

**FACTORS ASSOCIATED WITH
HEALTH SERVICE UTILIZATION AMONG
ELDERLY IN LASHIO TOWNSHIP**

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ABSTRACT

Physical, mental, and social functions are frequently impaired in the elderly and require healthcare services. Ensuring proper healthcare utilization helps manage these conditions and maintain the well-being of the elderly. By using face-to-face structured questionnaire, a cross-sectional study was undertaken to study the factors associated with health service utilization among 238 urban and rural elderly in Lashio Township, Northern Shan State. The health service utilization among elderly within one year was 61.8%. Main reasons for utilization were acute minor illness (42.9%), follow up such as hypertension, diabetes, cancer (23.1%), health screening such as measuring blood pressure, RBS (22.4%), hospitalization (10.9%). The most utilized health care professionals were general practitioner (40.1%) followed by specialist (28.6%) and the least was nurse (4.1%). The most health care facility utilized were clinic (40.8%) followed by elderly health care project clinic (19.0%) and the least facilities were ART center (0.7%) and charity clinic (0.7%). More than half of the elderly (60.1%) reported of not having enough money to utilize health service. Most elderly (68.9%) had diagnosed chronic diseases and 65.1% were taking medicine daily. The most prevalent diseases were hypertension (50.0%) followed by diabetes (19.3%) and the least was BPH (0.8%). Their perceived health status were poor/fair (56.3%) and good/very good/excellent (43.7%). Elderly living in urban area utilized more health service than those in rural area (aOR =1.98; 95% CI = 1.02, 3.82). Elderly living with more than 5 household members were more likely to utilize health service than those living alone (aOR = 5.54, 95% CI = 1.35, 22.69). Elderly who perceived health status as “poor or fair” were more likely to use health service than the counterparts (aOR = 2.00, 95% CI = 1.07, 3.72). To increase coverage of health service utilization among elderly, elderly health care volunteers should be provided to the elderly persons living alone, should strengthen the existing elderly health programs, continuous mobile clinic and health education programs focusing on healthy aging should be conducted to motivate elderly persons for healthy behavior and adequate health care utilization and further studies should include both quantitative and qualitative methods.