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Assessing the status of primary health care (PHC) in the suburbs of Ardabil

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Abstract

Health is the people's inalienable right, and its provision is considered a social goal. The need for health services is planned based on the condition of human societies for survival and maintenance of Health and its promotion in communities. Therefore, this study aimed to investigate and evaluate the status of primary health care and how to provide services to related institutions in the sheds of suburbs of Ardabil. The present research cross-sectionally evaluated the status of primary health care indicators in the suburbs of Ardabil. Research data were collected through the library and field methods, and the tool used was a researcher-made questionnaire that was distributed and completed among all supervisors. The essential aspects of the questionnaire were considered by emphasizing the comprehensiveness of services and components related to the category of primary health care. The results showed that the condition of primary health care components in the study areas is not good. Also, the mean rank of influential research variables in primary health care is not equal, so the highest mean (3.41) belongs to immunization against major infectious diseases, and the lowest norm (1.45) belongs to the preparedness variable. Dealing with natural disasters shows the importance of improving the Health of citizens and protecting them against major infectious diseases by taking the necessary measures. Considering that Health is an inalienable right of every human being, therefore, the fair distribution of health services and social and economic resources related to this field should be the top priority of those in charge, which requires a careful review of the principles. We are providing health services and well-codified planning in this regard, motivating people to enjoy it. In addition, public Health should be involved in self-care and provide the basis for the participation of residents and the private sector in all stages.

Keywords: Primary Health Care; Marginalized; Ardabil; Justice

Introduction

Health is an inalienable right of the people, and its provision is a social goal worldwide. The need for health services is planned based on the condition of human societies for the survival and maintenance of Health and its promotion in communities. This necessity is so great today that in the World Health Organization's famous Alma Ata Declaration in 1978, primary health care became the central policy of the World Health Organization (WHO) to achieve justice in public access to direct health services [1]. Primary Health Care (PHC) is essential health care accessible to all individuals and families (Figure 1). These

services are the level of contact of the individual, family, and society with countries' health systems and are implemented to prevent problems due to non-compliance and the spread of diseases in communities [2]. Therefore, planning to keep society on the path of Health requires the implementation of various principles and mechanisms of Health; one of the four principles of health care is the observance of the principle of justice. All community members should have fair access to health resources and services, and equal access to PHC should be increased in the areas most in need. Naturally, one of the areas most in need of primary health care in the suburbs and people living

on the outskirts of cities. Marginalization is the product of an unjust distribution of power, wealth, and services at the national and regional levels. This product has created a more acute situation in third-world countries than developed countries. As a result, these settlements have imposed a dire situation on the central city regarding housing, employment, education, and Health [3]. Marginalization is a building or part of a city where devastation, inadequate medical services, high population density in residential units, lack of necessary comfort, and dangers caused by natural factors are seen. One of the problems of the marginalized is the poor Health in these areas. An implicit reference to a United Nations report published in 1998 shows that 10 million people die in densely populated urban areas due to poor living conditions, such as substandard housing and sanitation [4]. Marginalized neighborhoods face health, environmental and personal problems, and there are many types of diseases, exceptionally infectious and contagious diseases in these areas. Infectious diseases such as skin, intestinal and gastrointestinal diseases are the most common diseases. Children suffer from malnutrition, and mothers also face many problems due to the lack of health facilities in the region and the lack of familiarity with the principles of proper health care [5]. Accumulation of garbage and its lack of collection, the flow of sewage in the streets, and its lack of sanitary disposal, noise pollution, and air pollution are evident in these neighborhoods [6]. Thus, assessing the health care status of marginalized areas helps us better understand the current situation so that urban planners can better plan for achieving health justice. Despite much research on suburbs and informal settlements, no research has been done to examine the health care status of suburban areas in Iran. Therefore, this study aims to review and evaluate the status of primary health care and how to provide services to related institutions in the sheds of neighborhoods in the suburbs of Ardabil (under the name of thirteen neighborhoods). How successful have the authorities been in providing health services to the people of this area? What are the health needs and problems of the people of the neighborhood? Which of the components of primary health care is of great importance in the Health of the citizens of the suburbs of Ardabil? With a brief observation of this place and its unsuitable residential condition, we decided to study the health status of these residents with a detailed and scientific study to be used for the relevant institutions and planners of Ardabil city. Globalization

of marginalization and its consequences in cities has caused economic, social, environmental, and cultural problems. A considerable number of studies have been conducted in this field.

