatisfied……...4
13	Was it successful the given treatment	Yes…… 0 No……. 1
14	In what type health facility service provision is better, that you believe?	From private health facility.. 0 From govt. health facility… 1 From traditional healer…… 2 From religious father pray…3
15	Have you get an information about St. Lalibela hospital service provision type	Yes…… 0 No……. 1
16	Have you ever been sick for more than 15 days ?	Yes…… 0 No……. 1
	Have you used health care service in St. Lalibela Hospital?	Yes…… 0 No……. 1
18	If the response of Q13 is "No", what do you think about reasaon?	While i recognize the symptom immediately, I didn't go to clinic…….. 0

		The symptom were due to Seiten……. 1 The prescribed drug was tablet, rather than injection.. 2 The prescribed drug were used together with my family….. 3 Even the physician was recommended as in patient follow up, I had refused to… 4
19	If your preference for Q.11, is St Lalibela Hospital, why do you like this facility ?	How ever I recurrently sick, and so as to have farther treatment……. 0 Referred to Lalibela Hosp. by the nearby health facilities…….. 1 Shortage of drug & diagnostic M. equipment in the our near hear health facility…… 2 The reason why Lalibela H. is too near for our home ……. 3 Health professionals of St. Lalibela H. has giving good care provision 4
20	Is there any payment in cash for treatment?	Yes…… 0 No……. 1
21	Do you know some information about exempted health care service through government?	Yes…… 0 No……. 1
22	If the response of Q 20'' is Yes, How do you evaluate the amount of fee?	Very expensive……... 0 Expensive…….. 1 Fair …… 2

		Low cost…….. 3 Very low cost ……. …. 4
23	If the response of Q 20'' is No, What is the reason?	I am a member of CBHI …… 0 My health insurance is being covered by my organization … 1 I am enrold in the absolut puverty, so that the government is covering for us……. 2 My H/insurance is covered by the NGO …… 3 I do not use hospital service 4
24	Are all your family benefited by the community based health insurance?	Yes…… 0 No……. 1
25	Do you believe that women's &children are seeking of especial need?	Strongly agree……. 0 Agree……. 1 Neither……..…… 2 Disagree…...…… 3 Strongly disagree…..... 4
26	Do you have an information, in your neighbor, whom are a traditional healer?	Yes…… 0 No……. 1
27	Have you ever utilized the traditional healers	Yes…… 0 No……. 1
28	If Qs 27 is Yes , how many times do you go to traditional healer for the last 12 months?	One times……0 Two times ……. 1

		Three times……..2 Four times……3
29	If Qs 17 is Yes had you ever treated in the in-patient wared?	Yes…… 0 No……. 1
30	Have you written any comment in the suggestion book of Hospital?	Yes…… 0 No……. 1
31	In what amount of preventive contribution of communicable disease, to that of practicing Environmental & personal hygiene?	100 %..... 0 75 % …… 1 50 %..... 2 25 %..... 3 I don't know how …4
Part Three	**Health facility accessibility and service provision**	**Security cod**
32	How far the distance of St Lalibela Hospital from your home.	1-10 Km. …… 0 11-20 Km. …… 1 21- 30 Km ……. 2 31- above ……. 3
33	If question No.29 Yes, for how long did you stay there?	15 days above …… 0 7-14 days …….. 1 2- 6 days …… 2 For 24 hrs only…….. 3
34	How many times do you go to St, Lalibela Hospital, so as to have a health care service?	Never ever go to there…… 0 I have gone for one times……. 1 I have gone two times…… 2 I have gone three times ……. 3

		It have gone more than three …. 4
Part Four	**Health Care provider**	**Security cod**
35	Do the health care person explains every procedures?	Yes…… 0 No……. 1
36	If Q 35 is Yes have you an exposure of involvement in the planning of your care (or your child's care if applicable?	Yes…… 0 No……. 1
37	Do the health care personnel listened to you during the care?	Yes…… 0 No……. 1
38	If Q 35 is no'' have you been operated without the consideration of your willingness?	Yes…… 0 No……. 1
39	Have you get an information of Serious Mistakes that has been done in hospital?	Yes…… 0 No……. 1
40	If Q 39, Yes, in which department performed it?	Deliver wared……..... 0 Emergency ……. 1 Outpatient……... 2 Laboratory ……. 3 Pharmacy……... 4 Operating room ……. 5 In patient room……. 6 I don't know ...…… 7
41	Do you believe that the health provider was properly treated you?	Yes…… 0 No……. 1

