

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

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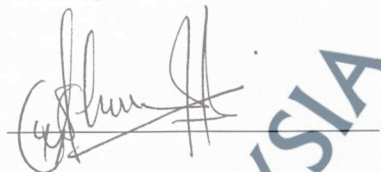
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AUTHOR DECLARATION

I hereby declare that the work in this thesis is my own except for quotations and summaries which have been duly acknowledged.

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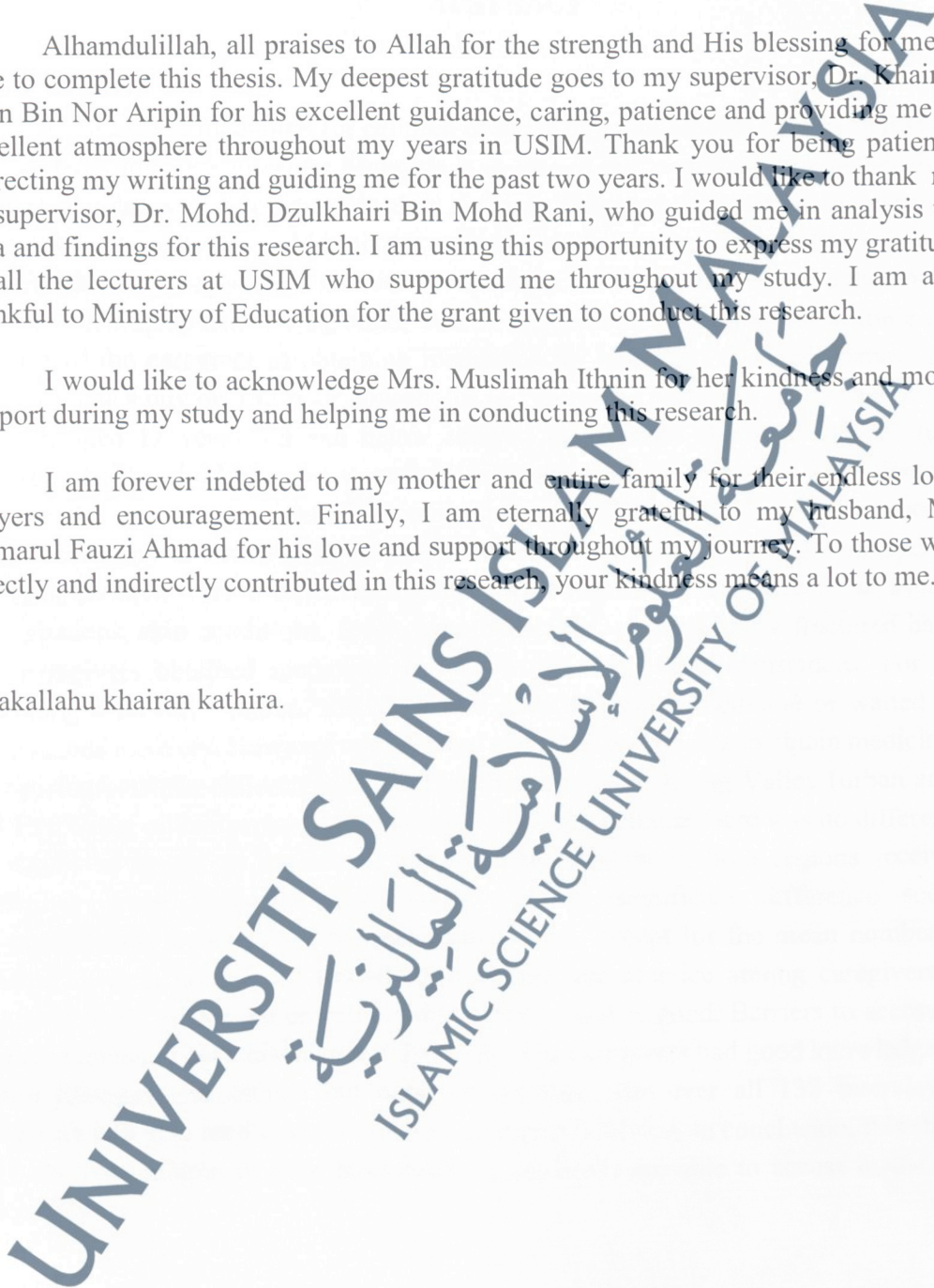
IN THE NAME OF ALLAH, THE MOST GRACIOUS AND THE MOST MERCIFUL

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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

