

# RURAL POPULATION'S ACCESSIBILITY TO HEALTH CARE

<sup>1</sup>VIOLETA FRÂNCU, <sup>2</sup>IOANA VEȘTEMEAN, <sup>3</sup>O. FRÂNCU

<sup>1,2</sup>Public Health Centre of Sibiu, <sup>3</sup>Pneumophysiology Hospital, Sibiu

**Abstract:** This study emphasizes the inequities existing in the rural population's accessibility to health care, underling the importance and the role of equity regarding the accessibility to the health services, irrespective of the origin environment. The results of the study show that the rural population is less privileged regarding the access to the medical services, in comparison with the urban population, exercising a negative influence on the health condition.

**Keywords:** health care, accessibility, equity, rural environment

**Rezumat:** Studiul de față evidențiază inechitățile existente în accesibilitatea populației la îngrijirile medicale, în special a populației din mediul rural, subliniind importanța și rolul echității în accesibilitatea la serviciile de sănătate, indiferent de mediul de proveniență. Rezultatele studiului evidențiază faptul că persoanele din mediul rural sunt defavorizate în ceea ce privește accesul la serviciile medicale, în comparație cu populația urbană, ceea ce exercită o influență negativă asupra stării lor de sănătate.

**Cuvinte cheie:** îngrijiri de sănătate, accesibilitate, echitate, mediul rural

## INTRODUCTION

The access to health care services is legislatively regulated and guaranteed in the Charter of the fundamental rights of the European Union, article 33: "Everyone has the right of access to preventive healthcare and the right to benefit from medical treatment" (Health and care in an enlarged Europe, 2003, page 1).

The rural and urban differences are serious in terms of infrastructure.

There are isolated areas in the rural environment, where the population does not have access to health centres for the primary health care, or there are cases in which these health centres exist, but the permanent physicians are missing and are lacking in medical equipment.

What is more serious is that such problems are encountered exactly in the poor areas with a poor or aged population, who need most these kind of services.

Up to now, there has been no policy in order to attract family physicians in such less favoured areas. (Stănescu A. 2004).

## PURPOSE OF THE PAPER

The purpose of this study is to evaluate the inequities regarding the population's accessibility to the medical assistance, especially regarding the rural population, who due to various reasons, such as: costs, transportation, distance, poor health status, benefit from a reduced accessibility to these services, negatively influencing their health condition.

## MATERIAL AND METHOD

This study was imagined as a survey of public opinion, using as the working instrument the assisted homonymous questionnaire with pre-formulated answers.

The study was accomplished between January and June 2008, in the county of Sibiu, taking into account a batch of 70 patients coming from different social environments.

In these conditions, we aimed at:

1. The distribution of the studied people per gender, age and origin environment;
2. Repartition of persons according to their monthly income;
3. Repartition of patients according to the insurance status;
4. Repartition of persons according to their present health status;
5. Distribution of the studied persons taking into account the level of addressability and accessibility to health care;
6. Repartition of persons taking into account the obstacles encountered in the level of accessibility to health services.

## RESULTS

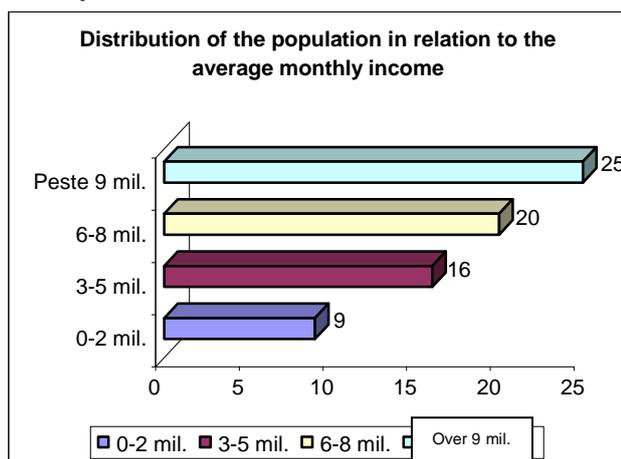
Following the opinion survey, we obtained the following results: 62,8% of the people were coming from the rural environment, 37,2% were coming from the urban environment and 67,14% of the subjects were women. In relation to the distribution of the people per age groups, it was noticed that 72,34% were people above 45 years old.

From the point of view of the education level, the weight of the subjects with medium education (high school) was in percentage of 45%, the rest of them having low education (vocational school or 8-10 years of study).

