

AN ABSTRACT

PH: 021345 : MAJOR HEALTH SYSTEMS DEVELOPMENT PROGRAMME

KEYWORDS : ACCESS, UTILIZATION, BURDEN, PHYSICAL AVAILABILITY, FINANCIAL AFFORDABILITY, ACCEPTABILITY, GEOGRAPHICAL ACCESSIBILITY AND CIVIL CONFLICT. SURESH KUMAR TIWARI: ACCESS TO AND UTILIZATION OF HEALTH SERVICES IN THE AREAS WITH AND WITHOUT CIVIL CONFLICT IN NEPAL: A CASE FOR TUBERCULOSIS SERVICES THROUGH DISTRICT HEALTH FACILITIES. DISSERTATION ADVISOR: PROFESSOR CHITR SITTHI-AMORN, M.D., Ph.D. DISSERTATION CO-ADVISOR: PROFESSOR EDGAR J. LOVE, M.D., Ph.D. 335 pp. ISBN 974-9599-39-X.

Objectives: To determine amongst TB patients, whether the existing a) burden of disease, b) physical availability, c) financial affordability, d) acceptability, e) geographical accessibility, and f) level of civil conflict affect access to and utilization of TB services in the areas with and without civil conflict. Then, to develop plans including their evaluation for strengthening DOTS to be used by District Health Facilities (HF) that will assist in improving access to and utilization of TB services in areas with and without civil conflict

Methods: The cross sectional study with both qualitative and quantitative research methods was used in this study. For the reliability of the data from FGD inter rater reliability testing, the Holsti test (Coefficient of Reliability > 0.80) was used. A questionnaire was administered to 180 randomly selected TB patients in each of the Districts of Lalitpur (NCA) and of Dang (CA). The data was analyzed using the chi-square test and logistic regression; with only $P < 0.05$ being considered as statistically significant.

Results: The prevalence of the TB has been found to be increasing in CA. An analysis of FGD suggested that the burden of disease is higher in CA than NCA. The multivariate analysis demonstrated that knowledge about TB drugs and dogmatic behaviors of health workers are statistically associated (P-value .008, and .004) with access to TB services between CA and NCA. In addition to that the model showed that satisfaction with the services, health facilities within walking distance and killings which happened in the patients family and community are statistically associated (P-value .039, .024 and .004) with utilization of TB services.

Conclusion: Based upon the findings, plans were developed and will be recommended for the implementation by District Health Facilities. It is acknowledged that an extensive study with larger samples, wider time span and multidisciplinary research study team are crucial to establish more valid conclusions.

Field of the Study: Health Systems Development
Academic Year: 2003

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