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# Factors Influencing Health Service Utilization in Ishaka Division, Bushenyi-Ishaka Municipality: Insights and Implications

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## ABSTRACT

Factors influencing the utilization of health services at the community level are crucial for reducing morbidity and mortality rates. This study aimed to investigate these factors within the Ishaka division of Bushenyi-Ishaka municipality. Utilizing a descriptive cross-sectional study design, data was gathered from 200 adult residents and caregivers using a structured questionnaire administered through cluster and systemic random sampling. Descriptive statistics were employed to analyze quantitative data, revealing socio-demographic characteristics, reported health service utilization, and factors influencing it. Results indicated that health service utilization among participants was lower than the national average. Identified factors affecting utilization included poverty, limited accessibility to formal health services, negative attitudes of health personnel, and insufficient supply of essential medicines and materials at health facilities. Overall, health service uptake was moderate but slightly below national targets. This study provides valuable insights into health service utilization and the barriers hindering further uptake at the community level in Bushenyi-Ishaka Municipality, with significant implications for local and national health policy.

**Keywords:** Health service, Caregivers, Health personnel, Health facility, Medicines.

## INTRODUCTION

Health services utilization is the quantification or description of the use of services by persons for the purpose of preventing and curing health problems, promoting health and well-being or obtaining information about one's health status and prognosis [1]. Facilitating proper health services is a prerequisite for furthering human development and without giving proper health care services, human development is not possible. Never the less, ensuring proper health care service and ensuring that they are adequately utilized is a very complex behavioral phenomenon [2]. Factors that determine health behavior may be physical, socio-economic, cultural or political. Indeed, the utilization of a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Other factors include environmental conditions, socio-demographic factors, and knowledge about the facilities, gender issues, political environment, and the health care system itself [3]. Various scholars have described inequalities in access to health care services with

WHO pointing out that one of its greatest challenges is to balance the higher utilization of formal health services in developed countries compared to the developing ones [4]. In developing countries, people have less access to proper health care services comparing to developed countries it is thus prime challenges for developing countries to ensure adequate health services for all its citizens particularly for the underprivileged without any differentiation [5]. Health services in Uganda, a developing country are delivered by public, private for profit (PFP) and private not-for-profit (PNFP) facilities. A minority of the population also seek care from traditional healers (spiritual healers, bone setters, and herbalists). The public health facilities are expected to provide services to all people without discrimination at no charge. The quality of health services delivered in public, PFP, and PNFP facilities has been affected by several factors including the distance to health facilities, availability of drugs, equipment, and training of health workers. Some

attempts have been made by the Ministry of Health (MOH) to improve the quality of services. These include, among others, building more health facilities, providing more drugs, recruiting more health workers and training health workers through continuing medical education. Never the less the rate of utilization of health services in Bushenyi-Ishaka Municipality is at 85% slightly less than the national average of 110%. The reasons for this slightly low utilization are not clear, as no study has been carried out to find out why. A study was therefore conducted to determine the rate of utilization of health services in Ishaka division Bushenyi-Ishaka municipality.

**Statement of Problem**

Uganda has implemented a number of health sector reforms in an attempt to improve utilization to health services. These included introductions and then abolition of user-fees, decentralization of responsibility for delivery of health services to local authorities, restructuring of Ministry of Health

(MOH), introduction of the Uganda National Minimum Health Care Package (UNMHCP), and autonomy for the National Medical Stores [6]. Despite these innovations, the utilization of health services in Bushenyi Ishaka Municipality still falls short of the targeted rates. The new OPD utilization rate for FY 2017/18 for Bushenyi Ishaka Municipality was 0.85 far lower than the national average of 1.1 and the national target of 1.3. The Hospital (Inpatient) admissions in the same year was 2.5 per 100 Population far lower than the national average of 3.25 per 100 Population and the HSDP target of 9 per 100 for the year (Bushenyi Ishaka Municipality Annual Work plan 2018/19) The reasons for the low utilization of health services in Ishaka Bushenyi Municipality are not clear, hence the need for a study to assess the factors affecting utilization of health services in Ishaka division Bushenyi-Ishaka municipality.

