



ORIGINAL ARTICLE

Families of the economic crisis in paediatric primary care clinics: Descriptive observational study[☆]



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Received 27 January 2015; accepted 8 June 2015

Available online 19 February 2016

KEYWORDS

Economic crisis;
Childhood;
Paediatric primary
care

Abstract

Objective: To study the impact of the economic crisis on the families of the children who attend Primary Health Care and its relationship with their socioeconomic status.

Patients and methods: Observational descriptive study was conducted by analysing the results of 453 questionnaires, given to the parents of children between 1 and 7 years old who attended 4 paediatric clinics in Madrid. The raw data was analysed, and comparisons between groups and multivariate analysis were performed.

Results: In the multivariate analysis, the variables related to the non-acquisition of prescribed medication are: lower income level OR = 0.118, $p < .0001$ and lower educational level OR = 0.464, $p < .001$; the variables related to the reduction of food expenditure are: lower income level OR = 0.100, $p < .0001$ and a higher number of family members OR = 1.308, $p = .045$; the variables related to anti-pneumococcal vaccination without public funding are: higher income level OR = 2.170, $p = .0001$, higher educational level OR = 1.835, $p = .013$, and not being an immigrant OR = 0.532, $p = .037$. The presence of health problems from the beginning of the economic crisis is related to unemployment OR = 4.079, $p = .032$, lower educational level R = 0.678, $p = .042$, and income level OR = 0.342, $p < .0001$. In all cases, the models achieved a statistical significance of $p < .0001$.

Conclusions: The economic crisis has greater impact on the group with the lowest income level in all analysed variables. The lower educational level and higher number of family members has an impact on the reduction in food expenditure. The fact of being an immigrant has an

[☆] Please cite this article as: Martín Martín R, Sánchez Bayle M, Gancedo García C, Teruel de Francisco MC, Coullaut López A. Las familias de la crisis en las consultas pediátricas de Atención Primaria: estudio descriptivo observacional. An Pediatr (Barc). 2016;84:189–194.

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PALABRAS CLAVE

Crisis económica;
Infancia;
Pediatria Atención
Primaria

impact on not receiving the anti-pneumococcal and rotavirus vaccination. Unemployment leads to an increase in health problems in the family. To sum up, the economic crisis has increased inequalities according to socioeconomic status.

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Las familias de la crisis en las consultas pediátricas de Atención Primaria: estudio descriptivo observacional

Resumen

Objetivo: Estudiar el impacto de la crisis económica sobre las familias de los niños que acuden a las consultas de Atención Primaria y su relación con el nivel socioeconómico.

Pacientes y métodos: Estudio descriptivo observacional mediante cuestionario. Se han recogido 453 encuestas de niños entre 1 y 7 años de edad pertenecientes a 4 consultas de Atención Primaria de Madrid. Se analizaron datos crudos, comparaciones entre grupos y análisis multivariante.

Resultados: En el análisis multivariante, las variables relacionadas con no comprar medicamentos prescritos son: tener menor nivel de ingresos OR = 0,118 $p < 0,0001$ y de estudios OR = 0,464, $p = 0,001$; con la disminución del gasto en alimentación: tener menos ingresos OR = 0,100, $p < 0,0001$ y el número de miembros de la familia OR = 1,308, $p = 0,045$; con vacunarse frente a rotavirus sin financiación influye el tener mayor nivel de ingresos OR = 2,170, $p = 0,0001$ y de estudios OR = 1,835, $p = 0,013$ y no ser inmigrante OR = 0,532, $p = 0,037$. La presencia de problemas de salud desde la crisis está relacionada con encontrarse en paro OR = 4,079, $p = 0,032$ y tener menor nivel de estudios R = 0,678, $p = 0,042$ y de ingresos OR = 0,342, $p < 0,0001$. En todos los casos los modelos presentaron una significación estadística para $p < 0,0001$.

Conclusiones: La crisis tiene mayor impacto en el grupo con menor nivel de ingresos en todas las variables analizadas. Influye el tener menor nivel de estudios y el número de miembros de la familia en la disminución de gasto en alimentación, el ser inmigrante en la no vacunación por rotavirus y el estar en paro en la presencia de problemas de salud en la familia. En resumen la crisis ha aumentado las desigualdades de acuerdo con el nivel socioeconómico.

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Introduction

The current financial and economic crisis that afflicts Europe, and Spain in particular, officially started in 2008. In January 2009, the Banco Exterior de España announced that Spain had entered a recession¹; since then, numerous measures have been taken by governments at the national, regional and local levels, most of them austerity-based, containing and cutting costs in social services.² Many scientific societies and national and international organisations have warned of the deleterious and counterproductive effects that such measures can have on the welfare and health of society at large and especially of vulnerable collectives.³⁻⁷ To date, few studies have provided data on the adverse effects of these measures on child health. Children, along with immigrants and the elderly, are the social collectives most at risk of suffering the negative effects of the crisis.

The relationship between the economic crisis, social inequality and health is complex, and its effects are therefore not clear⁸; furthermore, what truly matters is the impact on health of the public policies that are being implemented, keeping in mind that chains usually break at their weakest links.

The aim of our study was to analyse the impact of the economic crisis on the individuals receiving care at paediatric primary care (PC) clinics, and study how this impact correlates with the socioeconomic status of their households.

Patients and methods

We conducted a descriptive observational study, analysing data obtained by means of a survey. The survey was first validated, assessing its reliability (Cronbach's α , 0.749; $p < .0001$) and construct validity (confirmatory factor analysis and calculation of the item-test correlation coefficient). The survey was administered to a total of 453 children aged 1-7 years that visited the four paediatric clinics of three urban health care centres in Madrid. The total number of children in this age group that were holders of health care cards in the caseloads of these four clinics was 3486, of which a randomly selected sample of the patients that attended a routine or non-routine visit between March and October 2014 was offered to participate; the final sample consisted of all that accepted. Only one patient refused participation in the survey.

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