

CHAPTER IV

FINDINGS

4.1 Demographic Findings

4.1.1 Demographic Findings on Poor Households in Peninsular Malaysia

The data set contained interviews with 132 poor households from 12 states in Peninsular Malaysia. The 132 interviewed caregivers were mothers 67/132 (50.8%), fathers 55/132 (41.7%) and guardians such as grandparents, aunts, uncles and other relatives 10/132 (7.6%). There were 20/67 (29.9%) interviewed caregivers who were single mothers. The mean age of the interviewed caregivers were 43.3 years old ranging from 30.0 to 74.0 years old. The total number of children per household was from 1 child to 12 children (mean=5, s.d=2.04).

All of 132 poor households has monthly income per capita below the Poverty Line Income (PLI). The mean monthly income per household was RM752.05, and the lowest income was RM100.00 and highest was RM1500.00.

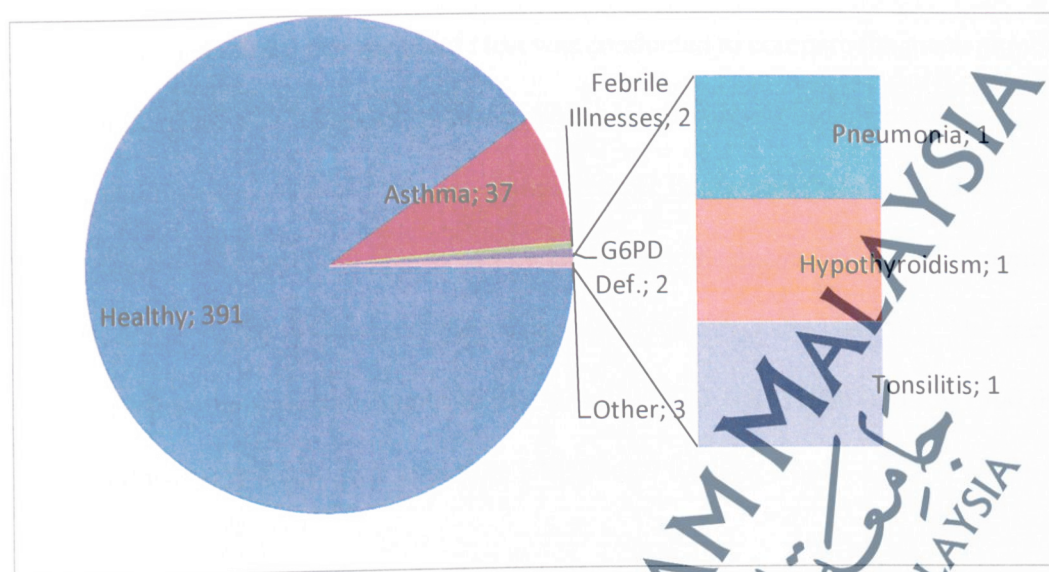
As indicated in Table 4.1, 86/132 (65.2%) of caregivers in poor households of Peninsular Malaysia described themselves as being healthy. Meanwhile 46/132 (34.8%) of them had ongoing illnesses named as asthma 13/46 (28.3%), hypertension 10/46 (21.7%), diabetes 11/46 (23.9%), migraine 2/46 (4.4%) and other illnesses 10/46 (21.7%) mentioned as gout, gastritis, hyperthyroidism, Hepatitis B, pulmonary tuberculosis, pneumonia, breast cancer, back pain and heart disease.

The 132 poor households contained a total of 435 children. Figure 4.1 shows the children's health status. They were described as healthy for 391/435 (89.9%), while 44/435 (10.1%) reported ongoing illnesses mainly named as asthma 37/44 (84.1%), febrile illness 2/44 (4.5%), G6PD deficiency 2/44 (4.5%) and 3 had other illnesses namely pneumonia 1/44 (2.3%), hypothyroidism 1/44 (2.3%) and tonsillitis 1/44 (2.3%).