42	Do you believe that the health provider are maintain confidentiality?	Yes…… 0 No……. 1 I do not know 2
43	Do you think this facility is well equipped as standard?	Yes…… 0 No……. 1 I do not know 2
44	Had you practice illness, after your treatment?	Yes…… 0 No……. 1
45	Had you properly used the prescribed drug as per the physician ordered?	Yes…… 0 No……. 1
46	Did you observed that the hospital has been clean & safe ?	Yes…… 0 No……. 1
47	Had the Shift Changes Are Problematic For Patients In This Hospital?	Yes…… 0 No……. 1 I do not know 2
48	Do you think that the hospital staff numbers are enough?	Yes…… 0 No……. 1
49	Have you seen inappropriate health care practice In which department ?	Deliver wared…….. 0 Emergency ….....…. 1 Outpatient…..……. 2 Laboratory ……. 3 Pharmacy…..…….. 4 Operating room …. 5 In patient room…. 6 I don't know …..... 7
50	Is there requisition trend for the prevention of mistakes?	Yes…… 0 No……. 1

51	If Q 50 is Yes, do you believe that much pre-question is enough?	Yes…… 0 No……. 1
52	How do you believe the referral in & out system with the other health facility	Very good …… 0 Good…… . 1 I do not know……. .. 2 Bad …….. 3 Very bad…….…… 4
53	The actions of hospital management show that patient safety is a top priority	Very good …… 0 Good…… . 1 I do not know……. .. 2 Bad …….. 3 Very bad…….…… 4
54	how is the road condition & transport access to hospital?	Very good …… 0 Good…… . 1 I do not know…… 2 Bad …….. 3 Very bad……..…… 4

የአማርኛ መጠይቆች

በሳልደበሳ የመጀመሪያ ደረጃ ሆስፒታል ውስጥ ያለውን የጤና አገልግሎት አጠቃቀም ለመዳሰስ የሚደረግ የዳሰሳ ጥናት

እኔ የማደርገው ጥናት በሳልደበሳ ሆስፒታል ያለውን የጤና አገልግሎት አጠቃቀም ላይ ትኩረት ያደረገ ሲሆን እርሰዎ በዚህ ጥናት ላይ ትልቅ ግባት አንደሚሆኑኝ አስባለሁ ምክኛቱም እርሰዎ ከሳልደበሳ ሆስፒታል ደምበኛች አንዱ በመሆነዎት ነው። እኔ ጋር በሚኖረዎት ቆይታ በጣም ደስተኛ ነኝ፣ የእርሰዎን ሰፊ ስለት እንደማልዎስድበዎት እተማመናለሁ። ስለፈቀዱልኝ አመሰኛለሁ !!

ተ/ቁ	ቁልፍ መጠይቆች	መልዩ ቁጥር
ምእራፍ አንድ	ስነ ማህበራዊ መስተጋብሮች	
1	እድሜ	
2	ዓታ	ወንድ..... 0 ሴት..... 1
3	የሲራ አደነት	እርሶ አደር..... 0 ተማሪ..... 1 ነጋዴ..... 2 የመንግት ሰራተኛ..... 3 ሌላ (የተስዩ)..... 4
4	የጋብቻ ሁነታ	ያላገባ..... 0 ያገባ..... 1 የፈታ..... 2 ባሉአ የሞተባት..... 3
5	ሃይማኖት	ኦርቶዶክስ ክርስትያ.... 0 ፕሮቴስታንት ክርስትያን..... 1 ሙስሊም..... 2 ካቶሊክ..... 3 ሰላ ካለ..... 4
6	የትምህርት ሁነታ	ያልተማረ..... 0

