

# Pattern of Healthcare Utilization Among Adult Population in an Urban Community, Malaysia



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## Introduction

Utilisation of healthcare is influenced by both the individual and the healthcare system of the nation. Healthcare utilisation refers to an extent of an individual having contact with any recognized medical or health facility that is manned by qualified or trained medical practitioner<sup>1</sup>. On the other hand, some defines it as the measure of the population's use of the health care services available to them. This includes the utilization of Hospital resources, Personal Care Home (PCH) resources, and physician resources<sup>2</sup>.

To achieve Universal Healthcare, the Malaysian government initiated the *MySalam* scheme to provide financial aids to citizens with monthly income of less than \$720 USD (\*B40) in hopes to empower them in receiving medical advice and treatment when needed.

Report from the National Household Health Expenditure Survey in Malaysia noted a discrepancy in health seeking behavior between different income groups, with lower income group prioritizing public healthcare services and vice versa<sup>4</sup>. Hence, a study was conducted in Taman Medan Cahaya, Kuala Lumpur where the population were those with monthly income lies in the B40 range. This provided an opportunity for better understanding on the pattern and barriers to accessing healthcare services among this urban community.

## Objectives

To describe the pattern and barriers of healthcare utilization among the B40 and non-B40 groups in an urban community.

## Methodology

This was a cross-sectional study conducted from 7<sup>th</sup> to 20<sup>th</sup> of July 2018. All adult Malaysian men and women (aged  $\geq 18$  years) who were residents of Taman Medan Cahaya, were approached and recruited into the study using convenient sampling. Exclusion criteria were those cognitive or intellectually impaired.

Questionnaire using online Google form was used for data collection. It consisted of questionnaires from the Participatory Action Research Through Negotiation and Empowerment of Residence (PARTNER)<sup>5</sup> cohort study.

SPSS v21 was used for data analysis. Descriptive analysis was used to describe the sociodemographic characteristics and pattern of health care utilization, Cross-tabulation was conducted to determine the association between income groups (B40 and non-B40) and patterns and barriers on healthcare utilization.

## Results

A total of 324 participants were recruited. Half of them were less than 40 years old, with equal distribution between males and females. Majority of them were Malays, and with at least secondary education. Half of the participants were employed, with an equal distribution between B40 and non-B40 (Table 1).

Table 1: Sociodemographic of participants

Characteristics		Frequency	Percentage (%)
<b>Age (years)</b>			
	18-30	109	33.6
	31-40	59	18.2
	41-50	66	20.4
	51-60	61	18.8
	>61	29	8.9
<b>Gender</b>			
	Male	153	47.2
	Female	171	52.8
<b>Ethnicity</b>			
	Malay	298	92.5
	Indian	24	7.5
<b>Education Level</b>			
	Primary education or less	40	12.4
	Secondary education	176	54.3
	Tertiary education	108	33.3
<b>Employment</b>			
	Employed	161	49.7
	Self-employed	34	10.5
	Retiree	21	6.5
	Unemployed	43	13.3
	Housewife	64	19.8
<b>Monthly Household Income</b>			
B40	<RM1000	18	5.6
	RM1000-1999	67	20.7
	RM2000-2999	69	21.3
Non-B40	RM3000-3999	69	21.3
	RM4000-4999	45	13.9
	>RM5000	50	15.4

There was a higher preference for private clinics during an acute illness (Chart 1), while a higher preference for public clinic and public hospital for chronic medical conditions (Chart 2) in both B40 and non B40 groups .

