

## **D** Worse than dogs — poor people's experience of health services

People stress, over and over again, that health care services are vital to their survival and livelihood. However, the significance that the poor attach to health services is muted by their widespread disappointment – in some cases anger – at the bad quality of service and the difficulties of accessing care. These difficulties include the direct cost of doctors' fees, medicines and bribes, and the indirect cost of transport to health services and time lost waiting for treatment. Abusive treatment by staff is a further disincentive to seeking care. Each of these is explored in more detail below.

When formal health care services are unavailable, people turn to traditional medicine. In most cases, they say that they would rather be treated by modern health care providers, but often traditional services are all they can access or afford. As mentioned in part B, women are more likely than men to use traditional medicine.

When access to care is constrained, illness is likely to persist or worsen. Crucially, this may stop people working and force them to sell assets and fall into debt, leading to a cycle of dependency and poverty. One report from Egypt illustrates the pattern: "The poorer group in the community cannot afford to treat themselves. This causes them to feel tired, or illness eventually disables them. At the end, illness and inability to afford medical treatment decreases the ability to work in poorer households".

### **How would you get a sick person out of here?**

If anybody takes sick in the community it costs a lot to go all the way around; and if you are not careful, the people can die before they reach the hospital.

— A woman, Little Bay, Jamaica

While you are healthy it is OK, but if you get a snakebite that is not simple, you have to go to Los Juries and hope to God it's not a stormy day with much rain. How would you get a sick person out of here? Walking is impossible, a vehicle would not get out...the ill person would die!

— A young woman, Los Juries, Argentina

Typically, health services are scarce in the areas where poor people live, forcing them to travel long distances to seek care. Poor roads and high transport costs can make this difficult, expensive and time-consuming. Particularly in rural areas, people stress the difficulty of handling emergencies and the lack of local health centres.

### **We have to wait**

When we go to hospitals we know we will have to wait beyond the expected time... There comes somebody who is 'higher' than us and jumps the queue without much fuss.

— Discussion group, Padre Jordano, Brazil

You go to the hospital, you have to get a number, you go to the guard, the nurses are chatting. You have to wait until they fancy giving you a number... 'Is the doctor here?' 'No, the doctor isn't here.' They lie. — A 25-year-old woman, Los Juries, Argentina

One of the greatest barriers to health care for the poor is the time it takes to get treatment. For many, time is a resource, since time away from work may mean lost income.

Once they have arrived at the health centre, people may have to wait hours before being seen. Some say the length of time spent waiting is a strain, and can itself cause illness.

### **There are no medicines**

We do not go to the hospital because it is necessary to bring our own bed linen, dishes, sometimes even a bed. — A young woman, Muynak, Uzbekistan

You go and they don't attend you. There are no medicines. It's a disaster.

— A young man, Los Juries, Argentina

We don't have influence over the hospital because they don't take our advice.

— Poor people in Mtamba, Malawi

In many countries, poor people believe that clinics and hospitals are *the* most important state institutions. Even so, health services (along with other state services) are routinely criticised as inefficient. In Egypt, poor men and women say that the rural hospital is the worst service provider: "They have their noses up in the air and neglect us". In general, local staff are appreciated more than those in distant clinics and hospitals.

The most frequent complaints are of a low quality of service, staff shortage and absenteeism, and lack of medicines and equipment. In many countries even basic necessities, such as clean water, are lacking.

A further problem, often mentioned, is the need for documents such as health cards and food ration cards. They are hard to obtain, difficult to keep safe, and for some people, impossible to read and understand.

### **We don't have the money to get cured**

We are not allowed to get sick anymore because we have to pay for medication... with what?

— An old man, Zenica, Bosnia and Herzegovina

We get sick and we don't have the money to get cured. We don't have medicines because they are expensive... Everything is so expensive.

— Women, Juncal, Ecuador

The high costs associated with health care are repeatedly mentioned. People say that these costs can be devastating, combined with loss of income during illness.

Corrupt health staff is a common allegation. They may demand unofficial "fees" or expect small "gifts" in return for ordinary services, such as registering, examination by a nurse or doctor, tests and being given medicine. They may ask a sick person to make unnecessary repeat visits to the health clinic or hospital.

Usually official fees must be paid in cash and in advance. There are many examples of poor people saying that they use other health care providers, such as traditional healers or private practitioners, because

they have more flexible terms of payment, and accept late payments, instalments and payment in kind. They are also said to be kinder and easier to access in terms of time and distance.

### **An angry nurse**

Rude, humiliating and inappropriate treatment are common complaints. A man from Tanzania says: "We would rather treat ourselves than go to the hospital where an angry nurse might inject us with the wrong drug". Elsewhere in Tanzania, men, women and young people say over and over again that they are treated "worse than dogs". Before they have a chance to describe their symptoms, they "are yelled at, told they smell bad, and [that they are] lazy and good-for-nothing..."

In La Calera, Ecuador, a young man says: "In the hospital they don't provide good care to the indigenous people like they ought to. Because of their illiteracy they treat them badly... they give us other medicines that are not for the health problem we have". In Vietnam, people prefer the medical care provided by the border medical guards to that available at the health station. They explain: "People don't go to the medical station because the professional skills of the health workers are low."

The behaviour of health staff, though not excusable, often reflects their very difficult working conditions. A nurse from Bulgaria comments: "There are elderly people who spend half the week in the hospital. They just refuse to understand that there are also other people who are ill... as if we can change something. There is no money for free drugs. I cannot feel [good] when there are people abandoned... and me not being able to do anything."

### **No one helps anyone**

**No one helps anyone, the hungry lives for himself and the satiated lives for himself.**

— Zawyet Sultan, Egypt

**When food was in abundance, relatives used to share it. In these days of hunger not even relatives would help you by giving you some food.**

— A young man, Nchimishi, Zambia

In poor communities, the lack of formal health services often forces people to turn to traditional or social networks. These networks provide crucial support – emotional and practical – and also facilitate access to formal services. The importance of social solidarity is especially evident in the event of sudden illness and disease, natural disasters and accidents.

*Voices of the Poor* states that in many countries traditional networks and coping mechanisms are extremely stressed. Poor people speak of a loss of community and a decline in traditional hospitality, the result of increasing urbanisation, crime, corruption, violence and insecurity. This leads to loneliness and isolation, which in turn creates mental stress and illness. The most vulnerable – children, the elderly, widows, ethnic minorities, the disabled, and people with HIV/AIDS – find themselves excluded, cut off from information, health services, education and economic opportunities. This in turn creates poverty, which often perpetuates from generation to generation.

When social solidarity breaks down, collective action is difficult. Poor people everywhere mention important local organisations, e.g., the funeral society, the rotating credit group and farmers groups. But these organisations seldom grow beyond the neighbourhood or develop into social movements. One notable exception is neighbourhood associations in Brazil, praised by poor people for presenting the community's needs to public agencies and the city government. The associations help residents in their day-to-day lives and during crises such as ill-health, lack of food and poor housing.



## To summarise

Poor people want institutions that are honest, accountable, treat them fairly and show respect. Men and women from Novo Horizonte, Brazil, ask that staff “be there; treat us with good manners; have patience; listen to people; try to understand the needs of the people; give attention; don’t always say ‘come back later’; say honestly if you can or cannot solve the problem; work with love; do not treat us with ignorance, respect the community’s problems; be there on time; give equal treatment, do not discriminate; solve the problem”.