

00181 Barriers to Healthcare Access Among the Elderly in the Kaduwela Municipality, Colombo District, Sri Lanka: A Descriptive Cross-sectional Survey.

Hiran Malinda Lamabadu Warnakulasuriya Patabendige, Nihal De Silva

International Institute of Health Sciences Sri Lanka

Aims: This study aims to understand perceived healthcare access barriers to the elderly in the Kaduwela municipality in Colombo district, Sri Lanka and compare the perceived barrier prevalence between public and private sectors of healthcare provision.

Methodology: A cross sectional descriptive face-to-face door-to-door interview survey study was done during June-July 2017. A sample of 400 elderly participants aged 60 years and above, excluding cognitively impaired and institutionalized, were selected through a multistage probability sampling method and were questioned on 45 perceived barriers in 3 categories; structural, cognitive and financial.

Result: Most (70%) respondents used state healthcare facilities as their commonly used healthcare service. Only 1.25% had healthcare insurance. Twenty healthcare access barriers were reported as common by majority of the participants. Some of the commonest reported structural barriers were: long distance to healthcare facilities, long waiting times to get appointments, long waiting times to meet a doctor, long waiting times for procedures and surgeries, lack of telephone access to doctors, lack of access to a regular doctor, limited availability of specialists, feeling unsafe in healthcare facilities and limited availability of an ambulance service. All structural barriers reported were commoner in state healthcare facilities than private providers ($p < 0.05$). The commonest reported cognitive barriers included limited motivation to do regular checkups and worry of being a burden. The commonest reported financial barriers included limited health insurance and inadequacy of finances to fund healthcare.

Conclusion: Most (70%) respondents used state healthcare facilities as their commonly used healthcare service. Only 1.25% had healthcare insurance. Twenty healthcare access barriers were reported as common by majority of the participants. Some of the commonest reported structural barriers were: long distance to healthcare facilities, long waiting times to get appointments, long waiting times to meet a doctor, long waiting times for procedures and surgeries, lack of telephone access to doctors, lack of access to a regular doctor, limited availability of specialists, feeling unsafe in healthcare facilities and limited availability of an ambulance service. All structural barriers reported were commoner in state healthcare facilities than private providers ($p < 0.05$). The commonest reported cognitive barriers included limited motivation to do regular checkups and worry of being a burden. The commonest reported financial barriers included limited health insurance and inadequacy of finances to fund healthcare.