

**UTILIZATION OF PRIMARY HEALTH CARE
SERVICES AMONG 40 YEARS AND ABOVE
HYPERTENSIVE POPULATION
IN SELECTED WARDS AND VILLAGES OF
PYIN OO LWIN TOWNSHIP**

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ABSTRACT

Utilization of healthcare services is essential, and improving usage through interventions will also lead to better general health outcomes. This study aims to determine the factors associating with utilization of primary health care services for hypertension in primary health care facilities. Community-based cross-sectional study was done in Pyin Oo Lwin Township in 2023. Screening for hypertension was conducted in 1,001 participants who were 40 years and above, by measuring blood pressure with standard digital pressure cuffs for two times, 10 minutes apart. Hypertension was defined as a systolic blood pressure ≥ 140 mmHg, or diastolic blood pressure ≥ 90 mmHg, or reported use of antihypertensive medication. Face to face interview was done among hypertensive participants by using validated and structured questionnaires. Descriptive analysis and inferential statistics - Chi squared test and multiple logistic models were conducted. Out of 1001 screening participants, prevalence of hypertension was 38.6% (386). Of 386 hypertensive participants, 20.7% (80) had unknown hypertension and 32.3% (125) had controlled blood pressure. Regarding knowledge on complications of hypertension, 63.2% (244) was on low level of knowledge. For seeking hypertension care, 51.8 % (200) utilized PHC services provided by PHC facilities. In bivariate analysis, place of residence, education, financial and social support, known status of hypertension, presence of PHC facilities in their place of residence, perceived cost of travel and awareness of available services had significant association with utilization of primary health care services. But in multiple logistic regression model, rural residents (AOR = 2.79, 95% CI = 1.68, 4.67), known hypertension (AOR = 4.36, 95% CI = 2.39, 8.23) and awareness of available services (AOR = 4.11, 95% CI = 2.55, 6.71) increased the utilization of primary health care services while low perception level on hypertension (AOR = 0.30, 95% CI = 0.14, 0.62) and perceived cost of travel as necessary (AOR = 0.57, 95% CI = 0.35, 0.92) decreased the utilization. To conclude, unknown self-status of hypertension, unawareness of available services, unavailability of the services and financial burdens due to cost of travel were contributed to non-utilization of PHC services. Based on the findings, health education and dissemination of information about available services, community-based screening with mobile service provision should be promoted effectively in rural and peri urban areas.