CHAPTER I

INTRODUCTION

Access to medicines is a fundamental human right. Good access to medicines and healthcare is an important public health issue particularly for those that can least afford to access them. However, inadequate access to medicines is still one of the main problem of many countries that result in millions of deaths and suffering each year especially among children (Peters et al., 2008). Worldwide, nearly seven million children under five die each year, almost all in developing countries (Choonara, 2014; UNICEF, 2013). Around half of the deaths are easily preventable (Choonara, 2014; Claeson et al., 2003). For example, the majority of two million children that die of pneumonia every year would survive if they receive a broad spectrum antibiotic (Claeson et al, 2003). Children who live in poor countries tend to have less access to health services and medicines compared to people in better off countries (Peters et al., 2008). Access to medicines is an inalienable right for children and the violation of this right is an unacceptable state of affairs (Berkovitch et al., 2008).

The World Health Organization (WHO) recently launched a campaign "Make medicines child size" to improve availability of safe and appropriate medicines for children (Watts, 2007; Gazarian, 2009) and to ensure good access to medicines in children. However childrens' access to medicines have been inadequately studied globally (Peters et al., 2008) and in Malaysia. In Malaysia, access to medicines for children especially for those living in poor households is still largely unreported.

Financial access is considered as one of the most important determinants of access and it is the most directly associated with the dimension of poverty (Peters et al., 2008). Previous studies done on access to medicines among children have suggested that children in poor households are less likely to have good access to medicines and they have poorer health outcomes (Alkahtani et al., 2012; Adena & Myck, 2014).

The few studies on access to medicines in Malaysia focussed more on the availability and affordability to buy medicines in the general population and did not look at children or those living in poor households (Babar & Ibrahim, 2003; Babar et al., 2007). It is important to note that the majority of households include children and poor households potentially hold the greatest number of children. According to the Prime Minister's Department, Malaysia has approximately 100,000 households classed as being poor (households with income of less than RM110 per capita) (Jabatan Perdana Menteri Malaysia, 2014). The child poverty indicator showed that about 4.4% of children in Malaysia come from poor households or lived below the national poverty line (Ministry of Health Malaysia, 2012). Based on previously mentioned findings, this group of children from poor households is suggested to be at risk of having inadequate access to medicines.

This study utilised a semi-structured or face-to-face interview (Gordon, 1975). The interviews involved parents or caregivers from the poor households in 12 states across Peninsular Malaysia who are registered in the national poverty data bank of Malaysia namely the eKasih database (Jabatan Perdana Menteri Malaysia, 2014). The interviews assessed the children's accessibility to medicines and attitudes of the parents or caregivers towards receiving treatment and medicines for their children for certain medical conditions including febrile illness, epilepsy, asthma, and pain. Difficulties in relation to obtaining the medicines were explored. This study was designed to identify barriers faced by low-income parents in poor households when accessing medicines and healthcare for their children. Jennifer et al. (2007) in their study stated that, three major barriers faced by low income families were lack of insurance coverage, poor access to services, and unaffordable costs. However, the unaffordable costs were more often mentioned by the families. This study discovered that the affordability of the parents in seeking medicines for their children is the main barrier to access.

The behaviour of the parents or caregivers in seeking medicines was also an issue that has been highlighted in this study. Stigma is commonly associated with certain health conditions for example epilepsy and mental illnesses where some parents choose not to treat their children (Choonara, 2014). This affects most children with epilepsy in many countries especially in low income countries.

Quantitative data (demographical and medication given) and qualitative data (attitude and awareness information) were collected during the interview sessions. The primary analysis of quantitative data were the medicines received by children in the poor households in Peninsular Malaysia. The possible influencing factors in seeking

medicines such as financial, transportations and other factors were also explored using statistical analysis. The secondary analysis of qualitative data will explore the questions on whether the attitudes towards treatment of certain conditions for example febrile illness, epilepsy and asthma and any barriers found, affect the childrens' access to medicines. This study did not include orang asli (aboriginal tribes), slum areas, FELDA (Federal Land Development Authority) and estates, which have their own specific governmental agencies. This study also did not represent the poor households in Sabah and Sarawak.

A pilot study was conducted to ensure that the protocol in collecting the data is feasible for the main study. The pilot study also allowed to test the adequacy of research using semi-structured questionnaire instrument (Smith, 1975).

This study was conducted to determine whether these children were able to access medicines and what difficulties in accessing medicines were faced by this population. The contribution of this study is that it will inform the public, health authorities and policymakers to allow appropriate measures to be taken in the effort to improve access to essential medicines with the goal of improving child health, in Malaysia and on an international level.

1.1 Research Question, Objectives and Hypotheses

1.1.1 Research Question

One of the factors that influence access to medicines is affordability of the parents or caregivers in seeking the medicines for their children. Most research done suggested that poor people have worse health overall (Peters et al., 2008; Dorling et al., 2007). Children in poor households are less likely to have good access to medicines and they have poorer health outcomes.

"Are children living in poor households in Peninsular Malaysia able to access medicines when they are sick?"

1.1.2 Objectives

1. To determine whether the children living poor household in Peninsular Malaysia can obtain medicines when they are sick by means of a semi-structured interview.
2. To compare the access to medicines in children between the poor households in urban areas (Klang Valley) with a group of children in rural areas (East Coast of Peninsular Malaysia).
3. To explore the barriers towards receiving medicines in general and for certain medical conditions faced by this poor population.

1.1.3 Hypotheses

1. Children living in poor households in Peninsular Malaysia are less likely to receive medicines when they are unwell.
2. Children living in poor households in rural areas of Peninsular Malaysia are less likely to receive medicines when they are unwell compared to children living in poor households in urban areas.
3. Difficulties in accessing or affording medicines influence the likelihood of receiving medicines for children living in poor households when they get sick.
4. Parental attitudes towards medical conditions also influence the likelihood of receiving medicines for children living in poor households when they get sick.

1.2 Conceptual Framework

Figure 1.1: Conceptual framework