DETERMINATION OF ACCESS TO MEDICINES FOR CHILDREN LIVING IN POOR HOUSEHOLDS OF PENINSULAR MALAYSIA

Asmalita binti Syaiful

UNIVERSITI SAINS ISLAM MALAYSIA
DETERMINATION OF ACCESS TO MEDICINES FOR CHILDREN LIVING IN POOR HOUSEHOLDS OF PENINSULAR MALAYSIA

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Thesis submitted in fulfillment for the degree of
MASTER OF SCIENCE

Faculty of Medicine and Health Sciences
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Nilai

August 2015
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DETERMINATION OF ACCESS TO MEDICINES FOR CHILDREN LIVING IN POOR HOUSEHOLDS OF PENINSULAR MALAYSIA

ABSTRACT

A study on access to medicines for children living in poor households (living on RM100 per capita/month) in Peninsular Malaysia was carried out to determine whether these children can access medicines when they get sick. This study also aimed to determine the existing barriers that could limit the access to medicines for children living in poor households. A semi-structured interview was conducted with the caregiver to determine the socio-demographical background, access to medicines, knowledge, attitude and practice of the caregiver in obtaining medicines for treatment of fever, asthma and epilepsy. The study on 132 poor households in Peninsular Malaysia containing of 435 children aged 12 years old and below showed that almost all (99.3%) were fully immunised. The children were described as healthy (89.9%) with 44 had illnesses, mentioned as asthma, febrile convulsions, G6PD deficiency, pneumonia, hypothyroidism and tonsilitis. In the month before the interview, 76 caregivers reported that their children were unwell. The instances were respiratory tract infections, asthma exacerbations, skin conditions, fever, hypothyroidism, gastritis and a fractured hand. The caregivers obtained medicines for 71/76 (93.4%) of these instances. For the remaining 5 unwell children, the caregivers gave traditional medicine or waited for spontaneous recovery. However one disabled caregiver was unable to obtain medicines. Comparing between children living in poor households in Klang Valley (urban area) and East Coast of Peninsular Malaysia (rural area) showed that there was no difference (p <0.05) in access to medicines whereby the children in both regions received medicines when they get sick. There was no significant difference socio-demographically between the two designated areas, except for the mean number of children in each household. Knowledge, attitude and practice among caregivers in obtaining medicine for the unwell children were scored as good. Barriers to accessing medicine included cost, distance and disability. The caregivers had good knowledge on febrile illnesses and asthma but none on epilepsy. However all 132 interviewed caregivers will give medicine for epilepsy on doctor's advice. In conclusion, this study suggests that children in poor households of Malaysia are able to access medicines adequately.
ABSTRAK

اقضت طبيعة البحث أن ينظر إلى استطاعة حصول الأدوية بشكل كاف لدى الأطفال الذين يعيشون في أسر الفقرة (100 رينجيت/شهر) في شبه جزيرة ماليزيا. وقد يجري المقابلة شبه المنظمة مع مقدمي الرعاية لتحديد الخلفية الاجتماعية والموتوغرافية والحصول على الأدوية ومعروفهم ومؤقتهم أيضاً ممارستهم في الحصول على الأدوية لعلاج الحمل وداء الربو والصرع. وأظهرت الدراسة على 132 أسرة فقرة في شبه جزيرة ماليزيا التي تحتوي على 435 طفل تتراوح أعمارهم ما بين 12 سنة وأقل، وجد بأن أغلبيتهم (99.3%) يحصل على تطعيم. وهذه الأطفال أغلبهم (89.9%) في حالة صحة وعافية، و44 منهم قد يصيب بعدة مرض منه داء الربو والتشنجات الحمومية ونقص خيبرية G6PD والتهاب وقصور الدقيقة والتهاب اللوزتين. وقبل أن يجري المقابلة بالشهر، قد يخبر حوالي 76 مقدمي الرعاية بأن هناك الأطفال قد يصيب بالمرض. من هذه الأمراض هي التهابات الجهاز التنفسي وتفاعل الربو والأمراض الجلدية والتهاب وقصور الدقيقة والتهاب المعدة والبد المكسورة. وتحصل 76/71 طفل (93.4%) على الأدوية والباقي 5 منهم يحصلون على الطب التقليدي أو ينظير الشفاء التقليدي ولكن واحد من مقدمي الرعاية المعوق لم يتمكن من الحصول على الأدوية. وأظهرت الدراسة على المقترنة بين الحصول على الأدوية لدى الأطفال الذين يعيشون في أسر الفقرة في وادي كلنج (n=58) والساحل الشرقي (n=40) من شبه جزيرة ماليزيا أنه لا يوجد أي فرق في p<0.05 الحصول على الأدوية. لم يكن هناك فرق في الديموغرافيا الاجتماعية بين جميع التخصصين فيما عدا من حالة الأطفال في البيت. وسجل المعرفة والموافق والممارسات لدى مقدمي الرعاية في الحصول على الدواء للأطفال المرض بأناج جيدة. وتشمل هذه الدراسة الجمعيات التي يوجهون مقدمي الرعاية في الحصول على الأدوية بسبب التكلفة والبعد والعجز. كان على مقدمي الرعاية معرفة جيدة عن الأمراض الحمومية وداء الربو ولكن لا شيء على الصرع. ولذلك جمعهم (132 مقدم الرعاية) سيعطون على الدواء لعلاج الصرع على نسبة الطبيب. وفي الختام، يقدر هذه الدراسة أن الأطفال في الأسر الفقرة في شبه جزيرة ماليزيا قد يكون في الحصول على الأدوية بشكل كاف.
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