		ማንበብና መፃፍ ብቻ የሚችል..... 1 የመጀ/ ደረጃ ት/ቱን ያጠናቀቀ..... 2 የሁስተኛ ደረጃ ..... 3 የከፍተኛ ት/ቱን ያጠናቀቀ..... 4
7	የወር ገቢዎ በብር ሲተመን ምን ያክል ነው ?	< ≈ 518..... 0 ≈ 518-1022..... 1 ≈ 1022-203..... 2 > ≈ >2030..... 3
ማእራፍ ሁስት	**መጠይቁ የሚደረግላቸው ሰው የጤንነት ሁኔታና ግንዛቤቸው**	የሚሰጡት ምላሽ ሚስጥር ቁጥር
8	ከወርሃዊ ምጭዎ ልጤና አገልግሎት ምንያክሉን ይሸፍናል?	¼ ያክል ..... 0 ½ . ያክል 1 1/3ያክል 2
9	ሳስፉት 12 ውራት አጠቃሳይ የጤና ምርመራ አድርገው ያውቃሉ ?	አዎ..... 0 የለም..... 1
10	ሳስፉት 6 ወራት ስንት ግዜ በጤና ኤክስቴንሽን የቤት ለቤት ሞያዊ ድጋፍ ተደረገለዎት ?	2 ግዜ ..... 0 1 ግዜ..... 1 ምንም ድጋፍ አሳደረጉልንም..... 2 በቀበሌአችን የጤናኤክስቴንሽን ባለሞያ የለንም.3
11	የ 9 ኛው መልሰዎ አዎ ከሆነ ከአሁን በፊት ህመም ሲሰማዎት ወደየት መሄድ መርጫዎ አደረጉ?	በአካባቢየ በሚገኝ ጤና ጣቢያ..... 0 በሳልደበሳ ሆስፒታል..... 1 በአካባቢው ከሚገኝ የግል ጤና ድርጅት.... 2 በሌሎች አካባቢ በሚገኙ ከፍተኛ ጤና ተቋማት..... 3 የተለየ የባህል የመገልገያ ስፍራዎችን አጠቀማለሁ.. 4
12	የጤና አገልግሎቱን ያገኙብትን ተቋም ወይም ቦታ እንዴት ይገልጹታል ?	በጣም ርካታን አግችበታለሁ..... 0 ርካታን አግችበታለሁ..... 1 መካከለኛ ርካታን አግችበታለሁ.....2 ዝቅተኛ ርካታን አግችበታለሁ..... 3

		በጣም ዝቅተኛ ርካታን አግኝበታለሁ..... 4
13	በተሰጠዎት የህክምና አገልግሎት ፈውስ አግኝቻለሁ ብለው ያምናሉ ?	አዎ..... 0 የለም..... 1
14	በየትኛው የጤና ተቁም የተሻለ የፈውስ ህክምና ለማግኘት አችላልሁ ብለው ያምናሉ ?	ከግል ጤና ድርጅቶች በመታከሜ..... 0 ከመንግስትጤና ድርጅቶችበመታከሜ..... 1 ከባህላዊ የህክምና በመታከሜ..... 2 በጸበል የመጠመቅ እድሉን በማግኘቴ ..... 4 በእምነት አባቶች ፃሎጥ ስለተደረገልኝ 5
15	ካሁን በፍት ስለ ቅ/ሳልደበላ ሆስፕታል የሚስጣቸውን የጤና አገልግሎት አደነቶች ለምተው ያዉቃሉ?	አዎ_..... 0 የለም 1
16	ከአሁን በፍት ከ15 ቀን በላይ የቆየ ህመም ታመው ያቃሉል ?	አዎ.....0 የለም 1
17	በቅ/ሳልደብላ ሆስፒታል የህክምና አገልግሎት አግኝተው ያቃሉ ?	አዎ_..... 0 የለም 1
18	የ 13ኛውን መልሰዎ የለም ከሆነ ምክኒያተዎት ምንድን ነው ብለው ያስባሉ?	ህመም እንደተሰማኝ ወደህክምና ባለመሄዴ0 ህመሙ የሰይጣን ልክፍት በመሆኑ..... 1 የተሰጠኝ ምድሃኒት የሚዋጥ አንጅ በመርፌ ባለመሆኑ..... 2 ምርድሃኒቱን ከቤተሰብ ጋር ተካፍየ ስለተጠቀምኩፕ..... 3 ሃኪሙ በሆስፒታሉ ተኝቶ መታከም እንዳለብኝ ቢነግረኝም ስለተቃወምኩ..... 4
19	የ 17 ኛውን መልሰዎ አዎ ከሆነ ለምን ሆስፒታሉ የአገልግሎት ምርጫዎ ሊሆን ቻለ ?	በተደጋጋሚ በመታመሜ ምክኒያት የተሻለ ህክምና እንደማገኝ በማሰብ..... 0 በአቅራቢያየ ያሉ ጤና ድርጅት ባለሞያዎች ሳ/ሆስፒታል መሄድ አንዳለብኝ ሪፈር ስለተሰጠኝ..... 1 በአቅራቢያየ ያሉ ጤና ድርጅቶች የመድሃኒት አቅርቦት እና የህክምና መሳሪያ አፕረት

