THE STUDY OF SOCIAL FACTORS OF HEALTH CARE QUALITY AND ACCESS (Analysis of Medical Sociology)

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It is not coincidental that our country has a specific and distinctive health care system with its own features even though health care system in Mongolia is developing in same ways as with all other countries. Today when health reform that is considered as urgent has being discussed, it is required to study the social factors of health, and have to understand the fundamental factors of health care in Mongolia. The health reform is merely first step in creating the just system of health care.

Globally, the changes in health behavior, lifestyle, and health promotion are occurred in last few decades. They are an important area of investigation in medical sociology, because health-oriented behavior does not only pertain just the activities concerned with recovering from disease or injury, but also involve those for keeping health. Living with healthy lifestyle and maintaining one's own health has become an increasingly important component of well-being for many people. Investigating health care, its quality and accessibility within the practice of reform for health care system, we study and compare the changes of health behavior among citizens and the social factors of health.

With regard to sociological study on health behavior and healthy lifestyles, the conceptions from classical sociology and current health sociology are widely referenced here. For instance, sociological inquiries such as sick role theory by Talcott Parsons, the concept of historical development of medicine by Michel Foucault, the investigation into status, health behavior and lifestyle by Max Weber, the study on correlation between healthy lifestyle and social class background by Pierre Bourdieu, and the patient behavior theory from sociology of healthare taken into account of this study.

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As for the contemporary health sociologists' works and researches: Edward Suchman's famous study on stages of illness experience and correlation between the individual's socio-cultural environment and health care service; sociologist Eliot Freidson's conception of health care service for ordinary citizens; Bernice Pescosolido's theory on healthcare-seeking behavior, social networking, and schema of various choices in relation to whom people turn when they have health problem; Earl Koos's account on illness symptom diversity in social classes and his research in health care accessibility; Medical sociologist Diana Dutton's research on the low use of health care by the poor and its confusing factors (three accounts for the reason why the poor receive fewer health services than their real need are: (1) cost constraints, (2) the poor's culture, (3) obstruction in delivery system); sociologist and public health researcher David Mechanic's investigation on determinants for citizen's help seeking behavior (whether individuals seek health service depends on following factors: (1) the visibility, recognizability, or perceptual salience of symptoms, (2) the perceived seriousness of symptoms,(3) the extent to which symptoms disrupt family, work, and other social activities,(4) the frequency of the appearance of symptoms, their persistence, or frequency of recurrence,(5) the tolerance threshold of those who are exposed to and evaluate the deviant signs and symptoms, (6) available information, knowledge, and cultural assumptions and understandings of the evaluator, (7) perceptual needs which lead to autistic psychological processes, (8) needs competing with illness response, (9) competing possible interpretations that can be assigned to the symptoms once they are recognized, (10) availability of treatment resources, physical proximity, and psychological and monetary costs of taking action); and William Cockerham, president of the Research Committee on Health Sociology of International Sociological Association, and other contemporary health sociologists' works and studies are used. Moreover, the World Health Organization brought together international researchers into the Commission on Social Determinants of Health from 2005 through 2008. Final report "*Closing the Gap in a Generation*" proposed in 2009 by the research team as well as materials of global conference on social determinants of health on 19-21 October 2011 in Rio de Janeiro, Brazil are quoted as well.

GOAL:

To determine the present condition of quality and accessibility to health care service in Mongolia through the social factors of health, to explore the ways that improve the accessibility within implementation of system changes, and to propose a recommendation.

OBJECTIVES:

- To identifying the ways that put properly the system changes into action by defining the historical background, development, and perspectives of health care service in Mongolia and sketching historical dependence of social development for current quality and accessibility of health care,
- To analyze the correlation of social determinants of health. In this respect, using citizen's health behavior or health service seeking behavior as exemplar, we examine the aspect in detail.
- To recommend the ways that will improve the quality and accessibility of health care service by determining the present condition.

Having poor quality and accessibility indicates that entire health care system does not work properly and effectively. Both researchers and politicians try to be those concepts clear, but they use them in various senses. Thus, the quality and accessibility are defined either by patient opinions or physicians views. Sometimes those concepts cover treatments of certain illness or the services provided any hospital. But sometimes they are applied to entire national healthsystem.

RESULT

Mongolia restored and declared its independence in twentieth century; consequently the progressive changes from the medieval social life to the modern society and the history of modern medicine have taken place all together in Mongolia. Although it was earlier in relation to time, the modern medicine in the west emerged with industrialized society and overlapped with social advancements as other social progressive events. Nevertheless, Mongolian health care system based on modern medicine has been formed in periods of non-market or centrally planned economy by the Soviet "Semashko" system. Along with urbanization in Mongolia, the given system became a comprehensive care service dedicated to the entire population during sixties and seventies. Not only are its structure and organization established in that time remained and still serving for citizens, but also its facilities are bearing the main load of Mongolian health care service, today.

Epidemiological changes in the types of illness and disease in Mongolian population have been occurring since 1990, and diseases caused by behavioral or social factors of public life such as cardiovascular diseases, various cancers, diabetes, diseases related to injuries and

traumas are becoming prevalent, therefore, they are leading the major causes of mortality and the rate of death caused by those diseases is increasing as time goes on.

62.4% of respondents evaluated their satisfaction for health service as low than average while 7.7% as very low and 30% as higher than average.

Most importantly, overall satisfaction of respondents was extremely low and only 1/3% satisfied with their received health service and gave positive evaluation. Totally, the clients from primary health care and rural regions had much lower satisfaction. The satisfaction level of citizens increased as their social classes and education levels become higher, thus there was a directly proportional relationship between these two variables.

With regard to the evaluation for physicians' communication skill and attitude, the family health centers of primary level received the lowest score (primary level 2,39±0,57, second level 2,53± 0,55, third level 2,49±0,56, p-0.016.)

Even though the satisfaction was not high for both urban and rural respondents, in general rural respondents' was relatively lower and this score was 2.9 and 2.3 for urban and rural region respectively (statistical significance 0.044.)

Given the social classes of respondents in this study, the middle class was 70%, the lower class 22%, and the representatives of the upper class were 8%. As for satisfaction variation within those classes, the middle class attached much positive value to the health service than those given by the upper and lower class. For the lower class the satisfaction score was the lowest. 36% out of respondents from the middle class considered the health service as higher than average while this indication was 23.8% for the lower class and 27.5% for the upper class. Within the group of respondents who underlined the low, 7% of respondents from the lower class dissatisfied with the service and chose the very low. Of the group, 4.4% were from the middle class and 2% were from the upper class respondents.

It is important to regard the access as an instrument for improving health condition and satisfaction. For instance, conceptions that the planned care and service should be exactly same in every local community in respect of "justice" so as reach the expected level of health condition and satisfaction has been dominated. On the other, if the efficient service is counted as valuable, the inefficient service is counted as invaluable on contrary. It is obvious that accessibility of health service is poor when the outcomes are insufficient.

DISCUSSION

From the study of social factors of health, it is seen that the health care service in Mongolia is not equally accessible to the social classes. Our results compared social factors of health to the quality of health care are consistent with the results of Whitehall famous study (WhitehalI I Study and II Study, London, the Great Britian, 1967-2001) and the report by the Commission of Social Determinants of the World Health Organization. In comparison with various conditions of other countries, Mongolian soviet-like health care system in which modern medicine emerged and developed, and its transformation during free market system has its own tradition and specific image formed historically.