Satu kajian untuk melihat akses kanak-kanak kepada ubat-ubatan dalam keluarga berpendapatan rendah (pendapatan isi rumah RM100 per kapita/sebulan) di Semenanjung Malaysia telah dijalankan. Kajian ini juga bertujuan untuk melihat faktor-faktor penghalang kepada kanak-kanak untuk mengakses ubat-ubatan dengan sebaiknya. Temubual separa berstruktur telah diadakan bersama penjaga untuk menentukan latar belakang sosio-demografi, akses kepada ubat-ubatan, pengetahuan, sikap dan amalan penjaga untuk mendapatkan ubat-ubatan bagi tujuan rawatan demam, asma dan epilepsi. Kajian ke atas 132 isi rumah miskin ini telah melibatkan 435 kanak-kanak berumur 12 tahun dan ke bawah dan mendapati bahawa hampir kesemua (99.3%) telah menerima imunisasi. Majoriti kanak-kanak adalah sihat (89.9%) sementara 44 orang didapati mempunyai penyakit seperti asma, sawan demam, kekurangan enzim G6PD, pneumonia, hipotiroidisme dan tonsilitis. Pada tempoh sebulan sebelum temubual dijalankan, 76 orang penjaga melaporkan bahawa terdapat anak-anak mereka yang tidak sihat akibat jangkitan saluran pernafasan, serangan asma, jangkitan kulit, demam, hipotiroidisme, gastrik dan kecederaan tangan. Seramai 71/76 (93.4%) daripada kanak-kanak ini telah mendapat ubat-ubatan dan selebihnya menerima rawatan tradisional, menunggu pemulihan spontan dan seorang penjaga yang merupakan orang kelainan upaya (OKU) gagal mendapatkan ubat-ubatan untuk anak yang sakit. Kajian perbandingan antara akses kanak-kanak kepada ubat-ubatan dalam keluarga berpendapatan rendah di Lembah Klang (kawasan bandar) dan Pantai Timur (kawasan luar bandar) di Semenanjung Malaysia pula mendapati bahawa tiada perbezaan yang signifikan pada $p < 0.05$ untuk tujuan mendapatkan ubat-ubatan dimana kanak-kanak daripada kawasan tersebut berjaya mendapatkan ubat-ubatan pada masa yang diperlukan. Tiada perbezaan signifikan yang dapat dilihat pada latar belakang sosio-demografi antara dua kumpulan ini selain daripada perbezaan pada bilangan kanak-kanak per isi rumah. Pengetahuan, sikap dan amalan penjaga dalam mendapatkan ubat-ubatan bagi kanak-kanak yang tidak sihat adalah baik. Kajian telah mengenalpasti kekangan untuk mendapatkan ubat-ubatan seperti kos rawatan, jarak rumah dari institusi kesihatan dan penjaga OKU. Walau bagaimanapun, penjaga mempunyai pengetahuan yang baik mengenai penyakit demam dan asma tetapi kurang berpengetahuan tentang penyakit epilepsi. Namun begitu, kesemua 132 orang penjaga bersetuju untuk mendapatkan rawatan epilepsi sekiranya diminta berbuat demikian. Kesimpulannya, akses kanak-kanak kepada ubat-ubatan dalam keluarga berpendapatan rendah di Semenanjung Malaysia adalah baik.

MULAKHKHAS AL-BAHTH

اقتضت طبيعة البحث أن ينظر إلى استطاعة حصول الأدوية بشكل كاف لدى الأطفال الذين يعيشون في أسر الفقيرة (نصيب الفرد 100 رينجيت/الشهر) في شبه جزيرة ماليزيا. وقد يجري المقابلة شبه المنظمة مع مقدمي الرعاية لتحديد الخلفية الاجتماعية والديموغرافية والحصول على الأدوية ومعرفتهم وموقفهم أيضا ممارستهم في الحصول على الأدوية لعلاج الحمى وداء الربو والصرع. وأظهرت الدراسة على 132 أسرة فقيرة في شبه جزيرة ماليزيا التي تحتوي على 435 طفل تتراوح أعمارهم ما بين 12 سنة وأقل، ويجد بأن أغليبتهم (99.3%) يحصل على تحصين. وهذه الأطفال أغليبتهم (89.9%) في حالة صحة وعافية، و44 منهم قد يصيب بعدة مرض منه داء الربو والتشنجات الحموية ونقص خميرة G6PD والالتهاب وقصور الدرقية والتهاب اللوزتين. وقبل يجري المقابلة بالشهر، قد يخبر حوالي 76 مقدمي الرعاية بأن هناك الأطفال قد يصيب بالمرض. من هذه الأمراض هي التهابات الجهاز التنفسي وتفاقم الربو والأمراض الجلدية والحمى وقصور الدرقية والتهاب المعدة واليد المكسورة. ويحصل 76/71 طفل (93.4%) على الأدوية والباقي 5 منهم يحصلون على الطب التقليدي أو ينتظر الشفاء التلقائي ولكن واحد من مقدمي الرعاية المعوق لم يتمكن من الحصول على الأدوية. وأظهرت الدراسة على المقارنة بين الحصول على الأدوية لدى الأطفال الذين يعيشون في أسر الفقيرة 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 مجموعتين فيما عدا من جملة الأطفال في البيت. وسجل المعرفة والموقف والممارسات لدى مقدمي الرعاية في الحصول على الدواء للأطفال المرضى بأنها جيدة. وتضمنت هذه الدراسة المعوقات التي يواجهون مقدمي الرعاية في الحصول على الأدوية بسبب التكلفة والمعد والعجز. كان على مقدمي الرعاية معرفة جيدة عن الأمراض الحموية وداء الربو ولكن لا شيء على الصرع. لو ذلك جميعهم (132 مقدم الرعاية) سيحصلون على الدواء لعلاج الصرع على نصيحة الطبيب. وفي الختام، يقدم هذه الدراسة أن الأطفال في الأسر الفقيرة في شبه جزيرة ماليزيا قادرون في الحصول على الأدوية بشكل كاف.

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