Table 4.1: Demographic data of poor households in Peninsular Malaysia

N=132 (%)	
Caregiver	
Mother	67(50.8%)
Father	55(41.7%)
Guardian	10(7.6%)
Ages of caregiver (year)	
30-39	47 (35.6%)
40-49	68 (51.5%)
51-59	8 (3.4%)
60-69	7 (5.2%)
70-79	2 (1.5%)
Total number of children/ household	
1-5	68(51.5%)
6-10	61(46.2%)
11-15	3(2.3%)
Monthly income (RM)/ household	
100.00-499.00	16(51.5%)
500.00-999.00	85(46.2%)
1000.00-1500.00	31(2.3%)
Health status of caregiver	
Healthy	86(65.2%)
Unhealthy	46(34.8%)
Health status of children	
Healthy	391(89.9%)
Unhealthy	44(10.1%)
Immunisation (435 children)	
Yes	432/435 (99.3%)
No	3/435 (0.7%)

Figure 4.1: Children's health status



Almost all the children in poor households 432/435 (99.3%) have completed their immunisation programme as recommended by Ministry of Health Malaysia (MOH). However, there were 3/435 (0.7%) children in poor household in Selangor who were unable to complete the immunisation.

4.1.2 Demographic Findings on Poor Household in Urban Areas (Klang Valley) and Rural Areas (East Coast of Peninsular Malaysia)

A total number of 98 poor households were visited and interviewed, 58 in the Klang Valley and 40 in the East Coast of Peninsular Malaysia. The households were similar in terms of mean age of the interviewed caregiver (42 vs 43 years old). The mean age of caregivers in Klang Valley were 42.2 years old ranging from 31 to 74 years. Meanwhile in East Coast, the mean age were 43.2 years with the youngest at 34 years

old and 64 years was the oldest. The total number of children were 1 to 11 (mean: 5 children) per households in Klang Valley whereas in East Coast the range was from 3 to 12 (mean: 6 children). Independent *t* test was conducted to compare the mean number of children. The result indicated that there was a significant difference between Klang Valley and East Coast for the number of children per household (mean=5, s.d=2.04 vs mean=6, s.d=2.12; $p=0.008$). The mean monthly incomes per household were similar in both areas, Klang Valley and East Coast (RM767.59 vs RM742.50). The mean income for poor household in Klang Valley was RM767.59 (RM100.00 to RM1500.00) whereas it was RM742.50 (RM300.00 to RM500.00) for East Coast.

As indicated in Table 4.2, a similar proportion of caregivers in both areas reported themselves as being healthy with no significant difference ($p=0.67$). The most commonly reported illnesses were asthma, hypertension, diabetes and migraine. There was one caregiver who was blind.

The health status of the children in these poor households was also similar between the two areas. In the Klang Valley 13 out of 58 households (22%) reported that their children had ongoing illnesses mainly consisting of asthma (11 children), while two other households had children with other illnesses namely hypothyroidism and pneumonia. In the East Coast of Peninsular Malaysia, 13 households (33%) reported ongoing illnesses, 12 households reported children with asthma and one household reported child with tonsillitis.

Table 4.2: Demographic data of poor households in Klang Valley and East Coast

	Klang Valley N=58 (%)	East Coast N =40(%)	Mean / p-value
Caregiver			
Mother	35(60.3%)	16(40.0%)	
Father	19(32.8%)	23(57.5%)	
Guardian	4(6.9%)	1(2.5%)	
Ages of caregiver(year)			
31-40	29 (50.0%)	15(37.5%)	42.2 vs 43.2
41-50	23 (39.7%)	22(55.0%)	p= 0.564
51-60	2(3.4%)	2(5.0%)	
61-70	3(5.2%)	1(2.5%)	
71-80	1(1.7%)	0(0.0%)	
Total number of children per households			
0-4	27(46.6%)	7(17.5%)	5 vs 6
5-9	29(50.0%)	30(75.0%)	p = 0.008
10-14	2(3.4%)	3(7.5%)	
Monthly Income (RM) per households			
100.00-499.00	8(13.8%)	5(12.5%)	RM767.59 vs RM742.50
500.00-999.00	34(58.6%)	28(70.0%)	p = 0.702
1000.00-1500.00	16(27.6%)	7(17.5%)	
Health status of caregiver			
Healthy	38(65.5%)	24(60.0%)	p = 0.671
Unhealthy	20(34.5%)	16(40.0%)	
Health status of children			
Healthy	44(75.9%)	26(65.0%)	p = 0.263
Unhealthy	14(24.1%)	14(35.0%)	

4.2 Children's Access to Medicines

4.2.1 Children's Access to Medicines over the Preceding One Month Period

Table 4.3 shows the analysis of access in one month preceding interviews. From the 132 interviews with caregiver of poor households in Peninsular Malaysia, 76 (57.6%) reported illnesses in their children over the one month preceding the interview sessions. In all the episodes of illnesses, medicines were obtained for the children except for 5 households.