**METHODOLOGY**

**Study design**

It was a community based descriptive cross-sectional study in which data was collected between December 2020 and January 2021 [7]. This design was used because it saved time and money bearing in mind the researcher’s limited time and financial resources.

**Area of Study**

The study was carried out in Ishaka division Bushenyi-Ishaka municipality, Bushenyi district South-Western Uganda. The division is located approximately 300 Km South West of Kampala, Uganda’s capital city. Ishaka Division of Bushenyi-Ishaka Municipality has an equatorial climate with heavy rainfall which is interrupted by dry seasons in June, July and August. The division has 5 wards and is predominantly a peri-urban rural community and is engaged in various economic and social activities such as crop farming, animal husbandry and petty trading. The other section of the population is employed in schools, tertiary institutions, hospitals, factories and hotels. The division has 5 wards, 2 hospitals (Ishaka Adventist Hospital and Kampala International University-Teaching Hospital), one health Centre IV, two health Centre IIIs, four Health Centre IIs and a number of clinics where people get health services. The study setting was chosen because of reported under-utilization of health services and also being near the researcher’s home to minimize costs, in view of the researcher’s financial and time limitations.

**Study population.**

The study targeted both male and female adult residents of Ishaka division Bushenyi-Ishaka municipality. The division has 5 wards and is predominantly a peri-urban rural community which had a projected population for of 80,000 according to

the 2014 National Population census of whom 1060 are adults. Majority of the residents of the municipality are ethnically Banyankole with a few Bakiga, Baganda, Batooro and Bakonjo among other. Predominantly most of the residents are engaged in agriculture and businesses especially in urban and peri-urban areas of the municipality. The common religious denominations are Christianity (Catholics, Protestants and Pentecostals) and Islam.

**Sample size determination**

The minimum number of study subjects (n) was estimated by using a sample size formula by [8] for cross-sectional studies where (n) is calculated by the formula

$$n = \frac{z^2 p(1 - p)}{\delta^2}$$

p = prevalence of the characteristic under investigation (rate of utilization of health services in Ishaka-Bushenyi Municipality). The researcher used 89.3% proportion of utilization of health services (obtained from the National Household Survey of 2018)

Where Zα = Standard normal deviation at 95% confidence interval corresponding to 1.96;

δ = Margin of error of 5% or 0.05;

n = estimated sample size for a population greater than 10,000

$$n = \frac{1.96^2 \times 0.893 \times 0.17}{0.05 \times 0.05}$$

n = 233

But since the target population was less than 10,000, we calculated again using

nf = n / (1+n/N) where

$n_f$ =sample size to be used for the population  $N$  that is less than 10000

$N$ =target population (1060) the number of adults in Ishaka Division of Ishaka-Bushenyi according to Municipality Statistical report (2020)

$n_f = 233 / (1 + 233 / 1060) = 191$  respondents

However, to cater for non-responsiveness the researcher considered a sample size of 200 study participants for this study.

#### **Sampling procedure**

Multistage and simple random sampling techniques were used to obtain the participants of the study. The various stages of sampling in the division were the wards, villages and households. Simple random sampling was used to select one village/cell from each of the 5 wards in the division. Once the village had been obtained, the list of households in the village was used to obtain the 20 households that were involved in the study using simple random sampling. From the households selected, only one member per household, preferably the household head, was allowed to participate in the study. In situations where the household head was not available or unwilling to take part, any other adult present was selected. Preference for inclusion in the study was given to the older family members such as the spouse of the household head or oldest child. This was done since the health seeking behavior of older members of a family is more likely to influence that of other members because of their authority and experience.

#### **Inclusion Criteria**

The following was the inclusion criteria for the participants;

- Being permanent resident of Ishaka division Bushenyi-Ishaka Municipality.
- Being adults of sound mind and hence able to answer questions in the questionnaire.

#### **Exclusion Criteria**

- ✚ Visitors, non-permanent residents.
- ✚ Young children and adults with mental disorders.

