

# **CHAPTER V**

## **PRESENTATION**

The overview of my thesis on the topic " A cross sectional study to assess the accessibility for households in the urban area of Danang City, Vietnam" will be presented to the Examination Committee on May 7, 2002. The presentation includes the three following parts:

### **Part 1: The essay:**

- Definition of Primary care and its related issues - role of primary care, primary care practitioner and primary health care.
- Primary care in Vietnam.
- Definition of accessibility.
- Accessibility to primary care in Vietnam.

### **Part 2: The proposal:**

- Research question.
- Study objectives.
- Methodology.
- Expected outcome.
- Ethical considerations.
- Activity plan and budget.

**Part 3: The data exercise:**

- Study design.
- Study objectives.
- Methodology.
- Main findings.
- Discussion and conclusion.
- Lesson learned.

The oral presentation takes twenty minutes with the PowerPoint slides. After presentation, the Examination Committee members will ask questions and commend on the thesis.

The presentation handout is given on the following pages.

## Thesis

**Assessing Accessibility to Primary Care  
for Households in the Urban Area  
of Danang City in Vietnam**

## Essay

**Access to Primary Care  
in Vietnam**

■ **Primary care is the first contact with the health system (WHO, 1996):**

- The major task is to elucidate the patients' problems and elicit information for diagnosis and management.
- Patients can be treated or referred to a higher level.
- Primary care deals with more common and less well - defined health problems.
- Primary care problems are health disorders, complaints, illness and diseases that strike patients.

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■ **Primary care practitioners:**

- Encounter a wide rank of health problems.
- Give first care or refer.
- Are familiar with both patient and patient's problem.

■ **Primary care and primary health care:**

- **Primary health care includes:**
  - Preventive programs
  - Health promotion
  - Primary care

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## Primary Care in Vietnam

### ■ **Primary care has an important role in the health system development strategy:**

- We endeavor to build a primary health care system that all people can reach primary health care services, can access and use quality medical services (Prime Minister, 2001).
- Community health centers play a key role in delivering primary care.

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## Accessibility to Primary Care

### ■ **Accessibility is the number or proportion of a given population that can be expected to use a specified facility, service, etc. given a certain barrier to access (WHO, 1981).**

### ■ **Four dimensions of accessibility to primary care:**

- Geographic accessibility
- Functional accessibility
- Financial accessibility
- Cultural accessibility

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## Accessibility to Primary Care

### ■ Improve accessibility by policies on four dimensions:

- Geographic                    i.e. Coverage
- Functional                    i.e. Quality of treatment
- Financial                      i.e. Insurance system
- Cultural                        i.e. Language

### ■ National policies and accessibility:

- Geographic: Increase CHC/ communities rate
- Functional: Increase doctor/ population rate, quality of services
- Financial: Support special groups (the elderly, children under 6, disabled persons), insurance
- Cultural: Privacy of consulting rooms at CHC

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## Conclusion

- **Accessibility to health services is one of the most important elements contributing to the success of the health system.**
- **Assessing accessibility to primary care will help policy maker to improve the health system development.**

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## Proposal

### **A Cross - Sectional Study to Assess Accessibility to Primary Care for Households in the Urban Area of Danang City in Vietnam**

#### **■ Study purpose:**

- Facilitate authority to refer in policy making with the understanding of accessibility to primary care for households in the City.

#### **■ Research questions:**

- What is the situation on accessibility to primary care for households in the urban area of Danang city in Vietnam?
- What are the levels that factors affect accessibility to primary care for households?

## Study objective

### ■ General Objectives:

- Provide evidence and recommendations for decision making on the accessibility to primary care for household's in the urban area of Danang city in Vietnam.

