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Медицинские новости Грузии საქართველოს სამედიცინო სიახლენი

SELF-PERCEIVED HEALTH STATUS AND ILLNESSES AMONG INTERNALLY DISPLACED PEOPLE IN GEORGIA

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There are over 265 000 internally displaced people (IDPs) currently residing on the territory of Georgia, which comprises over 15% of total population. Country had several waves of IDPs as a result of military conflicts on the territories of Abkhazia and Samachablo (South Ossetia) starting from 1990's with the latest large wave in 2008. Most of the IDPs live in compact settlements, such as old administrative buildings or specially constructed camps. In both cases, living conditions and social-economic status of IDPs are below Georgia's national average [1-4].

Over the last ten years Georgia health care system has been undergoing substantial reforms especially with regard to health coverage of the population. In 1995 Georgian government officially declared universal access to health care, but in reality no adequate financial support has been provided for this initiative. Almost 80% of total health expenditures were accounted for out-of-pocket payments [5] creating barriers for accessing variety of services [6]. In parallel with the aging of the population of Georgia, the overall morbidity has been increased with the higher proportion of the chronic illnesses [7]. As a result in Georgia like in other post-Soviet countries more than 20% of the population were using self-treatment as a substitute to the official health service [8].

In 2007 the Government of Georgia introduced a Medical Insurance Program (MIP) for targeted groups (poor households, teachers, orphaned children) that involved purchasing health services for beneficiaries from private health insurers. In 2009 a new initiative was announced to introduce state voluntary health insurance (VHI) that was

designed to encourage population to share responsibilities for their personal health. In 2010 Geographical distribution of private insurance companies was initiated that envisioned that private insurance companies should compete to become the sole insurer in each geographic region of Georgia. Since 2013 the universal healthcare (UHC) program is being implemented and the entire population, except those with private insurance packages, became entitled to a minimal benefits package. In 2017 a differentiated packages for beneficiaries based on their income level and age have been entered into force. Currently, the State-supported universal healthcare prioritizes certain groups: socially vulnerable people living under the poverty line, internally displaced people from the 2008 Russia-Georgia war who live in compact settlements owned, or rehabilitated by the State and other partner agencies; children under 5; students; teachers; people with disabilities; military personnel, and pensioners. These groups account around 50% of the whole population [9-13].

Inconsistent development and frequent changes in the health service models leads to the confusion of beneficiaries about the health care benefits available for them at the particular time-points which leads to the suboptimal use of the services impacting overall health status of the population. This problem becomes even more prominent among the vulnerable population including internally displaced people. There is extremely limited data on the health status of the IDPs in Georgia. Few studies are focused on the mental and behavioral aspects among conflict-affected population [14-17], while almost no data are available on the general health status indices of the IDP population in Georgia.

Health Research Union (HRU) with support from ELRHA/R2HC program conducted a survey to study health service utilization and expenditures among IDPs, and measure the effect of targeted intervention versus untargeted, integrated approach to health financing. The aim of the current study was to analyze the self-reported health status among IDPs on the basis of the data collected through this survey.

Material and method. The research employed household surveys (HHS) for assessment of self-reported health expenditures, healthcare utilization and health status among IDPs. This is a common survey method used in many countries, particularly in those with high out-of-pocket health expenditures (low- and middleincome countries).

The survey was carried out among IDPs currently living in Georgia mainly residing in compact settlements - specifically built accommodation or administrative building allocated by the Municipal Government. Sampling Frame was based on the 2015 data on IDPs from the Ministry of Internally Displaced Persons of Georgia.

Sampling from the target population was performed by a multi-stage sampling approach. The Primary Sampling Units (PSU) were represented by the Geographic Clusters area – all regions of Georgia where IDPs are currently residing (in total 10 clusters including Capital Tbilisi). The number of sampling units for each cluster was defined by Probability Proportional to Size (PPS) approach. The Secondary Sampling Units (SSU) were the IDPs' compact settlements which were selected by simple random sampling within each cluster. Within the IDPs' compact settlements the starting point was selected randomly, and every 5th household by geographic neighborhood was approached. Twenty five households were selected for each SSU which represented the Tertiary Sampling Units (TSU) for this study. All participants were asked to sign an Informed Consent form. Participants who refused to participate and those with mental problems were excluded from the study.