In 57 households, medicines were obtained from government healthcare facilities, while 8 households reported obtaining medicines from private hospitals or clinics. Another 6 households purchased the medicines, 2 bought over-the-counter (OTC) medicines from the pharmacy while 4 bought medicines at general stores. Additionally, 5 households received traditional and complementary medicines, waiting for the spontaneous recovery and one disabled father could not obtain medicines for the children.

The caregivers spent only RM1.00 when obtaining medicines in government healthcare facilities while the cost for purchasing medicines in private healthcare, pharmacy and general stores ranged from RM1.00 to RM40.00 per treatment. Other costs that were incurred in obtaining medicines were described as transportation (taxi and bus) ranging from RM2.00 to RM20.00 for a single trip to the nearest healthcare facility.

4.2.2 Children's Access to Medicines over the Preceding Six Months Period

From the Table 4.4, 94/132 (71.2%) of the households reported having children with episodes of illnesses in the six months preceding the interviews. All 92 households obtained medicines for the children except for 2 households.

All 73/93 (78.5%) households, obtained medicines from government or public healthcare facilities, while 12 households obtained medicines from private healthcare. The remainder bought the medicines from pharmacies (4) and general stores (4). Two households were waiting for the spontaneous recovery and did not taking any medicines.

The caregivers had to pay RM1.00 to obtain medicines in government healthcare facilities whereas the cost for purchasing medicines in private healthcare, pharmacy and general stores ranged from RM1.00 to RM200.00 per treatment over six months preceding interviews. Others costs incurred in obtaining medicines were described as transportation (taxi and bus) ranging from RM2.00 to RM20.00 for a single trip to the nearest healthcare facilities.

Table 4.3: Analysis of access in one month preceding interviews

1 Month Preceding Interview (n=132 households)			
a.	Illnesses (76/132; 57.6%)	URTI Asthma Exacerbations Fever Skin Conditions Gastritis Fractured Hand Hypothyroidism	42/76; 55.3% 8/76; 10.5% 17/76; 22.4% 6/76; 7.9% 1/76; 1.3% 1/76; 1.3% 1/76; 1.3%
b.	Received medicines from (71/76; 93.4%)	Public hosp./clinics Private hosp./clinics Pharmacies Grocery stores	57/71; 80.3% 8/71; 11.3% 2/71; 2.8% 4/71; 5.6%
c.	Did not received medicines due to (5/76; 6.6%)	Spontaneous recovery Taking traditional medicine Parent's disability	2/5; 40.0% 2/5; 40.0% 1/5; 20.0%

Table 4.4: Analysis of access in six month preceding interviews

6 Month Preceding Interview (n=132 households)			
a.	Illnesses (94/132; 71.2%)	URTI Asthma Exacerbations Fever Febrile Illnesses Skin condition Conjunctivitis Appendicitis	48/94; 51.1% 14/94; 14.8% 27/94; 28.7% 1/94; 1.1% 2/94; 2.1% 1/94; 1.1% 1/94; 1.1%
b.	Received medicines from (93/94; 98.9%)	Public hosp./clinics Private hosp./clinics Pharmacies Grocery stores	73/93; 78.5% 12/93; 12.9% 4/93; 4.3% 4/93; 4.3%
c.	Did not received medicines due to (1/94; 1.1%)	Spontaneous recovery	1/94; 1.1%

4.2.3 Access to Medicines over One Month Period Between Children in Poor Households in Urban Areas (Klang Valley) with Rural Areas (East Coast of Peninsular Malaysia)

From the 98 poor households in Klang Valley and East Coast, 55/98 (67%) reported illnesses in the children over the preceding one month from the interview session. In all the episodes of illnesses, medicines were obtained for the children.