#### **Dependent variables**

The dependent variable was utilization of health services by the respondents

#### **Independent variables**

Client related factors; individual characteristics of the clients/respondents that promote or undermine utilization of health services which included personal health status, presence or absence of chronic illnesses, having family clinicians/doctor, belonging to or not to an insurance and using preventive measures against diseases among others. Health system factors; conditions of the health care system that promote/undermine health services utilization and these included; distance to the nearest formal health

facility, travel time to reach formal health facilities and affordability of health care among others.

#### **Research Instruments**

A structured interviewer-administered questionnaire was used to collect data for the study. The questionnaire had different sections reflecting the study objectives. The questionnaire was pre-tested on 20 adult residents of a neighbouring division (Central Division) of Bushenyi-Ishaka municipality to check its validity and the necessary adjustments was made following the pre-test.

#### **Data collection procedure**

The researcher got an introductory letter from the principal tutor, Virika School of nursing and midwifery which was be taken to Ishaka division offices, from where she obtained permission to conduct the study. An interviewer administered questionnaire was developed for the purpose of data collection after reviewing the relevant literature. It was prepared originally in English but was translated to the local languages (like runyankole) where necessary for the purpose of data collection and then translated back to English for consistency. Face to face interviews were carried out by two enrolled nurses from Ishaka Adventist Hospital (following thorough training) and the researcher her herself. The quality of data was ensured through close supervision of data collection by the researcher himself.

#### **Data Management**

The filled questionnaires were serialized to avoid double entry and were checked at the end of each day to ensure completeness and no additional information was added to the questionnaire after data collection. The questionnaires were kept under lock and key after analysis of data for future reference.

#### **Data Analysis**

Data was analyzed using Microsoft excel program and presented in percentage, frequency distribution tables, pie charts and bar graphs.

#### **Ethical considerations**

Prior to data collection ethical clearance was obtained from the dean Faculty of clinical Medicine and dentistry who gave the researcher an introductory letter, the basis of which the researcher was allowed, to conduct the study. Participants were informed about the purpose of the study and their full right to or not to be interviewed at all [9]. Informed written consent from every participant was obtained before conducting the interview. The address and names of the respondents was not included for the sake of confidentiality. The participants' privacy was ensured by interviewing the respondents in privacy. The participants were assured that there were no rewards/incentives for participating in the study or

harm for not participating or refusing to participate in the study.

## RESULTS

### Socio-demographic characteristics of the respondents

**Table 1: Socio-demographic characteristics of the respondents (N= 200)**

Variable	Response(s)	Frequency (%)
Gender	Male	94(47.0)
	Female	106 (53.0)
Age	40	124(62.0)
	40 – 59	63(31.5)
	60	13(6.5)
Respondents' highest education level	No education	24(12.0)
	Primary	70(35.0)
	Secondary	92(46.0)
	Tertiary	24(12.0)
Tribe	Munyankore	148(74.0)
	Mukiga	24(12.0)
	Muganda	7(3.5)
	Munyororo/Mutooro	11(5.5)
	Others	10(5.0)
Marital status	Single	8(4.0)
	Married	162(81.0)
	Divorced/separated	22(11.0)
	Widowed	8(4.0)
Average monthly income	50,000UGX	9(4.5)
	50,000- 100,000 UGX	62(31.0)
	100,000 – 250,000 UGX	78(39.0)
	250,000 – 500,000 UGX	33(16.5)
	500,000 UGX	18(9.0)

Slightly more than one-half of the respondents, 106(53.0%) were females, (124/200(62.0%) were aged less than 40 years with a mean age of 39.8 years and a standard deviation of 9.6 years. 92/200 (46.0%) had attained secondary education with the majority, 148/200(74%) being ethnically banyankore. Slightly, more than one-third, 74/200(37.0%) were peasant farmers and only 18/200(9%) were formally employed with only 18(9%) earning five hundred thousand Ugandan shillings or more.