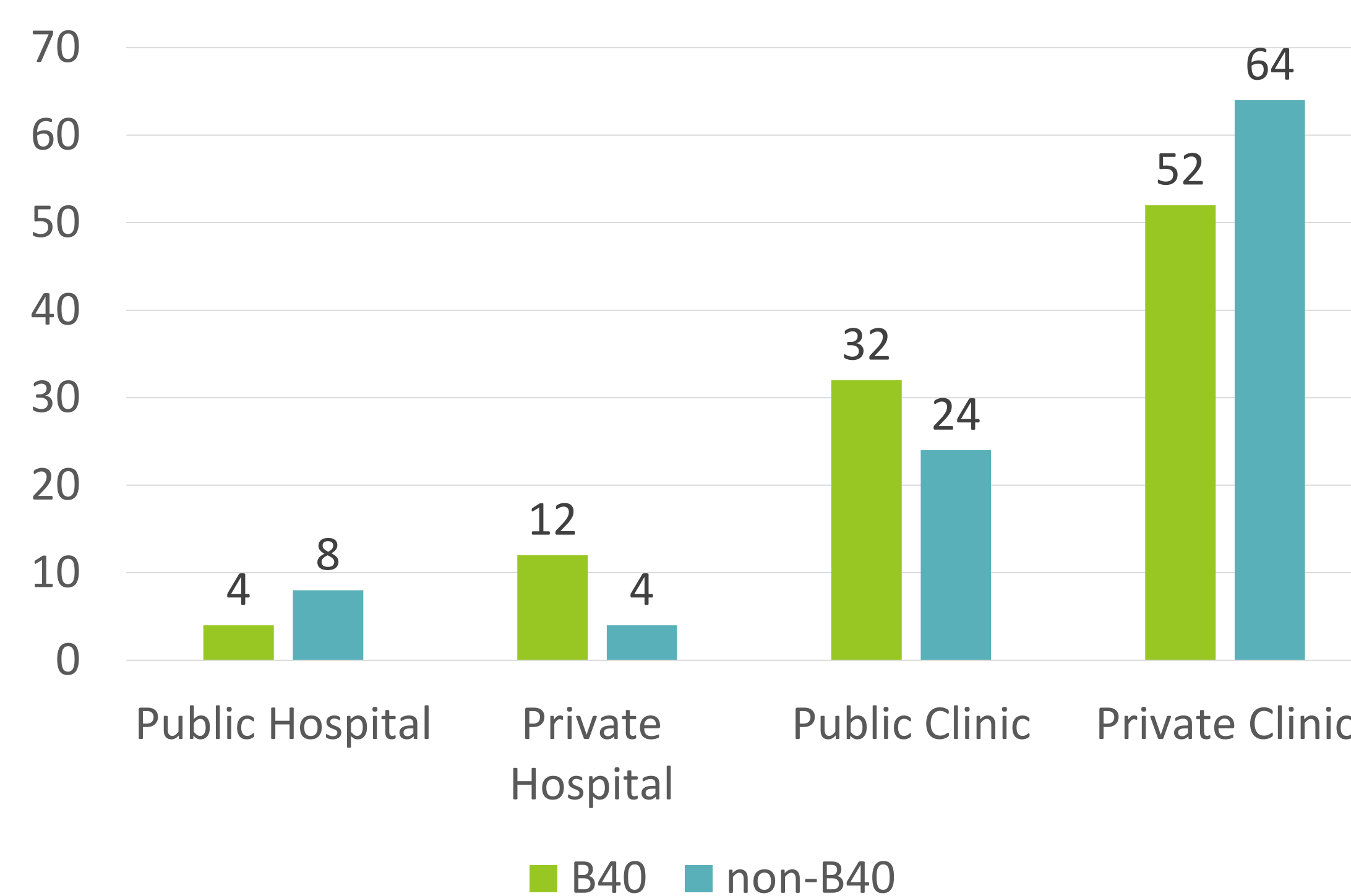


Chart 1: Comparison between B40 and Non-B40 in the Preferences for Healthcare Services During Acute Illness