In 37 households, medicines were obtained from government healthcare facilities, while 8 households reported obtaining medicines from private hospitals or clinics. Another 5 households purchased the medicines, 3 bought over-the-counter (OTC) medicines from the pharmacy while 2 bought medicines at general stores.

Additionally, 5 households reused medicines kept from previous episodes when the children were unwell.

4.2.4 Access to Medicines over Six Months Period Between Children in Poor Households in Urban Areas (Klang Valley) with Rural Areas (East Coast of Peninsular Malaysia)

For the six months preceding the interview, 71 (72%) households reported having children with episodes of illness. Again, all 71 obtained medicines for the children. Fifty-two households obtained medicines from government facilities while 11 household obtained medicines from private facilities. The remainder bought the medicines from pharmacies (4) and general stores (4).

All households except for one reported and showed evidence that their children were immunised according to the Malaysian Ministry of Health's childhood immunisation programme. Considering that all households that reported illnesses in their children were able to access medicines, a comparison of access between the areas was not required.

4.3 Knowledge and Medicines Seeking Behaviour

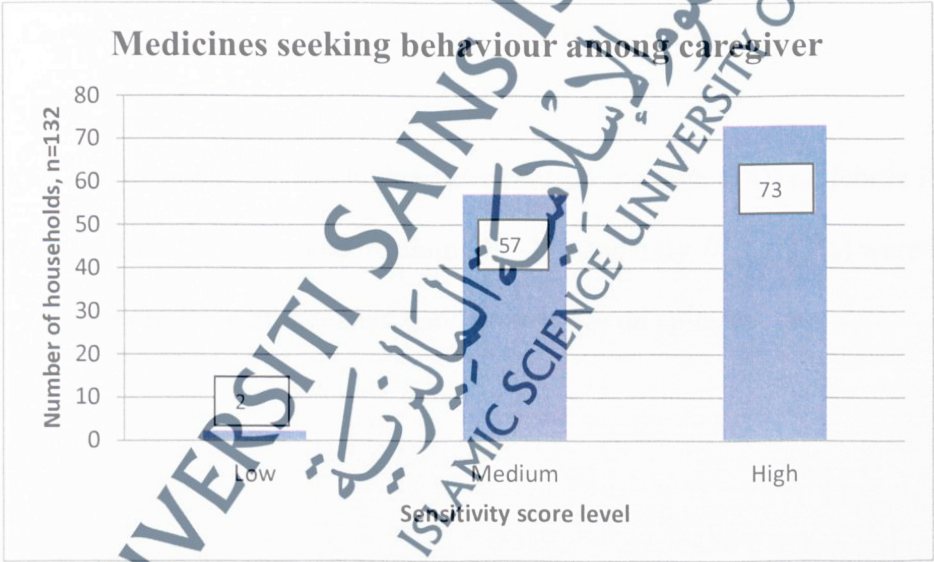
4.3.1 Caregiver's Knowledge, Attitude and Practice (KAP) in Seeking Medicines

Composite scoring of the questionnaires for KAP showed that only 2(1.5%) of the 132 households were in the low category, while the majority of the households

130/132(98.5%) had good awareness on seeking medicine for their children with 73/132(55.3%) of the caregivers scoring high (>4) in the awareness level and 57/132 (43.2%) scoring medium (3.0-3.9).

There was no significant difference in the mean of awareness between Klang Valley and the East Coast (mean scores= 3.76 vs 3.72, $p=0.56$) for 98 poor households in Peninsular Malaysia. In overall, 55/98(56.1%) had a good awareness on seeking medicine for their children with high score (>4) in the awareness level and 41/98 (41.8%) scoring medium (3.0-3.9). Only 2(2.1%) of the 98 households were in the low category.