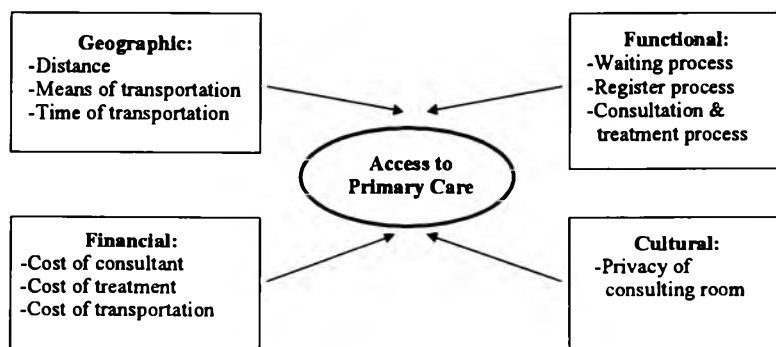
### ■ Specific Objectives:

- Describe accessibility to primary care in terms of geographic, economic, cultural and financial factors among households in the urban area of Danang city in Vietnam.
- Define the levels that factors affect accessibility to primary care for households.

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## Conceptual Frame - Work

### • Factors Affecting Accessibility to Primary Care



Source WHO, 1981

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## Methodology

### ■ Study design:

- A cross - sectional descriptive study using quantitative and qualitative approaches to assess the accessibility to primary care for households.

### ■ Study site:

- The urban area of Danang City in Vietnam.

### ■ Study population

- All households in the urban area.

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## Methodology

### ■ Sample size

- $383 + 10\% 383 = 422$

### ■ Sampling technique:

- Multi - stage sampling technique:
  - Stage 1:
    - Proportionate samples (households) in each district.
  - Stage 2:
    - Proportionate samples (households) in each sub - district.
  - Stage 3:
    - Simple random sampling technique.

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## Methodology

### ■ Instrument:

- Quantitative method will be applied with a household survey by a questionnaire.
  - Field testing of questionnaire for validity & reliability.
  - Culture, language, custom and habit characteristics of study population should be considered.
  
- Qualitative data will be collected through in - depth interview with ten percent of:
  - Respondents not using health centers for primary care.
  - Respondents using the CHC.

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## Methodology

### ■ Data analysis:

- SPSS Program will be applied to facilitate analysis.
  
- For descriptive data, frequencies, means and standard deviations will be calculated. Chi - square and Pearson correlation tests are used to identify the relation between independent and dependent variables.
  
- Qualitative data: Describe main reasons why people don't attend medical services at CHC, what are main difficulties in access, find out relations among reasons, difficulties in terms of cause - effect.

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### ■ Expected outcome:

- Result of the study will facilitate authority to refer in policy making.

### ■ Ethical consideration:

- Explain the approval, meaning and purpose of the study.
- Respondents' rights: informed consent.
- Information will be treated confidential.

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### Activity plan and budget:

Activity	Month								
	X	1	2	3	4	5	6	7	8
Approval of city Medical Bureau	X								
Literatur Review		X	X						
Submit Proposal			X						
Staff Meeting to introduce the Study to Authorities				X					
Formation of the Action Committee, introduce Problem, Objective, Resources				X					
Training of Research Assistants			X						
Data Collection									
- Interview questionnaire					X				
- In - depth interview						X			
- Secondary Data						X			
Data Analysis						X	X		
Report Writing							X	X	
Conclusion and Recommendation									X
Total Proposed Budget									USD 4,532

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# Data Exercise

## **A Pilot Study to Improve Research Skills for the Designed Study of the Proposal**

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### **■ Study design:**

- A cross - sectional descriptive pilot study.

### **■ Objective:**

- General objective.
  - To develop skills in designing a questionnaire and field testing.
- Specific objective:
  - Practice data collection.
  - Test the reliability of the questionnaire.
  - Practice data analysis.
  - Arrive at recommendations to adjust the questionnaire.

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## Methodology

### ■ Study site:

- Pasak Noi village in Chieng Saen district, Chieng Rai province, Thailand.

### ■ Sample population:

- Registered households in Pasak Noi village.

### ■ Sample size:

- Forty households.

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### ■ Sampling technique:

- Purposive sampling technique.
- Households at the middle place between the community health center and the border of the village.
- Households near to each other.

### ■ Instrument:

- A structured questionnaire.

### ■ Data collection:

- Questionnaire was translated into Thai language.
- One Thai student was invited as interviewer.

