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Evaluation on Equity of Health Care Provided at Primary Health Care Level to Persons Over 60 Years.

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ABSTRACT

Increase in life expectancy is one of the achievements of mankind, population aging raises many problems for families, communities and society as a whole in terms of economic growth, economic security in older age, the functioning of health systems. According to international estimations for the period from 2015 to 2050 the proportion of elderly people in the world are estimated to double from approximately 12% to 22%. The global trend requires a revision of implementation of government programs in providing a qualitative, equitable and accessible health care.

Keywords: equity, Kazakhstan, primary health care, elderly

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INTRODUCTION

According to the UN world population report 2014 the proportion of older people (aged 60 years and over) is increasing and is expected to reach 21 percent by 2050. And nowadays the number of people aged 60 years and over has almost doubled comparing to the 1994 figures, and exceeds the number of children under 5 years. [1] Furthermore, based on the results of the 2015 Revision, the world population has increased by one billion for the last twelve years reaching 7.3 billion people (see Table 1). [2]. Moreover, when comparing to the 2015 world number of older people aged 60 years it was also forecasted that by 2030 this number will grow by 56 percent more constituting 1.4 billion, and by 2050 it will reach nearly 2.1. billion [3]

According to the state health policy program "Densaulyk " the goal is to strengthen public health for ensuring sustainable, socio-economic development of the country and improvement of the health of the population by enhancing access to health care through the establishment of organizational conditions of providing health services where the types, quality and the volume correspond to the level of needs of the population. [4,5].

Presented World statistics show the necessity to revise policies and delivery mechanisms in order to meet the needs of the population, as part of which an increasing proportion are elderly people [6]. In Kazakhstan, every tenth person has turned 60 years or more. Currently, there is a growing need of older persons in the medical and social and psychological support, which is accompanied by rising costs and burden on the health care, social services. Thus, in practice, elderly and senile age people with their natural needs, reduction of working capacity and limitations of the usual activities are socially isolated, vulnerable, deprived of the possibility of obtaining the necessary medical and social care. Exploring matter of equity of health care at the level of primary health care to persons over 60 years old is important today.

METHODS

Based on a literature review on issues of equity, quality of care we have developed a questionnaire which was approved by two independent reviewers. Questionnaire has passed local Ethics Committee in KazNMU. Sociological survey was conducted among the population older than 60 years in three city-level outpatient clinics and three outpatient clinics countryside. The survey involved 473 respondents, where 238 were urban and 235 rural. This survey was conducted by the interviewer in 2015. In the beginning the survey was conducted among the urban population later in the rural areas. Respondents had to select the answer variants, as well as had the opportunity to include their own answer. Responses were analyzed by the statistical method.

RESULTS

The survey involved 49.7 men, 50.3% women. 31.9% of respondents had higher education, 63% secondary or specialized secondary education and 5.1% incomplete secondary education. 74.7% respondents consider their own health as good and satisfactory (Table 1). We found out that respondents are satisfied with the mode of operation of clinics 91.3%, while 67.2% of respondents noted the difficulty of making an appointment to the local doctor. Only 16.7% of respondents marked long waiting of emergency medical services, and the 29.4% waiting of hospitalization to the hospital, 26.6% the complexity of an appointment with the narrow expert. 54.1% of respondents marked that they were able to freely select an available hospitals (Table 2). Over the past year, 65.5% of respondents had to apply to the private health services (Table 1). 71.2% of respondents noted the high cost of paid services (Table 2). Those who spend up to 2500 tenge each month for medical services - 45% and others 33,2% spend up to 5000 thousand tenge. Due to lack of needed medical care 34.9% of respondents have paid for the necessary health services (Table 1). 26.2% of respondents showed the lack of services for disease prevention and health promotion. The respondents are dissatisfied with the services of the district doctor 27.9% and of nurses 18.6% (Table 2). 16.7% of respondents indicate that there is a irregularity in obtaining the subsidized medications or 4% cases when doctors refuse to prescribe them. 64.1% of respondents believe that health care system is equitable (Table 1). 11.6% of respondents noted that they "sometimes or always" observed unfair treatment because of their retirement, 11.8% gender, 10.4% language, 14.8% religion, and 52.8% financial sufficiency (Table 2).

| Table 1 Characteristics of the respondents and their opinions about health care services | | |
|---|----------|----------|
| Characteristics of the questions | N | % |
| Gender male | 235 | 49,7 |
| female | 238 | 50,3 |
| Education incomplete secondary | 24 | 5,1 |
| Secondary | 260 | 55,0 |
| Specialized secondary | 38 | 8,0 |
| higher | 151 | 31,9 |
| How much a month approximately you spend for medical services | | |
| Up to 2500 tenge | 213 | 45,0 |
| From 2500 to 5000 tenge | 157 | 33,2 |
| From 5000 to 10000 tenge | 78 | 16,5 |
| From 10000 tenge and more | 25 | 5,3 |
| Please rate your health | | |
| Excellent | 104 | 22,0 |
| Good | 190 | 40,2 |
| Satisfactory | 163 | 34,5 |
| Bad | 16 | 3,4 |
| If you have paid for medical care in the urban polyclinic on a attachment, specify the reason: | | |
| It was own will | 81 | 17,1 |
| There was none offered for free | 106 | 22,4 |
| They offered free of charge, but long time to wait | 121 | 25,6 |
| Necessary kind of medical care I need were paid ones | 165 | 34,9 |
| How often during the last 12 months do you access private medical centers | | |
| From 1 to 3 times | 310 | 65,5 |
| 4 to 8 times | 40 | 8,5 |
| 9 to 12 times | 25 | 5,3 |
| More than 12 times | 9 | 1,9 |
| Not addressed (not addressed) | 89 | 18,8 |
| Do you get by prescription medications for free or on beneficial conditions | | |
| Yes, fully | 192 | 40,6 |
| Yes, but there are shortages of subsidized medicines | 79 | 16,7 |
| Yes, but only in the pharmacy, where subsidized medicines are released | 51 | 10,8 |
| Yes, but there are cases of refusal from the a doctor in prescribing subsidized medicines | 19 | 4,0 |
| I do not need subsidized and free medicines | 65 | 13,7 |
| I have never received | 67 | 14,2 |
| Have you ever been treated unfairly by doctors | | |
| Retired – always | 17 | 3,6 |
| sometimes | 38 | 8,0 |
| never | 417 | 88,2 |
| Gender – always | 10 | 2,1 |
| sometimes | 46 | 9,7 |
| never | 417 | 88,2 |
| Language - always | 6 | 1,3 |
| sometimes | 43 | 9,1 |
| never | 424 | 89,6 |
| Religion - always | 8 | 1,7 |
| sometimes | 62 | 13,1 |
| never | 403 | 85,2 |
| Money -always | 160 | 33,8 |
| sometimes | 90 | 19,0 |
| never | 223 | 47,1 |

