

TITLE: Social inequalities and access to health services in patients with Pulmonar Tuberculosis. Havana, Cuba 2012-2015

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Background:

In Cuba, tuberculosis (TB) was one of the diseases with the highest incidence and mortality in the 1950s. It was among the ten leading causes of death with rates between 19.2 and 16.4 per 10,000 inhabitants. In 1959, with the triumph of the Revolution, economic policies emerged that raised the level of income and contributed to a better quality of life.

The diagnosis of TB in patients with Human Immunodeficiency Virus (HIV) reached values between 0.5% and 5.1% in the period 1995-2005. During the first 12 years of the 21st century, in Havana, the incidence and prevalence of the disease shows particularities, which make it the second province that contributes morbidity cases and has a tendency to increase that may compromise the purposes of eliminating TB as a health problem in Cuba.

Objectives:

To describe morbidity and mortality behavior due to TB in Havana province according to social, economic and living conditions during the period 2012-2015.

Characterize the perceptions that patients with tuberculosis and health managers have about access to health services for treatment according with living conditions.

Methods:

The information was used from official sources -Obligatory Declaration Disease cards, Death Certificates and epidemiological surveys-, from survey instruments and semi-structured interviews - constructed and validated by a group of experts. Morbidity and mortality was described in the population of Havana municipalities according to socioeconomic characteristics and living conditions, by means of the stratification made with the municipal life conditions, rates, years of life potentially lost (YLLP), standardized morbidity, mortality and lethality rates using tests of statistical significance.

We identified the perception of users and managers of the Program of Prevention and Control of Tuberculosis on access to health services for patient care in Havana municipalities, through descriptive statistics, tests of statistical significance and the content analysis.

Conclusions:

Morbidity due to TB in Havana responds to changes in the living conditions of social and economic variables; in the unfavorable and regular strata they stopped living for a greater number of years, and in the rest of the strata social and economic conditions exist to increase the disease.

The greatest effects on the health access dimensions were evidenced in the conglomerates with the most social and economic disadvantages.

Results:

There was over-morbidity due to tuberculosis in the unfavorable stratum, in adults, male, with primary schooling, black skin color, separated, retired or unemployed with low household income and overcrowding.

There were difficulties in the extreme strata with specialized attention, community education, distance from services, sexual and cultural stigmas, with food and transportation.

We identified social, economic and access inequalities that influenced the disease behavior.

