

## Equity in Access to Health Services for People in Poor Urban Areas in Alexandria

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**Abstract:** This study was conducted to assess the prevalence and determinants associated with inequity in the utilization of outpatient or inpatient health services. Data was obtained from a cross-sectional study carried out in two poor urban areas in Alexandria, from March to May 2001, by interviewing 4154 individuals of all age groups. The Polytomous Logit Universal Models [PLUM] ordinal regression was used for multivariate analysis to extract the most significant determinants of the inequity of health services utilization and adjusted odds ratios with 95% confidence intervals were obtained. Dependent variables were the number of outpatient visits within 6 months and number of inpatient episodes within five years. Both dependent variables were categorized as no contact, 1-2 contacts and 3 or more contacts. Adjusted odds ratios showed that lower utilization rates are linked to younger age, male gender, working as clerical or skilled in contrast to manual work, lack of health insurance coverage, being the Ministry of Health [MOH] a main site of care, absence of acute or chronic illnesses, living in separate house, high crowding index, and ownership of <6 electric instruments. Results suggest that despite the health system's universal coverage and free access, there is still some sort of inequity that could be overcome by extension of health insurance coverage, education and improvement of environmental conditions.

### INTRODUCTION

Equity is an ethical value that may be operationally defined as striving to reduce systematic disparities in health between more or less advantaged social groups within and between countries. Health disparities between population groups defined by social characteristics such as wealth, education, occupation, racial or ethnic group, sex, rural or urban residence and social conditions of

the places where people live and work. So, social vulnerability can be a risk factor for poor health.<sup>1</sup>

Equity is linked to human rights as it calls for reductions in discrimination in the conditions required for people to have equal opportunities to be healthy.<sup>2</sup>

WHO defines standards for monitoring health at global, national and local levels without routine monitoring of disparities in

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