Figure 4.2: KAP score in seeking medicine behaviour



Indicator

- Low = group who scored less than 3.00
- Medium = group who scored between 3.00-3.99
- High = group scored more than 4.00

4.3.2 Caregiver's Knowledge on Asthma

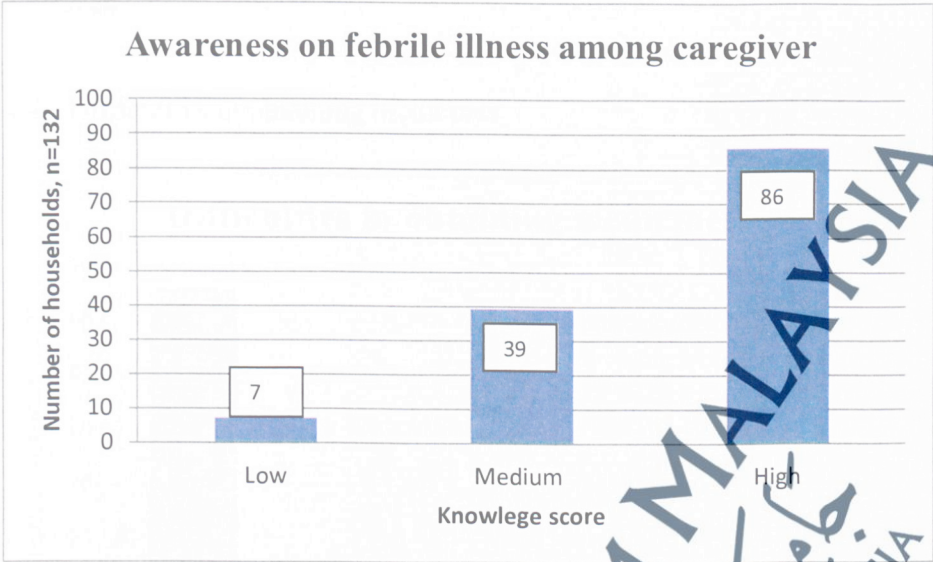
All the interviewed caregiver reported that they have a good knowledge on asthma and 132/132(100%). 88/132(66.7%) of the caregivers would use an inhaler to treat their children if asthma exacerbation do occurred. Sixteen caregivers were against on using an inhaler and 28/132(21.2%) would use an inhaler only if necessary.

Independent t test showed no significant difference for the mean of knowledge on asthma between Klang Valley (mean=3.80, s.d=0.36) and East Coast (mean=3.89, s.d=0.26); $p = 0.22$ for 98 interviewed caregivers.

4.3.3 Caregiver's Knowledge on Epilepsy and Febrile illness

86/132(65.2%) of caregivers had high awareness (scoring high (>4)) on febrile illness. Meanwhile 39/132(29.5%) scored medium (3.0-3.9) and only 7/132(5.3%) were in low category. However, none of them had good knowledge on epilepsy.

Figure 4.3: Awareness score on Febrile Illness

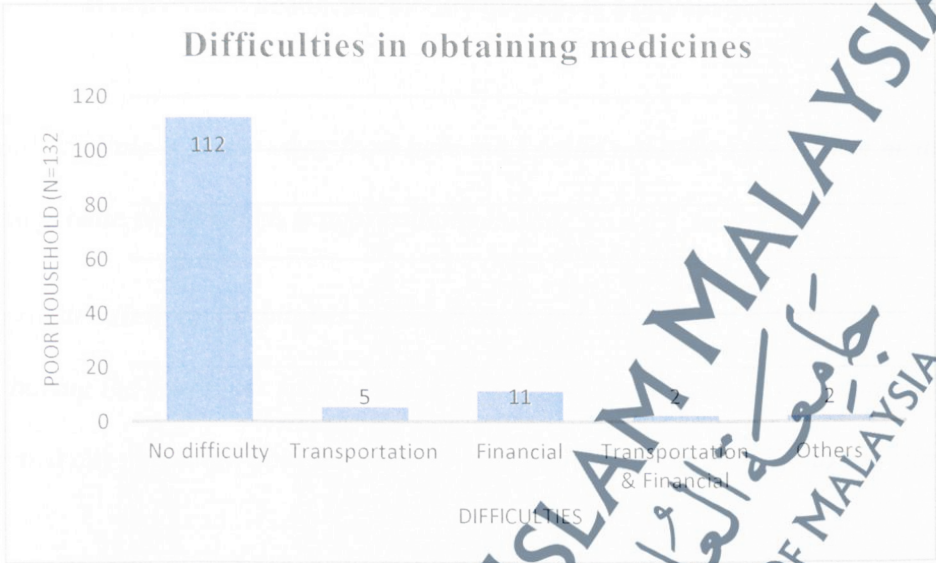


Indicator

- Low = group who scored less than 3.00
- Medium = group who scored between 3.00-3.99
- High = group scored more than 4.00