#### Utilisation of health services.

Out of all the respondents interviewed, an overwhelming majority, 168/200(84.0%) sought health care in the past year with 81/168(40.5%) seeking health care twice and 44/116(22%) seeking

formal health care three times. Slightly more than one half of the respondents, 116(58.0%) visited formal health facilities where 54/116(47.7%) visited public health facilities and 46/116(39.6%) visited PNFNP while 16/116(13.8) visited clinics. The main health condition for which respondents visited formal health facilities included malaria (39.7%) RTI's (29.3%) and HIV/AIDS-related conditions (24.1%) among others while the main reasons for not visiting formal health facilities included mild illness (40.4%), lack of money (38.1%) and having the option of buying medicines from drug shops (36.9%) among others. Table 2 below shows the details about the utilization of health services by the respondents.

**Table 2: Utilization of health services. (N=200)**

Variable	Response	n (%)
Sought health care in the past year	Yes	168(84.0)
	No	32(16.0)
Number of times health care sought in the past one year	Once	28(14.0)
	Twice	81(40.5)
	Thrice	44(22.0)
	Four or more time	15(7.5)
	Yes	116(58)
Visited health facility in the most recent Illness	No	84(42)
	Public	54(46.7)
Type of facility from which health care was sought	PNFP	46(39.6)
	Private for profit(clinic)	18(15.5)
	Traditional healer	6(5.2)
	Drug vendor	12(10.3)
	Illness was mild	34(40.4)
Reasons for not visiting the health facility	Lack of money	32(38.1)
	Bought medicines from drug shop	31(36.9)
	Long waiting time	22(26.2)
	Non welcoming service providers	19(22.6)
	Lack of laboratory services	18(21.4)
	Visited Traditional Healer	16(19.1)
	Had Medicine at home	14(16.7)
	Was very busy	12(14.9)
	Did not think it was necessary	10(11.9)
	Was not supported by spouse	6(7.1)

**Client factors affecting health services utilization****Table 3: Client factors affecting health services utilization. (N=200)**

Variable	Response	n (%)
Respondents perception of their personal health status	Very good	29(14.5)
	Good	174(72)
	Poor	16(8)
	Very poor	11(5.0)
Presence of chronic illnesses	Yes	26(13.0)
	No	111(55.5)
	Not sure	63(31.5)
Presence of a family clinician / Doctor	Yes	4(2.0)
	No	196(98.0)
Belonging to insurance scheme	Yes	28(14.0)
	No	172(86.0)
Use of disease prevention measure	Yes	142(71.0)
	No	58(29.0)

Most of the respondents, 144/200 (72.0%) believed their health status as being good while only 26(13.0%) were aware that they were living with chronic illnesses. Only 4(2.0%) had family physicians/doctors

and only 28(14.0%) belonged to any insurance schemes. The majority, 142(71.0%) were using disease preventive measures.