The following criteria were used for the sample size calculation: target population size 265 000, estimated percentage in the target population with the event of interest 50%, confidence interval width 3.5%, confidence coefficient 95%, estimated design effect 1.5. In total 48 sampling units were selected. In each sampling unit average number of study households was 25. Allocation of these 48 sampling units to the selected 7 clusters based on the Probability Proportional to Size (PPS) approach is presented in the table 2 (3 clusters were de-selected according to PPS sampling):

Specific areas were selected from the list of IDPs compact settlements with total numbers of residents (the database was obtained from the Ministry of Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees of Georgia). This included capital city Tbilisi and selected settlements from Western and Eastern Georgia. Thus, the survey collected information from the nationally representative sample of IDP households living in compact settlements. The questionnaire was developed based on a number of existing questionnaires that have been used in Georgia to conduct health services utilization and expenditure survey among general population in three rounds: 2007, 2010 and 2014 [12,13].

Fieldwork for the survey was carried out by the National Center of Disease Control and Public Health of Georgia (NCDC) from May through August 2015. Interviewers from NCDC were trained on the survey protocol and instrument. Double-data entry was carried out and inconsistencies were checked and resolved. Incomplete questionnaires were annulled. The Statistical software SPSS 22.0 was used for data analysis.

Results and their discussion. In total 1.319 households with 4,359 household members were recruited and interviewed for the survey. Breakdown of household members by gender, age, marital status and educational level is presented in table 2 and their distribution by geographic regions is presented in the table 3. Male accounted for almost 55% of all household members in the survey. Slightly less than half of respondents were married; children under the age of 15 constituted 23% of all IDPs surveyed.

Region	IDP population by region	Percent from all selected regions	Sampling units allocation
Tbilisi	100944	38.87 %	18
Imereti including main city Kutaisi	25 228	9.59 %	5
Kvemo Kartli including main city Rustavi	12 691	4.82 %	3
Adjara Including main city Batumi	6 622	2.52 %	2
Samegrelo-Zemo Svaneti Including main city Zugdidi	85 188	32.38 %	15
Kakheti Including main city Telavi	1 477	0.56 %	0
Shida Kartli Including main city Gori	16 828	6.4 %	3
Samtskhe-Javakheti Including main city Akhaltsikhe	2 333	0.89 %	0
Mtskheta-Mtianeti Including main city Mtskheta	10 956	4.16 %	2
Racha-Lechkhumi Including main city Ambrolauri	834	0.32 %	0

Table 1. Sampling units allocation by clusters (regions of Georgia)

Characteristics	Number	%	
Gender			
Female	1978	45.4	
Male	2377	54.6	
Total	4355	100	
Age			
0-14	1007	23.1	
15-25	541	12.4	
26-45	1248	28.6	
45-65	1032	23.7	
66+	530	12.2	
Total	4358	100	

Respondents were asked to rate their health as excellent, very good, good, fair, poor or very poor. Respondents were instructed that "health» means not only the absence of disease or injury, but also includes their overall physical, mental and social well-being. Survey findings show that more than half perceive their health status as good or fair; and 16% rate their health status as poor or very poor (Fig. 1).



Fig. 1. Self-perceived health among IDPs

Table 3. Distribution	of households	hv geographic	regions
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Region	Number	%
Tbilisi	1632	37.6
Shida Kartli	286	6.6
Kvemo Kartli	306	7
Adjara	196	4.5
Samegrelo	1305	30
Imereti	409	9.4
Mtskheta-mtianeti	207	4.8
Total	4341	100

In total, 40% of all respondents (1729 persons) report being chronically ill and identify a wide range of conditions. Of them 532 report having 2 or more chronic diseases. About a third of occurrences (29%) of chronic diseases is attributed to cardiovascular diseases. Musculoskeletal and gastrointestinal diseases (each) constitute 13% of all occurrences of chronic diseases (Fig. 2).



Fig. 2. Occurrences of chronic diseases among IDPs

Breakdown of chronic illnesses by types of diseases among men and female follows similar trend with no visible difference by gender (Fig. 3).



Fig. 3. Chronic diseases by types among male and female IDPs

As expected, aging is a significant risk factor for developing chronic diseases. The prevalence of chronic diseases among adult population increases as the age advances with the highest rate among those aged above 65 with 84% reporting having at least one chronic disease. Eleven percent of children under 15 years of age have some chronic medical problems, and no chronic disease was reported for young people in the 15-25 age group (Fig. 4).