4.4 Quantitative Analysis on Barriers in Accessing Medicines For The Children

Figure 4.4: Difficulties in obtaining medicines



There were 112/132 (84.9%) of poor households that claimed that they have no difficulties in seeking medicines for their children. The caregivers faced certain barriers such as transportation 5/132 (3.8%), financial 11/132 (8.3%), both financial and transportation 2/132 (1.5%) and others 2/132% (1.5%).

4.5 Qualitative Analysis on Barriers in Accessing Medicines for The Children

Qualitative analysis of the interviews revealed that caregivers in these poor households faced certain barriers to accessing medicine for their children related to the following aspects; financial, transportation, physical/circumstantial and attitudinal. The aspects are also interrelated with each other. The following excerpts (in italics) are direct quotations from the interviews but translated into English.

4.5.1 Cost / Financial

Many of the caregivers mentioned that cost of the medicine is a barrier particularly when the most convenient healthcare facility to them is a private general practice clinic.

"The public clinic is so far away from here but I could not afford the cost of medicines from the private clinic which is nearer to my house."

"The private clinic or hospital is more efficient but I could not afford the cost. So I prefer buying the medicines such as PCM at the grocery shop and giving it to my child. If after two days my child does not recover only then I'll bring him/her to the clinic".

4.5.2 Transportation Problems

The caregivers also expressed that another barrier that they face is difficulties with travelling to healthcare facilities. Although this barrier was mentioned more frequently in the East Coast, some caregivers felt that public transportation in the Klang Valley was not sufficiently affordable or convenient.

"The taxi fare is so expensive. I could not afford it. I'm not taking the bus since it is too difficult. So I'll bring only one child for treatment and the others will share the prescription with him/her."

"I only have a motorcycle. If the motorcycle breaks down, I will give my child leftover medicines from the last visit to health clinic".

4.5.3 Physical / Circumstantial

Disability was found to be a significant barrier for affected caregivers in accessing medicines for the children in the household. They are dependent on supporting relatives, however this support is not always available.

"I'm a disabled person. If my children get sick I always ask my family members to bring them for treatment. If no one is around I'll give medicines that I bought from the grocery store and give it to my child".

4.5.4 Attitudinal

Despite almost all of the households scoring well in the KAP composite scoring, qualitative analysis showed that certain beliefs exist as barriers in obtaining medicine for children in this household such as distrust in modern medicines and an overreliance on traditional remedies.

"I learned some massage techniques to treat illnesses so I'll massage my child at certain points on their body every time they complain of not feeling well. So far, they respond very well after the massages and we do not need modern medications".

"Sorry to say, I prefer not to bring my children to the doctors if they are unwell. If they are not feeling well I give them traditional or complimentary medicines. So far they respond well to it."

"I prefer not to give my children modern medicines. For cold, cough and flu, I used herbal plants to treat them. I plant them all in front of my house. For asthma, I will give them soup from eel and camel liver powder. So far it is working. My children are feeling good with it."

4.6 Qualitative Analysis on Knowledge, Attitude and Practice Towards

Medicines and Healthcare

Some of the caregiver's responded very well on knowledge, attitude and practice regarding the importances of seeking medicines for their children

"I am a single mother and I experienced asthma from childhood untill now. I have no transportation and 1 of my child is asthmatic, so I chose to rent a small house near to the hospital so that I can bring my children incase of emergency easily. The hospital is just a few minutes walk from my house".

"For me, the medicines from the hospital are the best for my children. I do not believe in any traditional medicines. It is all nonsense".

"Once my child getting fever or unwell, I will immediately bring them to the clinics and hospitals. We, as their parent should always think that being healthy is very importance so that the child can grow up properly and can study in good health".

“Their health is my priority. Even though I am poor, but I will make sure my children eat vitamin and eats more vegetables and fruits. I believe that healthy diet will get my child away from doctors and hospitals”.

UNIVERSITI SAINS ISLAM MALAYSIA
جامعة العلوم الإسلامية الماليزية
ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA