

## The Review of Health Services in Charkh District of Logar Province, Afghanistan 2021

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### Research Article

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#### Abstract

No previous reports have examined the state of health services in the Charkh district of Logar province in Afghanistan. Therefore, this study aimed to assess and evaluate the health services available in the Charkh district. A review study design was utilized, and a simple random sampling method was employed to select a population of 381 individuals from a total population of 40,492. Questionnaires were distributed to both private and governmental clinics within the district. The study also explored the accessibility of health services for various demographics, including children, women, and the elderly, across the entire district. Materials were used to assess the availability and accessibility of health services in the Charkh district. Out of the 381 randomly selected participants, 239 (62.7%) were male, with 20 participants falling within the 18-29 age group, 211 participants within the 30-59 age group, and 8 participants over the age of 60. Additionally, 18 participants were women, and 124 participants were children over the age of 12. Findings revealed that 18% of the population expressed satisfaction with the provided health services, while 69% expressed dissatisfaction. These results call for further prospective studies to validate these observations.

**Keywords:** Health services, Health services assessment, Health service evaluation, Charkh District, Logar Province

### INTRODUCTION

Health service is a term used to describe the various systems that humans rely upon to help maintain our health through the treatment or prevention of illness, injury, disease, and other physical or mental losses. These systems include medical doctors, hospitals, dentistry, psychology, nursing, physical therapy, occupational therapy, and more<sup>[1]</sup>. Recent studies in Australia and New Zealand have shown that general practitioners are the most commonly reported providers of mental health services, with 76% of individuals receiving any mental health care reporting the use of this type of service<sup>[2]</sup>. Multiple logistic regression analysis has revealed that the use of mental health services is associated with measures of the need for such services, such as psychological distress and mental disorders. Additionally, sociodemographic factors such as being female, educational level, and being separated are associated with the use of services provided by any health professional. Living in a remote area is associated with lower use of specialist services but not general practitioner services. Older age is associated with less use of psychologists and other health professionals<sup>[3]</sup>. A cross-sectional study conducted in Nepal in April 2013 used a stratified systematic random sampling technique to select and interview 776 patients at the exit point of healthcare facilities. Among the participants, 63.9% were female and 36.1% were male. The majority (45.5%) fell into the age group of 20 to 39 years, 79.3% were married, and 15.2% were illiterate. The overall satisfaction level was 75.9%, with a mean score of  $24.19 \pm 2.92$ . The level of satisfaction was high with access to care (98.5%) and quality of care (91.5%), but lower with the cost of healthcare (61.3%) and courtesy of healthcare providers (50.8%). Satisfaction level was significantly associated with the availability of drugs and services in the hospital. Waiting time for showing reports to the doctor also had a significant association with satisfaction. However, factors such as patients' age, educational level, socioeconomic status, sex, occupation, and income had no significant effect on satisfaction. To improve patient responsiveness, hospital management should focus on improving staff behavior, ensuring an adequate supply of drugs, and reducing waiting times<sup>[4]</sup>. The Ministry of Public Health in Afghanistan has implemented the Basic Package of Health Service (BPHS) as a means to provide cost-effective healthcare for common health problems. Trauma and trauma-related disability have been identified

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as priorities under the BPHS, and efforts have been made to address these issues. Emergency care in Afghanistan is primarily provided by the military sector and non-governmental organizations. However, there are challenges such as security concerns, lack of infrastructure, economic hardships, limited access to healthcare facilities, poor facility conditions, and a shortage of trained healthcare providers, particularly women. Achieving the long-term goal of providing quality healthcare to all Afghan citizens requires a combination of targeted projects, foreign aid, domestic responsibility, and time.

## METHODOLOGY

### Study design

A review study was conducted, selecting a simple random population of 381 individuals out of a total of 40,492.