Consequently, the challenges of marginalization from the perspective of Various have been examined. Examining the situation of informal settlements in South Africa, Rosmeier et al. Believe that due to the insufficient support of the government and city officials in providing citizenship rights to marginalized residents, they have turned away from the status quo in violation of the law. So crime, poverty, unemployment, lack of access to life opportunities, lawlessness, and non-participation in the improvement and participatory plans and programs have become a daily habit. In this regard, Erkin believes that city officials and their laws have not yet been able to return the poor condition of these settlements about social, economic, and physical variables to the normal state of the city. Informal settlements have been unable to obtain an urban identity and have remained in a state between the city and the countryside. Izutsu (2006), in a study, examined the quality of life, mental Health, and nutritional status of young people in the suburban and non-suburban areas of Dhaka in Bangladesh and found related factors. This study showed a significant difference between the two regions regarding the status of research variables [7]. In a study, Farid et al. [8] concluded that people in marginalization areas of Karaj need more information and more advice on nutrition and mental Health. Considering the needs of these people and their favorable attitude to health care, it seems that creating the necessary structures to improve their access to health care will be a big step towards promoting their Health and achieving justice in Health. Mahmoudi (2007) investigated that the main challenges of marginalization in the country include the imposition of unforeseen and heavy costs, harmful environmental effects, lagging behind sustainable development, increasing the trend of absorption in urban suburbs despite the previous accumulated problems, and knowing socio-cultural challenges. Also, Eftekhari Rad (2003) and Hatami Nejad (2003) have studied various aspects of life in marginalized areas. Malek Afzali (2014) examined the quantitative and qualitative growth factors of primary health care in the last 40 years and referred to the family physician as a suitable strategy for achieving justice. PHC is essential health care available to all people globally, and the country can pay for it. The Health Slogan for All was adopted by the participants in the Almaty

Summit in Kazakhstan in 2000, which includes the level of contact between people, families, and the community with health services and provides health care as close as possible to where people live and work. It has the same value in all developed or developing countries, but it has its form in each country. Health is an inalienable human right. The equitable distribution of health services and socio-economic resources Health is part of the socio-economic development of any country [9].

Paragraph (c) of clause 32 of the Fifth Economic, Social and Cultural Development Plan Law obliges the Ministry of Health, Treatment, and Medical Education to establish a "comprehensive and public health services system" based on primary health services, focus on family physicians and the system. Referral, strategic procurement of services, transfer of enterprise affairs under clause 13 of the Civil Service Management Law and emphasis on performance-based payment, redesign and implement it to benefit less developed areas, especially villages, suburbs, and nomadic areas. In order to establish and support this system, the government has approved citing paragraph (b) of clause (38) of the Program Law, the Statute of Health Insurance of Iran on 13/5/1392 and citing paragraph (d) of clause (32), Regulations The executive of the country's health care system on 2/3/1392. Paragraph (g) of clause 38 of the executive bylaw has approved the strategic procurement of health services on 1/28/1493. Marginalized neighborhoods face health, environmental and personal problems, and there are many types of diseases, exceptionally infectious and contagious diseases in these areas. Infectious diseases such as skin, intestinal and gastrointestinal diseases are the most common diseases. Children with malnutrition and mothers are also familiar with the minimum health facilities and care [10, 11]. Therefore, the Deputy Minister of Health has considered the program of providing primary health care in the suburbs and informal settlements, and cities with less than 50,000 people, taking into account the complexity of the problems in these areas. In addition to the Ministry of Health, other relevant executive bodies and governmental and non-governmental organizations such as the Ministry of Labor, Cooperation and Social Welfare, the Ministry of Interior, the Ministry of Education, municipalities, charities, and non-governmental organizations (NGOs), collaborate on issues, especially in informal settlements, and work together to address the main problems and provide the

