

SUMMARY

Hospital Out Patients and Community Studies of morbidity patterns and utilization patterns will provide locally the nature and extent of health problems as well as use of Government health facilities. This is useful to plan for provision of health services considering the needs of the community. It will also provide although limited, certain indications of trends of morbidity and utilization of out-patients services during the present period, as compared to Health Manpower Development Study of 1975. In addition specific data generated will be useful to design future research studies in narrow fields of interests. With this in view the research study was undertaken. The general objective being to study morbidity patterns and utilization of out-patients services in selected Government hospitals and from the community in a defined area in a district of Sri Lanka. The study was limited to a period of one month and confined to the Field Practice Area of the National Institute of Health Sciences, Kalutara due to the limitation of resources. The study also attempts to identify the factors associated with by-passing phenomenon which has been a growing (or even increasing) problem in the out-patients departments of larger Government health institutions in Sri Lanka.

Two studies, a community survey and a hospital survey of out patients services in selected hospitals in the study area were undertaken simultaneously to obtain specific data. Thousand households were randomly selected for the community study. The survey was carried out by trained Public Health Midwives in their own areas. Illnesses recorded were, where the patient has taken remedial treatment within two weeks prior to the

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day of survey, for the illness. The hospital survey was carried out over a period of one month. A systematic random sample of one in five out patients were selected to be included in the sample. The results of the community survey indicates the sampling methodology used in the study as well as the use of trained Public Health Midwives of their own area, contributed to a hundred percent response rate. Further, there was very high degree of reliability in the morbidity classification made by the Public Health Midwives when Modified morbidity classification list adapted from the basic tabulation list of the International Classification of Diseases (Ninth Revision) was used. This was another advantage of using Public Health Midwives for these surveys.

Findings of the study show that the leading causes of morbidity of the community are Diseases of Respiratory system, Infectious and Parasitic Diseases and Injuries and Poisoning. This is similar to the morbidity patterns observed in the hospital survey which shows that the community morbidity patterns are reflected at the out patients department of Government health institutions. Hence the study of the out patients department morbidity patterns provide a measure of health needs of the community. It is noteworthy that these are diseases which could be prevented and therefore indicate priority areas for intervention. It is significant to note that Injuries and Poisoning ranked third in the disease conditions which may have been due to the urban nature of the study area. Nevertheless it is seen to be a major concern even in the national context. It was also noted that the most vulnerable groups for illnesses were the infants and preschool children.

The study of utilization of out patients services indicate that the demand

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for Private Western Medical Practitioners seems to be increasing where as the demand for Government Western health sector is decreasing. Despite easy accessibility to and availability of free health services in the area, the decline in utilization of Government health sector needs further indepth studies. It was shown a fair percentage of people were relying on self medication as the first line of treatment rather than seeking treatment from Ayurvedic Practitioners, which was shown to be very low compared to other sectors.

The community study showed that the infants were mainly cared by the Western Private Practitioners (85.2% of those who fell ill) which may have been due to priority given by parents where-by they seek prompt treatment at any time of the day. This was supported by the hospital study where the percentage of infants seeking treatment was low. Further, findings show that people with higher educational and higher level of income utilize the Western Private Practitioners more, where as it was mainly those of lower socio economic class who patronized the Government out patients departments.

The findings of the survey show that the problems of by-passing is significant and in General Hospital Kalutara 44.6% of the patients had by-passed smaller institutions. The commonest institution by passed was the Central Dispensary. Of the variables studied only degree of illness and the distance from the institution by passed to the institution attended were significant at 5% significant level. But factors like Age, Educational level and socio economic status which were thought to influence by passing was found to be not significant. The main reasons given for by-passing were availability of specialised investigations, availability of specialised staff

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and availability of drugs. These institutional factors of the institution attended and institution by passed were identified to be the other significant contributory factors which need further research to study this phenomenon in depth.