### Study participants

In this study, questionnaires were distributed to both private and governmental clinics serving the population of the Charkh district, which has a population of 40,492. A total of 381 participants were randomly selected. The study also assessed the access to health services for children, women, and elderly individuals throughout the entire district. Materials were used to identify the level of access to health services in the Charkh district. The study was ethically approved by the SU Ethics Committee (code: 1386-1412). Upon collecting the questionnaires, the data were recorded in an Excel sheet and analyzed using the latest version of SPSS.

## RESULTS

Out of the total population of 40,492 in the Charkh district, we randomly selected 381 participants. Among them, 239 (62.7%) were male, with 20 participants in the 18-29 age group and 211 participants in the 30-59 age group. There were 8 participants who were over 60 years old. In our study, 18 participants were women, and 124 participants were children over the age of 12.

Regarding satisfaction with health services, 18% of the population expressed satisfaction, while 69% reported dissatisfaction. Additionally, 13% of the participants indicated that they were unaware of the meaning of health services. Furthermore, a significant proportion of participants expressed a need for health education and counseling, particularly in areas such as family planning and social behavior.

## DISCUSSION

Recent studies have demonstrated that family planning, prenatal health services, and child health care improve the survival and quality of life for mothers and children (UNICEF 1989). However, they are often underutilized by those in greatest need, particularly in developing countries where child mortality is high and access to health services is limited. One of the challenges in public health is identifying high-risk groups and providing them with the necessary preventive and curative health services. The use of health services is a complex behavioral phenomenon influenced by various factors, including the organization of the health delivery system, availability, quality, costs, continuity, and comprehensiveness of services. Social structure and health beliefs also play a role in service utilization. For preventive services such as prenatal care, family planning, and immunizations, the perception of need is more complicated than in the case of disease recognition. It involves beliefs about susceptibility, consequences, and the effectiveness of interventions<sup>[5]</sup>. A survey conducted in the Philippines revealed that respiratory illness and diarrhea are the two leading causes of death in children under the age of 5. The government has prioritized reducing deaths caused by these illnesses as part of healthcare system reform. To redesign health systems, policymakers need a good understanding of overall health services utilization as well as the use of public and private sectors. In a study using the 1998 Philippines National Demographic and Health Survey dataset, researchers examined the service utilization patterns of children under 5 with diarrhea and/or respiratory illness. They used the Andersen Model as a conceptual framework and employed nested logit regression to determine predictors of health services use and public vs. private use in this population. The results indicated that maternal education and the number of illnesses were determinants of the decision to seek care. Economic status and household size influenced the choice between public and private providers. Policymakers can utilize this information for future health planning and reforms to increase access to healthcare for the vulnerable population in the Philippines<sup>[6]</sup>. In South Africa, only 15% of the population is covered by private health insurance (known as medical schemes), yet these schemes contribute to 44% of total healthcare expenditure. The majority of these financial resources are spent on private for-profit providers, particularly hospitals, specialists, medicines, and retail pharmacies. However, medical schemes do not provide adequate financial protection for their members, as they require additional out-of-pocket payments for services not covered or once annual benefits have been exhausted. The private healthcare sector in South Africa faces serious challenges, including rapidly increasing expenditure and contribution rates. Contributions have been increasing at rates exceeding general consumer inflation, resulting in a financial burden for households. The average real contribution per medical scheme beneficiary has significantly increased over the years, far outpacing average wages and salaries of formal sector workers. Thus, medical schemes are not effectively ensuring financial protection for their members<sup>[7]</sup>. A review article in Nigeria emphasizes that the health of individuals in a family is the wealth of the nation, as a healthy population contributes to sustainable development. However, poverty prevents over 70% of the Nigerian population from accessing healthcare services. Poverty and healthcare are closely interconnected, and both are vital in determining the well-being and survival of individuals within their environment. A comprehensive health sector reform is necessary to strengthen primary healthcare services and provide effective, efficient, good quality, and affordable healthcare