minimum necessary health and welfare facilities for a better life for the residents of these areas [12, 13]. Essential health services based on applied methods are scientifically valid and socially acceptable, available to everyone through the full participation of individuals and families, at a cost that society can at any stage of development. Do it with a spirit of self-reliance and self-control. These cares are both an integral part of the country's health system and the main focus of its attention. They are an integral part of society's overall economic and social development. This care is the first level of contact of individuals, family, and society with the country's health system and brings health services as close as possible to where people live and work, and is the first component of the ongoing health care process. Forms (14 Almaty Declarations). Reviewing the marginal situation and improving access to quality health care and thus improving Health is also one of the proposed strategic measures [15].

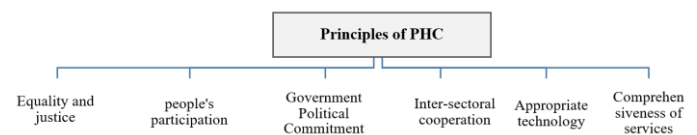


Figure 1. The principals of PHC

2. Materials and Methods

The present study cross-sectionally evaluates the status of primary health care indicators in the study area. The research data was collected through the library and field methods. The tool used was a researcher-made questionnaire distributed and completed among 101 heads of households in the suburbs of Ardabil. The essential aspects of the questionnaire are also considered with emphasis on the comprehensiveness of services and components related to the category of primary health care (as shown in Figure 2). Data analysis in this study was performed at two levels of descriptive and inferential statistics in SPSS software. At the level of descriptive statistics, data are analyzed using statistical indicators such as frequency, mean and standard deviation. Also, statistical tests such as Spearman tests and Friedman analysis of variance were used at the inferential level appropriate to the level of data measurement and questions.

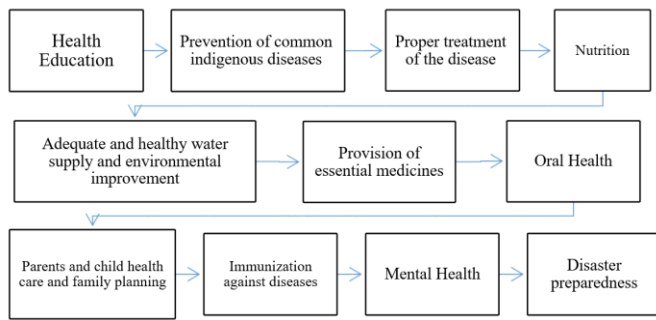


Figure 2. Components of primary health care Source: Research Findings

3. Results & Discussion

Descriptive findings on demographic variables show that the frequency distribution of respondents by gender is such that out of 101 people, 84 respondents are male and 17 are female. Of these, 17.5% were under 30 years old, 41% were 30-40 years old, 28% were 40-50 years old, and 13.5% were over 50 years old. Regarding the people's level of education in question, the highest percentage was related to diploma and under-diploma with 67%. Due to their marital status, 37 of the sample, equivalent to 37.25 percent, are single, 62 participants in the study, equivalent to 60.78 percent, are married, and 2, equivalent to one percent, are divorced. In addition, most of the respondents were self-employed and day laborers. Out of the 1.97 self-employed, most residents were traveling and collecting waste; Carpet weaving is also done in some homes. The income level of the respondents in the study area shows that many of them have lower incomes than the standard norm of society. According to the deprivation trap theory, marginalized men and women suffer from five unfavorable clusters (Poverty, physical weakness, family isolation, deprivation, and vulnerability), and family powerlessness are interrelated and reinforce each other like chains tied to the hands and feet of the poor. Thus, the prevailing poverty in these areas overshadows all areas related to the lives of citizens, including Health, and creates a kind of pessimism towards health officials and trustees.