Fig. 4. Prevalence of chronic diseases among IDPs by age groups

Out of the 1624 respondents with chronic disease(s), 58% said they are taking medications regularly or permanently to treat chronic disease(s).

Of those who reported having at least one chronic disease, 16.5% said they have had some other (non-chronic) health problems during last 30 days (Fig. 5).



Fig. 5. Illnesses during last 6 months and last 30 days by age groups

Slightly more than half of respondents (51%) reported they have not experienced any health problems during last 30 days. Out of those who reported some types of medical problems, 73.5% said that was due to chronic disease(s); almost 10% had acute health condition; and only 3% used medical services for preventive services or delivery.

During last 24 months 129 household members gave birth. These women were asked about antenatal services they received. Findings are summarized in table 4. All women reported having done urine test at least once during the last episode of pregnancy.

More than half of respondents (58%) with chronic diseases said they are taking medications regularly or permanently for the disease(s), and vast majority of them (95.4%) reported that the treatment was prescribed/advised by doctor.

Scheduled antenatal visits during pregnancy	%	Measured blood pressure during pregnancy	%
Up to 4 visits	37.2%	At least 4 times	33.9%
5 to 10 visits	57.4%	5 to 10 times	61.2%
More than 10 visits	5.4%	More than 10 times	5.8%

Table 4. Antenatal services during pregnancies in the last 24 months

Reasons for hospitalization	Number	%
Cardio-vascular diseases	61	18%
Respiratory diseases /pneumonia/influenza/bronchitis/asthma	60	18%
Abdominal/gastrointestinal /ulcers/	32	10%
Deliveries (normal)	28	8%
Deliveries (C-section)	22	7%
Neurological/attack of migraine, stroke, myositis, neuralgia, headache, back pain/ psycho-emotional disorder	18	5%
Other trauma/injuries	15	5%
Cancer	10	3%
Gynecological	10	3%
Urogenital	9	3%
Musculoskeletal/Rheumatism/arthritis	7	2%
Tuberculosis	4	1%
Diabetes	4	1%
Skin problems/dermatitis	3	1%
Road traffic accident	3	1%
Eye chronic diseases	3	1%
Goiter	2	1%
Poisoning /intoxication	2	1%
Other acute illness	20	6%
Other chronic diseases	12	4%
Other	5	2%
Total (all hospitalization during last 12 months)	330	100%

Table 5. Reasons for hospitalization among IDPs during last 12 months

Reasons for hospitalization during last 12 months varied considerably that are grouped and presented in table 5. Most cases of hospitalization are attributed to cardio-vascular diseases, such as: hypertension, heart diseases, chest pain, cardialgia, chronic dyspnea, lower extremity swelling, etc. Respiratory diseases and abdominal/gastrointestinal disorders also represent most frequently cited reasons for hospitalization.

Out of all patients hospitalized during last 12 months, 42% reported having surgery.

The conducted research was the first wide-scale study of the health status among internally displaced people in Georgia. These data may contribute to better understand the problems in this vulnerable population and evaluate impact of the implementation of the different models of the health care including targeted health insurance for IDPs.

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SUMMARY

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under the age of 15 constituted 23% of all IDPs surveyed. In total, 40% of all respondents (1729 persons) report being chronically ill and identify a wide range of conditions. Of them 532 report having 2 or more chronic diseases. About a third of occurrences (29%) of chronic diseases is attributed to cardiovascular diseases. Musculoskeletal and gastrointestinal diseases (each) constitute 13% of all occurrences of chronic diseases. During last 24 months 129 household members gave birth. The prevalence of chronic diseases among adult population increases as the age advances with the highest rate among those aged above 65 with 84% reporting having at least one chronic disease. Self-perceived overall health status was characterized as excellent, very good and good by 53%, as fair by 32% and as poor and very poor by 16% of the respondents. The conducted research was the first wide-scale study of the health status among internally displaced people in Georgia. These data may contribute to better understand the problems in this vulnerable population and evaluate impact of the implementation of the different models of the health care including targeted health insurance for IDPs.

Keywords: internally displaced people (IDPs), health status, illnesses, survey.