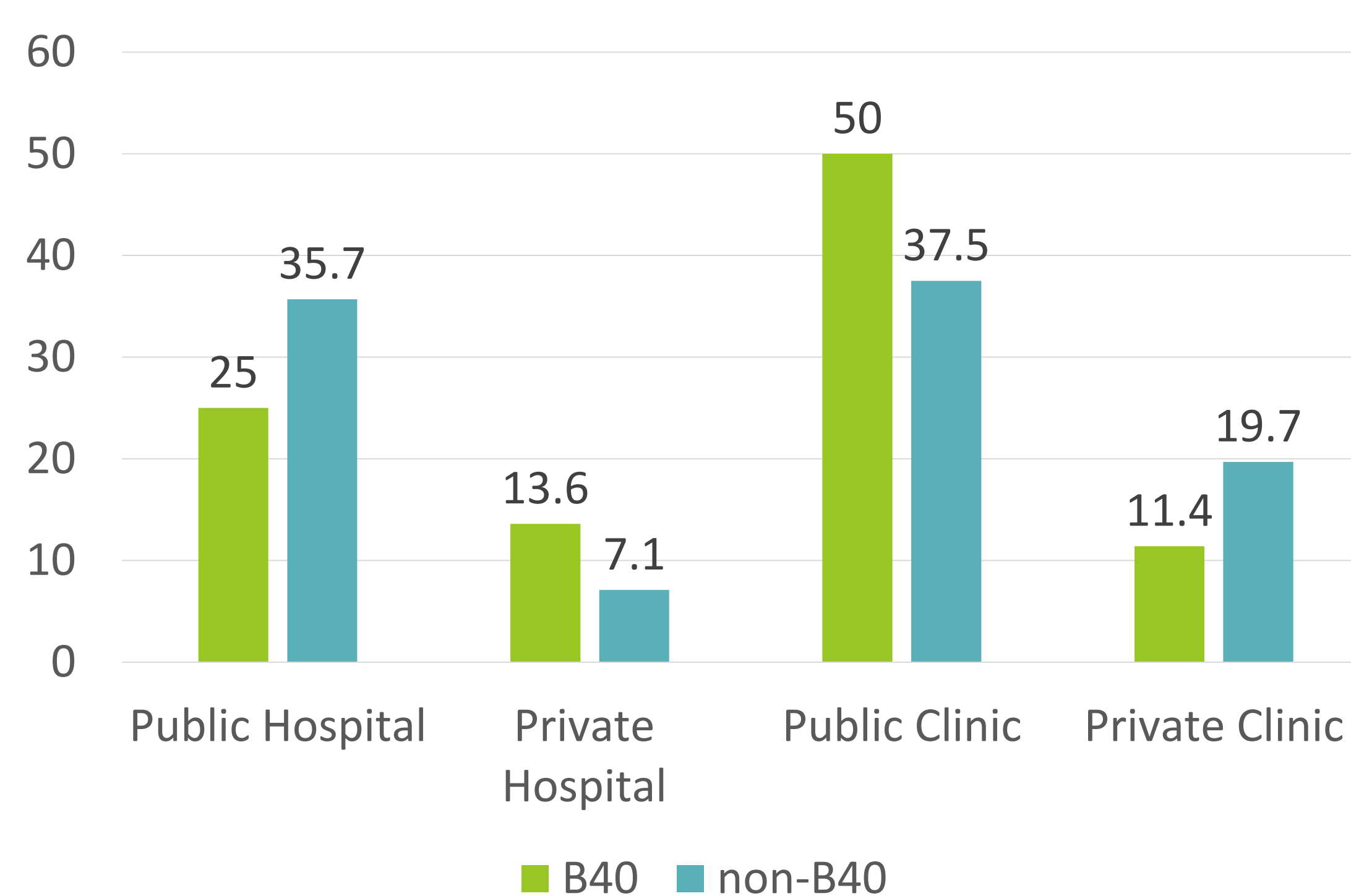


Chart 2: Comparison between B40 and Non-B40 in the Preferences for Healthcare Services During Chronic Illness

25% of participants with acute illness and 18% with chronic medical condition decided against seeking healthcare services, citing reasons as the following:

### Acute Illness:

- Perceived their symptoms as a mild illness (53%)
- Long waiting and travelling time (11.8%)

### Chronic Illness:

- Treatment taking a large part of their time (11.1%)
- Perceived symptoms of their chronic illnesses are mild in nature (5.6%)

Only 25% of the B40 and 34% of the non-B40 had health and medical insurance. The B40 group spent 25% of their monthly expenditure on healthcare compared to the non B40 groups (9.8%).

More B40 individuals had difficulties in affording healthcare (18%) compared to non-B40 group (10%). For health care expenditure, most of them use personal savings (45% and 60% for B40 and non B40 respectively), while more B40 groups (45%) took loan compared to non B40 group (25%).

## Discussion

- Both B40 and non-B40 groups had similar preferences for healthcare services in both acute and chronic illness. The result is similar with a study conducted in 2011<sup>6</sup>.
- There is a preference for both groups to visit private clinic during an acute illness, as the opening hours are longer and more accessible to participants<sup>7</sup>.
- Public clinics are more preferable for participants with chronic illness from both groups, probably due to the heavy subsidy by the Malaysian government on healthcare<sup>7</sup>.
- B40 group spent higher portions of their income on medical services, and less held medical insurance.
- There is a significant number of participants who opt out of seeking treatment, due to poor self-perception and time-consuming. The perception is most likely suggests a lack of knowledge or appreciation of receiving treatment<sup>8</sup>.
- More than 10% of both groups had difficulty in paying for their medical fees, and had to use their personal savings or loan to afford their healthcare. Despite the subsidy for healthcare, the overcrowding of public services combined with stress and anxiety during an illness forces the residents to use out-of-pocket treatment that is more than what they can afford, risking them with debts or sacrificing investment for future productivity<sup>9</sup>.

## Conclusion

- There is a similar healthcare services utilization pattern between the B40 and non-B40 groups
- B40 spend higher proportion of their income on healthcare and more expressed difficulty in affording healthcare
- Barriers to healthcare utilization mainly revolves around self-perception of symptoms and time-consuming

## References

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\*B40 is categorized as total monthly income of less than \$720.28USD based on the Report of Household Income and Basic Amenities Survey 2016<sup>3</sup>