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## Findings

### ■ Data collection process:

- Rate of progress:
  - Households/day/interviewer = 40/4/1 = 10
  - Respond rate of households = 100 %
  - Correct rate of answered questionnaire = 95 %

### ■ Reliability:

- Cronbach's Alpha test was used.
  - For demographic questions, alpha = 0.75
  - For questions to ask the group who used medical service at CHC  
alpha = 0.39
  - For questions to ask the group who did not use medical service at CHC  
alpha = 0.62

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## Findings

### ■ Demographic characteristics:

ID	Variable	Min	Max	Mean	SD
1	Number of family members	2	6	4.21	0.91
2	Number of children in family	1	3	1.83	0.59
3	Number of children under 6	0	1	0.21	0.41
4	Number of the elderly over 60	0	2	0.34	0.58
5	Number of people having health insurance	2	6	4.03	1.05

- All households have had their own houses and lived in the village more than one year.

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## Findings

### ■ CHC medical service use and non - use ratio:

Household	Frequency	Percentage
Who used medical service at CHC	24	63.2
Who didn't use medical service at CHC	14	36.8

### ■ Perceptions of respondents on the geographical accessibility:

Perception on the way to get to CHC	Frequency	Percentage
Very difficult	0	0
Difficult	1	4.2
Easy	23	95.8
Very easy	0	0

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## Findings

### ■ Satisfaction level of respondents on the waiting time at CHC:

Satisfaction level on waiting time	Frequency	Percentage
Strongly satisfied	2	8.3
Satisfied	22	91.7
Dissatisfied	0	0
Strongly dissatisfied	0	0

### ■ Satisfaction of respondents on reception service at CHC:

Satisfaction on reception service	Frequency	Percentage
Strongly satisfied	9	37.5
Satisfied	13	54.2
Dissatisfied	2	8.3
Strongly dissatisfied	0	0

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## Findings

### ■ Perceptions of respondents on the attitude of the doctor:

Attitude of doctor	Answer yes		Answer no	
	Frequency	%	Frequency	%
Doctor is welcome	24	100	0	0
Doctor gives chance to ask	24	100	0	0

### ■ Satisfaction of respondents on access to drugs at CHC:

Perceptions of respondents	Answer yes		Answer no	
	Frequency	%	Frequency	%
Availability of medicines at CHC to buy	24	100	0	0
Convenience of medicines purchase	24	100	0	0

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## Findings

### ■ Satisfaction of respondents on quality of treatment at CHC:

Satisfaction on treatment quality	Frequency	Percentage
Strongly satisfied	2	8.3
Satisfied	21	87.5
Dissatisfied	1	4.2
Strongly dissatisfied	0	0

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## Findings

### ■ Perceptions of respondents on cost of prescribed medicine:

Treatment cost	Frequency	Percentage
Yes expensive	4	16.7
Not expensive	20	83.3

### ■ Perceptions of respondents on the privacy of consulting room at CHC during examining:

The privacy of consulting room	Frequency	Percentage
Yes privacy	24	100
No privacy	0	0

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## Findings

### ■ Perceptions of respondents who didn't attend medical service at CHC:

Perceptions of respondents	Respondents' answers			
	Yes	%	No	%
CHC is far from home	1	7.1	13	92.9
The way to get to CHC is difficult	1	7.1	14	92.9
The doctor consultation hours are convenient	24	100	0	0
Doctor prescribes expensive medicine	4	28.6	10	71.4
Doctor can treat patient well	8	57.1	6	42.9
Patients have to wait for doctor too long	5	35.7	9	64.3
The consulting room provides privacy for patients to be examined	13	92.9	1	7.1

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### ■ Discussion and Conclusion:

- The questionnaire does not fit well with the health system in Thailand.
- Study site was selected based on convenience for data collection. The sample size is small. It causes limitation to practice data analysis, especially to test the reliability.
- The pilot study is useful to practice research skills.
- Field testing needs to be repeated in Vietnam preferable with a larger sample.

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### ■ Lessons learned:

- The pilot study with quantitative and qualitative methods should be implemented in the urban area in Danang city in Vietnam with more samples.
- The reliability of the instrument is necessary to be tested in the pilot study.
- Data analysis of the real study in Vietnam should be elaborated. Careful analysis should be done instead of describing frequencies only.
- Question with four scales should be followed by the question “why” when respondent has strongly positive or negative perception
- Question to ask whether respondent use or not use CHC should be designed with a time period.

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