In line with the objectives of the research and the answers to the questions, the information obtained in the field of eleven indicators of the research shows that the status of primary health care components in the study area is not in good condition. In disease prevention education, more than 98% of the population reported moderate to low satisfaction. Regarding the measures taken by the authorities, 2.78% evaluated educating families to solve health problems as very low. Regarding the measures taken by institutions to prevent and control diseases, 1.88% voted very little.

On average, the highest average related to health awareness was 1.3%. This report can be a reason for the authorities' lack of awareness of citizens about health issues. In the field of nutrition of the citizens of the suburbs of Ardabil, the results of the research show

that more than 96% did not have access to sufficient and healthy food, as a result of which they needed food quality, so more than 98% Respondents mentioned moderate to low quality food. Also, not all people hope to improve the quality and quantity of food consumed in the future as the current trend continues. Regarding access to safe drinking water, 2.77% of the water quality available was moderate to low. They also expressed dissatisfaction with the quality of the living environment in terms of Health. Thus, the quality of living space in terms of Health in the study area is not satisfactory and requires serious attention to prevent environmental diseases. In the field of maternal and child health care index and education required for family planning, 5% to the low option, 4.61% for the medium option, 7.31% for high option, and 2% to very high option in terms of the amount of care Health of their children, voted.

Also, 2.74% of young children had less access to primary health care, and also due to a lack of knowledge about family planning regarding the age gap between infants, more than 90% of respondents did not follow. Regarding protecting the environment against infectious diseases, 4.58% selected the moderate option, and 41.6% have taken the necessary measures. In preventing common endemic diseases and their control in the study area, the results show that 88 (87.1%) of the respondents have performed moderate to low control measures. In addition, regarding the topic of common indigenous diseases in the target areas, it is worth mentioning that addiction, neurological diseases, skin diseases, and digestive disorders are among the most important and main ones. Regarding the index of appropriate treatment of diseases and common accidents in the study area, the results show that most residents treat themselves with self-medication and the use of common drugs and painkillers to relieve pain. With a definite statistic of more than 96%, there is no room for doubt in this regard, and the main reason for this is the unstable economic situation of households that can not afford to pay for health centers. They feel very helpless regarding primary diseases regarding access to essential medicines for treatment. In oral health surveys, it is worth mentioning that most respondents did not mention the excellent Health of their teeth, which is due to a lack of regular visits to the doctor, while 70.3% of respondents did not see a doctor even once a year for treatment of oral disease. Evidence shows that 90% of disaster deaths worldwide are due to natural disasters, and unfortunately, most of these deaths are due to slums in both developed and developing countries. Poverty causes people to live in places where natural disasters are more likely to occur.

Marginalized people who have to build their houses on cheap land due to poverty are exposed to dangers. The poor in the suburbs of Ardabil usually live their daily lives and cannot store water, food, and medicine for the coming days. Therefore, the service systems should cover these areas extensively in the primary health

care system. 95% of the Marginalized residents in question have mentioned the necessary preparedness for natural disasters to a lesser extent. Regarding mental Health, 59.4% of the respondents stated that this is very acute and basic, despite the lack of information about the necessary care for the population so that they or their family members do not have a mental illness. It appears. Mental Health is the Health of the mind and the power to adapt to the environment and those around. As we take care of our bodies, we must make our souls more resilient to have a better life. In addition to explaining the causes of disorders, mental Health also considers the prevention of mental disorders in the broadest sense to prevent severe mental illness. In this way, informing and educating the citizens of the study area about the observance of mental Health can provide the necessary basis for a peaceful and enjoyable life.

Kolmogorov-Smirnov test is significant for all items, and therefore the data have $p=0.555$ =normal distribution, so nonparametric analyzes can be used to test research questions. The quality of primary health care received; The research results in Table 1 show that the correlation coefficient between the socio-economic status of individuals with the amount of primary health care they receive is 0.367. This correlation coefficient shows a moderate positive correlation between these two variables; that is, the amount of health care they receive increases with the increase of socio-economic potential of individuals. Also, considering the degree of significance, it is observed that the relationship between these two variables is statistically significant at the level of 0.01.