Regarding the average monthly income, 12,85% of

the subjects earned between 0 and 200 lei monthly, being represented by the rural population; 22,85% had a monthly income of 300-500 lei, out of which 62,5 % were farmers, with 8 years of study; 25% of the studied persons earned 600-800 lei, most of them being workers; a monthly income more than 900 lei was represented by 35,71% of the interviewed people, coming from the urban environment and with higher education. (Picture no.1)

Picture no. 1. Distribution of subjects in relation to the monthly income



The population's coming to the physician (addressability) varies, 32,85% of the studied persons went only once to their physician in the last year: out of them, 39,13% came from the rural environment with an average monthly income between 0 and 5 million lei; 34,78% were represented by subjects having the average monthly income between 3 and 5 million lei and with high school education and 26,08% had higher education. (Table no.1)

Table no. 1. Distribution of the interviewed people according to addressability.

Total of the studied persons		Addressability in the last year		
		once	more times	never
Subjects	70	23	39	8
Percentage	100%	32,85%	55,71%	11,42%

The public medical services were mainly used by the subjects coming from the rural environment and with an average monthly income less than 500 lei. The private medical services were used by the patients with an average monthly income more than 900 lei. (Table no. 2)

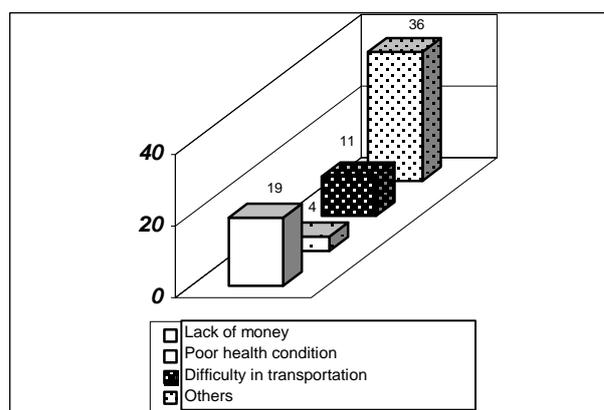
Regarding the obstacles encountered in addressability, 24,28% of the people invoked the lack of money. This category of people is represented by the rural population and those with low income.

In the opinion of the studied persons, besides the financial situation, there were also other barriers, such as: the poor health condition, difficulty in transportation, the physician's schedule, the waiting time for the consultation and distance. (Picture no. 2)

Table no. 2. Distribution of the studied persons according to their addressability to the private and public medical services.

Total of the persons taken into the study	Medical services:		
	public	private	both
Subjects	39	19	12
Percentage	55,71%	27,14%	17,14%

Picture no. 2. Repartition of the subjects according to the obstacles encountered in addressing the medical services.



## CONCLUSIONS

The results obtained in the present study attest the existence of inequities regarding the population's access to the medical assistance, especially regarding the rural population:

1. The average monthly income of the studied rural population is no more than 200 RON and between 300 and 500 lei for half of the subjects coming from the urban environment.
2. The majority of the persons from the studied batch graduated high school and the subjects coming from the rural environment had only 8 or 10 years of study.
3. The last year addressability varies – it is larger in the persons with the average monthly income of 900 RON. A quarter of the studied population postpones going to the doctor's because of financial reasons.
4. More than half of those questioned prefer the health public sector, especially regarding the secondary assistance (72,85%). The private medical services are preferred by those having the average monthly income above 900 RON.
5. Almost a third of the subjects have financial difficulties in acquiring their medicines, and for this reason they buy only a part of the necessary drugs. These are the patients with the average monthly income below 600 RON.
6. The main obstacles in accessing the medical services are: financial aspects, transportation (for the rural people), bad health and others, such as: doctors' schedule, increased waiting time etc.

### BIBLIOGRAPHY

1. Bălașa A. Îmbătrânirea populației: provocări și răspunsuri ale Europei, Calitatea vieții, XVI, nr.3-4/2005.
2. Blaga E. Cofigurația socială a asigurărilor de sănătate, Ed. Pinguin Book București, 2005
3. Ivan A. Medicina omului sănătos, Ed. Medicală București, 1993.
4. Scambler Graham. Health and social change. A critical theory, Buckingham, Open University Press, 2002.
5. Health and care in an enlarged Europe, European Foundation for the Improvement of Living and Working Conditions, 2003.
6. Barometrele de opinie privind serviciile de sănătate realizate în rândul populației din România, Centrul pentru politici și servicii de sănătate, 2003.
7. Raportul dezvoltării umane, [www.undp.org](http://www.undp.org) 2004.