		በመኖሩ..... 2 ሳ/ሆስፒታል በአቅራቢያየ ስለሚገኝ..... 3 የባለሞያዎቹ አንክብካቤ ና ስነምግባር አስደሳች በመሆኑ.....4
20	ለሆስፕታሉ የሚከፍሉት የህክምና ክፍያ አስ	አዎ..... 0 2.የለም..... 1
21	መንግስት ለዜጎች በነጻ የሚያቀርባቸው የጤና አገልግሎቶች መኖራቸውን ያውቃሉ	አዎ..... 0 2.የለም..... 1
22	የ 20 ኛውን ጥያቄ አዎ ብለዉ ከመለሱ መጠኑን እንዴት ያዩታል ?	በጣም ከፍተኛ ዋጋ ነው..... 0 ከፍተኛ ዋጋ ነው ..... 1 መካከለኛ ዋጋ ነው..... 2 ዝቅተኛ ዋጋ ነው ..... 3 በጣም ዝቅተኛ ዋጋ ነው 4
23	የ18 ውን ጥያቄ መልሰዎ የለም ከሆነ ምክኛተዎ ምንድን ነው ?	የጤና መድን ተጠቃሚ በመሆኔ..... 0 መስሪያቤቴ የህክምናዎጩን ስለሚሸፍንልኝ 1 የድሃ ድሃ ምስክር ወረቀት በቀበሌዬ ስለተሰጠኝ ..... 2 መንግስታዊ ባልሆነ ግብረ ሰናይ ድርጅት ስለሚከፈልልኝ .... 3 በሆስፒታሉ በተቋቋመው ማህበራዊ መረዳጃ ዎጩ ስለተሸፈነልኝ..... 4
24	የቤተሰቡ አባላት በሙሉ የጤና መድን ተጠቃሚ ናቸው?	አዎ..... 0 የለም..... 1
25	ለሴቶች ና ህጣናት ልዩ ድጋፍ ምደረግ አለበት ብለው ያምናሉ ?	በጣም አላምንም..... 0 ያን ያክልም አይደለሁም..... 1 አምንበታለሁ..... 2 አላምንበትም..... 3 በጣም አላምንበትም..... 4

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27	እርሰዎ የባህላዊ ውጌሻውን አገልግሎት ተጠቅመው ያቃሉ ?	አዎ…….. 0 የለም ተጠቅሜ አላቅም…… 1
28	የ 27 መልሳችው አዎ ከሆነ ካለሁን በፊት ስንት ግዜ የባህላዊ ህክምና አገኙ ?	አንድ ግዜ..... 0 ሁስት..... 1 ሶስት..... 2 አራት.....3
29	የ 17 መልሳችው አዎ ከሆነ ካለሁን በፍት በላሲበላ ሆስፕታል ተኝተው ታክመው ያዉቃሉ?	አዎ…….. 0 የለም ታክሜ አላቅም…… 1
30	ስተሰጠዎት አገልግሎትማንኛውንም ጥቆማና አሰተያየት ሰጥተው ያቃሉ ?	አዎ…… 0 የለም …… 1
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