Table 1. Results of Spearman correlation test based on the relationship between the social and economic status of citizens and primary health care received

		Primary health care	Socio-economic base
Primary health care		1.000	.367
	Correlation Coefficient	-	.000
	Sig. (2-tailed) N	101	101
Socio-economic base		.367	1.000
	Correlation Coefficient	.000	-
	Sig. (2-tailed) N	101	101

Table 2 shows the Friedman analysis of the statistical variance test for primary health care variables. This technique tests the assumption of equality of the mean rank of the components and variables of research

affecting primary health care. According to the research results, because the significance level of the test is smaller than the error rate ($0.000 < 0.05$), the hypothesis is rejected. Also, at the 95% confidence level, it can be said that the average rank of influential research variables in primary health care is not equal. In other words, some variables are more important than others.

Table 2. Friedman's analysis of the variance of variables in the research

Results	Chi-score	Freedom degree	Significance level	Error	H0 Assumption The average rank of variables affecting primary health care
H0:J	737/346	11	0/000	0/05	

Table 3 presents the research question about the importance of each of the variables of primary health care affecting the Health of citizens in the suburbs of Ardabil, indicate that the highest average (3.41) belongs to immunization. Against major infectious diseases, the lowest average (1.45) belongs to the natural disaster preparedness variable. A comparison of average ratings shows that the highest average rating (9.37) belongs to immunization against major infectious diseases. The most important among the primary health variables is to improve citizens' Health and make it safe. They are dedicated to major infectious diseases by taking the necessary measures. After the above option, the essential variables include maternal and child health care and family planning, adequate and healthy water supply and environmental improvement, health education, and prevention of common diseases and their control.

Table 3. Prioritization of primary health care variables affecting the Health of residents of suburban areas of Ardabil

Prioritization	Average rating	Standard deviation	Average	Factors affecting the health of citizens	Order
4	8.08	.46862	3.0198	Health education	1
6	6.39	.49692	2.5743	Access to proper nutrition	2
3	8.54	.52407	3.1584	Providing sufficient and healthy water and improving the environment	3
2	8.99	.59569	3.3069	Maternal and child health care and family planning	4

1	9.37	.49532	3.4158	Immunization against major infectious diseases	5
5	7.38	.62267	2.8515	Prevention and control of common indigenous diseases	6
8	3.95	.33032	1.9703	Appropriate treatment of common diseases and accidents	7
7	4.51	.41625	2.1287	Provision of essential medicines	8
9	3.81	.58800	1.8812	Oral Health	9
11	2.48	.59203	1.4554	Preparedness to deal with natural disasters	10
10	2.50	.60933	1.4653	Mental Health	11

4. Conclusions

The philosophy of primary health care is that the community's health needs should be met where people live and work, and access to services should be accessible and continuous. Most residents of the target neighborhood do not have continuous and permanent access to primary health care components and always face many problems during life. The most paradoxical issue in the field of suburbanization goes back to citizenship and the services that should be provided by the trustees and organizations to this part of the city. So that despite living in the urban area of Ardabil, there are no plans to provide primary health services to this vulnerable group of society; no provision has been made, considering that Health is an inalienable right of every human being. Therefore, fair distribution of health services and social and economic resources related to this field should be the top priority of trustees.

It should be noted that this requires a careful review of the principles of health services and codified planning in this regard. Health is a spontaneous phenomenon that should motivate people to enjoy it. In addition to the health sector, society should also be involved in self-care and pave the way for the participation of residents and the private sector in all stages of problem identification, decision making, and providing a solution, implementation, operation, and evaluation. Also, prevent duplication between different organizations involved in Health and implement cross-

sectoral cooperation to minimize conflicts in interests and goals. Regarding the technology used, all aspects of the work should be considered in a way that is scientifically correct and under local needs, and the relevant organizations can pay for it and, consequently, the operations are not cross-cutting.

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