Table 2. The quality of health care

| | Characteristics of the questions | Yes | | No | |
|----|---|-----|------|-----|------|
| | | N | % | N | % |
| 1 | Are you satisfied with operation mode of polyclinic | 432 | 91,3 | 41 | 8,7 |
| 2 | The difficulty with making an appointment to specialists | 126 | 26,6 | 309 | 73,4 |
| 3 | Long wait in line at the reception to the local doctor | 278 | 67,2 | 155 | 32,8 |
| 4 | Long waiting for admission to the hospital | 124 | 29,4 | 283 | 70,6 |
| 5 | Long waiting for ambulance | 79 | 16,7 | 321 | 83,3 |
| 6 | The high cost of paid medical services | 337 | 71,2 | 136 | 28,8 |
| 7 | The lack of services for the prevention of diseases and health promotion | 124 | 26,2 | 238 | 73,8 |
| 8 | If you had been hospitalized in a planned way, over the past 5 years, have you had the opportunity to choose the hospital | 152 | 54,1 | 117 | 45,9 |
| 9 | Are you satisfied with the quality of medical care provided by GP or specialist in the polyclinic? | 341 | 72,1 | 55 | 27,9 |
| 10 | Are you satisfied with the quality of service provided by nurse in a polyclinic? | 385 | 81,4 | 41 | 18,6 |
| 11 | Do you think our health care is equitable? | 203 | 64,1 | 110 | 35,9 |

DISCUSSION

Equity in delivery of health care in health system is one of the policy priorities in this field. One-third of respondents indicated that they seeked a paid medical care due to the lack or limitation of these services within the framework the guaranteed volume of free medical care. Health system of the Republic of Kazakhstan envisages a source of financing in the framework of the republican and local budgets, this leads to the fact that the guaranteed package may vary in different regions. It is planned that from 2018 onwards the introduction of a mandatory social health insurance will eliminate the possibility of inequality and inequity in accessibility of health care services [7]. The necessity of regulation of the issue of timely and an uninterrupted accessibility of medicine provision. Access to health care is one of the main factors affecting the quality and satisfaction with health care. In Kazakhstan there are more than a hundred nationalities with different religion. In the range of 10-15% of the respondents noted unfair treatment because of gender, possession of language and religion. Another important area that requires attention is the opinion of the respondents in relation to the availability of financial support for patients leads to inequitable attitude of doctors in providing medical care.

CONCLUSION

Our study showed that there is a need for an improvement activities in providing of equitable health care for persons older than 60 years on issues of their timely access to health care for medicines and services.

REFERENCES

- [1] Concise Report on the World Population Situation in 2014. World Population Situation in 2014. United Nations New York, 2014. <http://www.un.org/en/development/desa/population/publications/pdf/trends/Concise%20Report%20on%20the%20World%20Population%20Situation%202014/en.pdf>
- [2] Department of Economic and Social Affairs Population Division World Population Prospects The 2015 Revision Key Findings and Advance Tables United Nations New York, 2015 https://esa.un.org/unpd/wpp/publications/files/key_findings_wpp_2015.pdf
- [3] Department of Economic and Social Affairs Population Division World Population Ageing 2015 United Nations • New York, 2015 Published by the United Nations Copyright © United Nations, 2015 All rights reserved http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf

- [4] Government program Health Development of the Republic of Kazakhstan "Densaulyk" for the years 2016-2020. Approved on 15 January 2016. https://strategy2050.kz/static/files/pr/gprz_ru.pdf
- [5] A.K, Abikulova A.K, Yeshmanova G.B, Umutbayeva, A.I. Igissenova, D. Mars, The demographic forecasting of the population aging in the Republic of Kazakhstan. The ninth European Conference on biology And medical sciences Austria, Vienna. 5th March, 2016, S97 -102.
- [6] Robert f. Schoeni and Mary Beth Ofstedal Key themes in research on the demography of aging demography. Author manuscript; available in pmc 2012 may 23. Published in final edited form as: Demography. 2010; 47(Suppl): S5–15.
- [7] Sagyndykova Z. Communication level health financial expenditure on health care. Collection of abstracts of international scientific-practical conference of students and young scientists «Science and medicine: a modern view of youth», dedicated to the 25th Anniversary of independence of the Republic of Kazakhstan Almaty, 21-22 April, 2016 P.537-538.