

Abstract

Background- Healthcare utilization means obtaining health care from health service providers. Health care utilization is influenced by several factors, such as personal characteristics, household characteristics, the features of the service provider, and the level of illness. The Ministry of Health, Sri Lanka, is the responsible authority that provides health services for the public sector including curative, preventive, and rehabilitation care. A network of healthcare institutions run by Army medical staff offers free healthcare for Army personnel all over the country, reducing the burden on the Ministry of Health. Therefore, the health care utilization of the army personnel must be assessed.

Aim- To describe the health care utilization and its associated factors by Army personnel in Panagoda Army cantonment and gap analysis of the utilization of military health care facilities.

Methods - A descriptive cross-sectional study was conducted among a total of 375 Army personnel, consisting of 54 commissioned officers and 321 non-commissioned officers who worked at panagoda army cantonment, Sri Lanka Army, during the study period. A multistage sampling method was adopted. A self-administered questionnaire and Key Informant Interviews were used as the study tool. The chi-square test was applied for comparison of variables & p-value < 0.05 was taken as statistically significant. Data were analyzed using IBM SPSS Statistics software version 21.

Results- The majority, 314 (83.7%) of the respondents, had selected healthcare institutional treatment. 50.2% and 38.9% of responders chose military healthcare institutions as their first-choice healthcare institutions for high fever and chest pain, respectively. 62.7% of respondents preferred military healthcare institutions to seek treatment if they had high blood pressure. 61.3% of responders selected military healthcare institutions as their first choice to get treatment for elevated cholesterol levels. According to the Pearson Chi-square test, there was a significant relationship between the age, gender, marital status, and total service period of the responders and the preference of the health care service provider to get treatment for high fever, chest pain, high blood pressure, and elevated cholesterol level at 95% of confidence interval with a 0.05 significant level. No significant relationship was found between the military rank and the first choice healthcare provider for high fever, chest pain, high blood pressure, and elevated cholesterol levels.

Conclusions- Most army personnel preferred healthcare institutional treatment, and the self-medication rate was lower among military personnel than in the civil population. This research found no significant difference between the duration of the illness (acute and chronic) and the respondents' responses. This research found that younger, male and unmarried military personnel chose military healthcare institutions as the first choice of healthcare institutions to get treatment for high fever, chest pain, high blood pressure, and elevated cholesterol levels. The military rank had no significant association with the first choice of healthcare provider for high fever, chest pain, high blood pressure, and elevated cholesterol levels. Long waiting times and queues, communication errors among healthcare workers, and lack of specialized medical care at the Army base hospital level were identified as

the main gaps hindering the optimum use of military healthcare. There is definite room for elevating military healthcare utilization.

Keywords – Military Healthcare Institutions (MHC), Healthcare Utilization(HCU), Army Personnel (AP)