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services to Nigerians, aiming to improve their health status and well-being<sup>[8]</sup>. Another review article highlights that determinants of maternal satisfaction encompass various dimensions of care, including structure, processes, and outcomes. Structural elements such as a good physical environment, cleanliness, and the availability of human resources, medicines, and supplies contribute to maternal satisfaction. Process determinants include interpersonal behavior, privacy, promptness, cognitive care, perceived provider competency, and emotional support. Outcome-related determinants are influenced by the health status of both the mother and newborn. Factors such as access, cost, socioeconomic status, and reproductive history also influence perceived maternal satisfaction. Process of care is particularly significant in developing countries, with interpersonal behavior, especially provider courtesy and non-abuse, being the most widely reported determinant. Other aspects of interpersonal behavior, such as therapeutic communication, staff confidence and competence, and encouragement during labor, also play a role<sup>[9]</sup>. In a cross-sectional study conducted at Chitwan Medical College Teaching Hospital in Nepal, 776 patients were selected using stratified systematic random sampling. The majority of the patients were female (63.9%), and the age group of 20 to 39 years accounted for the largest proportion (45.5%). Overall satisfaction with the healthcare services was 75.9%, with high levels of satisfaction observed for access to care (98.5%) and quality of care (91.5%). However, satisfaction levels were lower for the cost of healthcare (61.3%) and courtesy of healthcare providers (50.8%). The study found that satisfaction was significantly associated with the availability of drugs and services in the hospital, as well as waiting times for showing reports to doctors. Age, educational level, socioeconomic status, sex, occupation, and income had no significant effects on satisfaction. To enhance service responsiveness and patient satisfaction, the hospital management should focus on improving staff behavior, ensuring an adequate supply of drugs, and reducing waiting times<sup>[10]</sup>. Ongoing pharmacogenomics studies hold great promise to yield additional genetic polymorphisms that can be used to further individualize the dosages of other antileukemic agents, building on the early success of thiopurine methyltransferase and mercaptopurine

People of any age can develop ALL, but most cases are diagnosed in children. It is the most common childhood cancer in the United States. An average of 2,761 children and young adults younger than 20 years of age were diagnosed with leukemia each year from 2012 to 2016 in the United States

Treatment for ALL is consistent with the treatment of other serious and potentially life-threatening childhood cancers; it is extremely rigorous and may include three components: chemotherapy, radiation, and stem cell transplant. The average treatment period for ALL typically continues for 2-3 years and includes intense chemotherapy treatments. When considering the rapid developmental changes, a child experiences, this treatment period can have a considerable psychological impact including internalizing problems, externalizing problems, and social difficulties (Vannatta & Gerhardt, 2003). Common side effects of chemotherapy include hair loss, fatigue, nausea, vomiting, diarrhea, and mouth pain. Common side effects of radiation can include weakness, fatigue, and a decrease in immune system functioning.

These studies and research reviews shed light on the complex nature of healthcare utilization and satisfaction, highlighting the need for targeted interventions and improvements in various aspects of healthcare delivery to better serve vulnerable populations.

## CONCLUSION

In conclusion, our study revealed that 18 percent of the population expressed satisfaction with the provided health services, while 69 percent reported dissatisfaction. These findings suggest a need for further investigation and prospective studies to validate and expand upon these observations.

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## DATA AVAILABILITY STATEMENT

The raw data supporting the conclusions of this article will be made available by the authors, on reasonable request to the corresponding author.

## CONFLICT OF INTEREST STATEMENTS

All authors declared no potential personal or financial conflicts of interest.

## ETHICAL APPROVAL STATEMENT

This study was ethically approved by the medical bioethics committee of the SIHE ethics committee. The patients/participants provided their written informed consent to participate in this study.

## AUTHOR CONTRIBUTIONS

AAA was involved in the study's conception, design, statistical analysis, and interpretation of the data. NAS were involved in data collection, data cleaning, statistical analysis, and manuscript drafting. NAS supervised the study. All authors approved the final manuscript for submission.

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