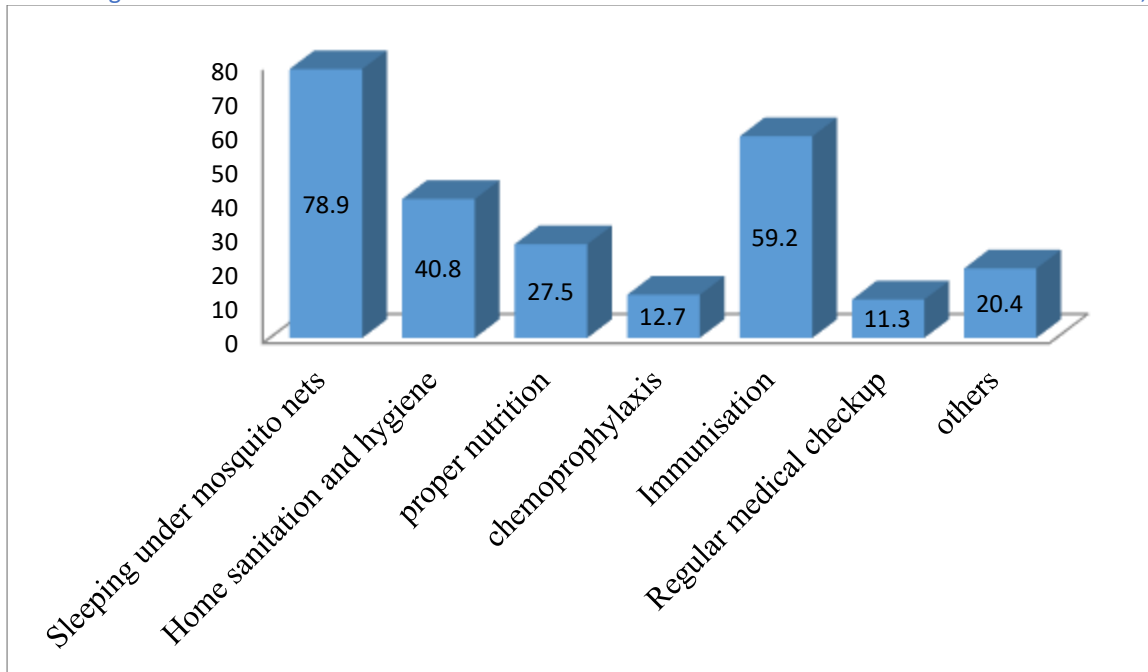


Fig 1: Preventive measures against illnesses used by the respondents (N=142)

The majority, 112/142 (78.9%) were sleeping under mosquito nets, 58/142 (40.8%) were practising home sanitation and hygiene, 84/142(59.2%) mentioned immunization while 18(12.7%) mentioned chemoprophylaxis.

#### Health system factors affecting health service utilization

The majority of the residents, 115(57.5%) were staying 2-5 km with only 18(9.0%) staying within one kilometre of a formal health facility. Regarding the characterization of the distance from the residents' homes to formal health facilities only one fifth,

20(10%) said it was very near, 42(21%) said it was near with a significant number, 42(2%) saying that it was far. Only 28(14%) said that they could reach a formal health facility within 30 minutes if they walked by foot while half of them, 100(50%) would require at least one hour. The challenges faced by residents in accessing health services included long distances, prohibitive costs and busy schedules among others. Table 4 shows the detailed health system factors affecting health system utilization among residents of Bushenyi-Ishaka Municipality.

**Table 4: Health System Factors Affecting Health Service Utilization (N=200).**

Variable	Response	n (%)
Distance from client's home to the nearest facility(km)	< 1km	18(9.0)
	1-2 km	28(14.0)
	2-5km	115(57.5)
	>5km	39(19.5)
Believed characterization of distance to a nearby health facility	Very near	20(10.0)
	Near	42(21.0)
	Medium	22(11.0)
	Far	84(42.0)
	Very far	32(16.0)
Travel time to the nearest health facility by foot	Less than one hour	28(14.0)
	One half to one-hour	52(26.0)
	One to two hours	43(21.5)
	2-3 hours	48(24.0)
	>3 hours	29(14.5)
Facing challenges in accessing health services	Yes	198(99.0)
	No	2(1.0)
Challenges faced in accessing/utilizing health services (More than one response possible)	Long distance	124(62.6)
	Prohibitive costs	84(42.4)
	Poor attitude from health workers	71(35.9)
	Busy schedules	52(26.3)
	Long waiting time at the health facility	49(24.7)
	Lack of medicines	48(25.3)
	Absenteeism of health workers	46(23.3)
	Corruption by health workers	38(19.2)

**Table 5: Measures suggested by respondents on how to improve health services utilization (N=200)**

Measure	Frequency	Percentage (%)
Improving drug supply	168	84.0
Constructing of health centres in each parish	78	39.0
Reduce waiting time at health facility	121	60.5
Health workers to stop charging parents in public health facilities	94	47.0
Positive attitude from health workers	58	29.0
More sensitization on health issues	52	26.0
Starting community health insurance scheme	38	19.0
Home visits by health workers	35	17.5
Using outreach programmes	29	14.5

Asked about measures that can improve health services utilization in the area, the majority, 168(84.0%) mentioned improved drug supplies, and

121(60.5%) mentioned a reduction in waiting time in health facilities among others.

## DISCUSSION

### Client Factors Affecting Health Services Utilization

Slightly less than two-thirds of the respondents, 124(62.0%) were aged less than 40 years with a mean age of 39.8 years. This means that most residents were fairly young. Young people usually have optimally functioned physiological body systems and are less prone to illness compared to the elderly. [10, 11] reported that an increase in age increases the odds of utilizing health services. This is one of the probable reasons for the relatively low utilization of health services among the residents. Regarding the highest education level of the respondents, slightly less than one-half, 92(46.0%) were of secondary level, 70(35.0%) were of primary level, and 24(12.0%) were of tertiary level. The fairly good education level is attributed to the Ugandan government's policy of universal primary and secondary education. According to many studies, by [12, 13], the level of education positively influenced health care services utilization. Concerning the occupation of the respondents, slightly more than one-third, 74(37.0%) were peasants, 62(31.0%) were informally employed and only 18(9.0%) were formally employed. This predominance of low-income earners negatively affects health service utilization since most of them may not afford transport to and from health facilities as well as treatment fees in private health facilities. The poor socio-economic status of the residents is further confirmed by their relatively low average monthly incomes where only 18(9%) were earning something reasonable ( $> 500,000/=UGX$ ). The low socio-economic status is therefore an impediment to health services utilization especially where payment for health care or transport of both is involved. The majority of the respondents, 162(81.0%) were married. Owing to support from their spouses, married people are more likely to utilize health services at higher rates compared to single ones. Different studies in various settings have made the same observation. [11, 14, 15] in their various studies revealed that married people tend to utilize health services more than single ones.

### Health services utilization

Asked about the utilization of health services the majority, 168 (84.0%) sought health care in the past year, less than the recommended 100%. The [16] recommends that each person ought to attend health services at least once per year. However, slightly less than one quarter, 44 (22%) had sought health care thrice in the past year while 80 (40.5%) reportedly sought health care twice the previous year. This could be probably due to some people with chronic illnesses like HIV/AIDS, diabetes and hypertension such that they tend to go for routine checkups and medicine

tablet refills. Among those who had gone to a formal health facility during the past illness, slightly less than one-half, 54(46.7%) had sought health care from public health which offers "free" services. While a significant number, 46(39.6%) had gone to PNFP and private clinic services. This may subject sections of the population to high out-of-pocket expenditures, raising concerns about affordability, especially for the poor. This also means that most residents probably have a negative attitude towards the "free services" offered by public health services. In a study in Tshwane South-Africa by [17], it was established that the abolition of user fees leads to improved utilization of health services. However, another study by [18] revealed that clients are more willing to pay if they perceive services to be of a higher quality. As shown in Table 4, the quality of health services offered in public health facilities was characterized by poor attitude of health workers, long waiting times at the health facility, lack of medicines and corruption of health workers among others. These factors undermine health services utilization in public facilities. This probably explains why a significant number of residents were seeking health care from PNFP and private clinics despite the availability of free public health facilities. This calls for improved quality of health services in public health facilities to promote health services utilization in the study area. Slightly less than one-half of the respondents, 54 (46.7%) had visited public facilities and 46 (39.6%) had visited PNFP facilities. This comparative preference of public facilities is probably due to the general poor socio-economic status of most of the respondents as most of them may not afford the charges in private clinics and PNFP. In a study on the impact of user fee abolishment on health services utilization by [19] it was revealed that user fees impede health services utilization. This could be true for Ishaka Bushenyi Municipality. The main health conditions for which most respondents sought health care were malaria, RTIs and HIV/AIDS-related conditions, which agrees with the [20] which found RTIs and malaria as the most prevalent health conditions. Among the household factors that affect health services utilization included the resident's perceived personal health status where the majority, 174(72%) described it as being good, absence of chronic illness was mentioned by 111(55.5%). Usually, people with chronic illnesses tend to use health facilities more often to get drug refills as well as medical checkups. However, people who consider themselves healthy (the majority in the study area), tend not to routinely seek health care services since they feel that they do not need any medical interventions or even check-ups. Almost all the respondents, 196/200(98.0%)



reportedly had no family clinician or doctor, hence the limited utilization of health services. Usually, a family clinician would demand routine checkups for his/her client(s) which would translate to improved health services utilization. Therefore, the absence of family clinician(s) negatively affected the utilization of health services in Ishaka Division Bushenyi-Ishaka Municipality. Regarding respondents' health insurance status, the majority, 172/200(86.0%) did not belong to any insurance scheme. Belonging to an insurance scheme implies that when one falls sick he/she is not burdened by the costs of health care except some little copayment co-insurance. In other studies, on health services utilization by [21, 22], it was established that belonging to an insurance scheme is positively associated with health services utilization. Therefore, this general community's limited insurance coverage undermines the utilization of health services even when people fall sick. Slightly less than one-third of the respondents, 58/200(29.0%) were not utilizing any health preventive measures. The majority, 142(71.0%) were using health preventive measures with mosquito nets as the main measure adopted by the respondents. This partly explains the slightly low utilization of health services among the residents. Since prevention measures ensure that fewer residents are affected by disease and need health care.

#### **Health system factors affecting health services utilization**

The majority of the respondents, 115/200(57.5%) were living 2-5km from a formal health facility. Similarly, only 62/200(31.0%) characterized health

Demographically most residents were of low socio-economic status with low literacy levels; most of them had informal jobs and low incomes. The rate of utilization of health services in the past year was 84% with the majority visiting public health facilities. Household factors that negatively impacted health services utilization included the respondents' perception that their health status was okay, lack of family clinicians/doctors for most of the families and poor insurance coverage for most households. Health system factors that negatively affected health services utilization included inaccessibility of formal health facilities, poor attitude from health workers, stockouts in health facilities and perceived poor quality health services in public health facilities. Waiting time to see clinicians/doctors, time spent in the hospital, and irregular drug supply also negatively affected patients' utilization of health services in Ishaka Division, Bushenyi-Ishaka Municipal Council. The measures proposed by the residents on how to improve health services utilization included Improving drug supply,

facilities as being near their homes. In addition, only 80/200(40%) would reportedly reach formal health facilities within one hour if they travel by foot. A study in Nepal [23] revealed that clients residing more than 2 kilometres from the health facility had low utilization of health services compared to those residing within 2 kilometres of a health facility. Therefore, given their poor socioeconomic status, most of them would not comfortably pay for travel to health facilities and this negatively impacts health services utilization in the municipality. An overwhelming majority, 198/200(99.0%) were facing difficulties utilizing health services including but not limited to long-distance travels to formal health facilities (62.0%), prohibitive costs especially in private health facilities (42.4%), having busy schedules (26.3%), stock out of medicine in government facilities (25.3%) and absenteeism of health workers among others. All these factors negatively affect health services utilization among residents in the area and probably explain the relatively low utilization of health facilities. Asked about measures to improve health services utilization in the area, the respondents mentioned many measures including but not limited to improving supplies in public health facilities, construction of health centres nearer to their homes, more sensitization on health issues and improved quality of health services provided among others. These therefore ought to be looked into if health services utilization is to be improved.

#### **CONCLUSION**

constructing health centres each closer to people's homes, better attention from health workers and establishing a community health insurance scheme.

#### **Recommendations**

Improving the quality of health services by enhancing staff's motivation to increase access to healthcare services, establishing sanitation standard operating procedures in health units and improving drug supply and management. All these will improve client satisfaction, especially in public health facilities, Targeted subsidies that offer more resources to providers who fill in a critical niche in the rural and hard-to-reach areas should be considered and evaluated. In addition, subsidies could also target the users of the health services, specifically the poor and vulnerable.

Alternative financing mechanisms like community-based health insurance could also be explored to enable the residents' ability to pay for health services where possible. There is a need for the government to support PNFP health facilities given that they remain a major source of health care for the population

including the poor. Innovative ways to ensure that care provided by these providers is cheaper by offering the necessary tax holidays drug and

medicines support for core services like immunization among others.

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