



AMERICAN UNIVERSITY OF ARMENIA  
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# **Health Awareness in Armenia: a Qualitative Study**

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Academy for Educational Development**

**Center for Health Services Research and Development  
College of Health Sciences  
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## Table of contents

Background .....	2
Methods.....	2
Data Analysis .....	3
Findings.....	3
Source of health care/medical care .....	3
Reasons for seeking medical care .....	4
Satisfaction with care/services .....	4
Getting health information, topics and sources of information .....	5
Good quality health care .....	7
Changes in health care .....	8
Conclusions.....	9

## Background

In June 2008, the Academy for Educational Development (AED) contracted the Center for Health Services Research and Development (CHSR) at the American University of Armenia (AUA) to conduct a series of focus group discussions (FGD) as a part of the review being conducted by USAID in three countries: Kyrgyzstan, Albania, and Armenia. The purpose of this review was to determine ways in which USAID can help the governments of different countries to promote better awareness about health care, prevention and the health services available.

## Methods

The semi-structured FGD guide was provided by the AED. The CHSR team translated it into Armenian and pre-tested with two focus groups: women aged 20-40 and over 40 years old. After the pre-test, minor modifications were made and two questions were added regarding participants' awareness about most recent public education campaigns and about the best information channels to reach large group of population. The average duration of FGDs was about 45 minutes.

The FGD participants were selected in accordance with the AED requirements:

- People who have used the health care system in the last year
- Public users vs. private users
- Urban/rural
- Sex and age variables
  - a. 1 male groups - urban - age 20-40
  - b. 1 male groups - urban – age 40+
  - c. 1 female group - urban - age 20-40
  - d. 1 female group - urban - age 40+
  - e. 1 male groups - rural - age 20-40
  - f. 1 male groups - rural – age 40+
  - g. 1 female group - rural - age 20-40
  - h. 1 female group - rural - age 40+

## Results

As summarized in Table 1, a total of eight FGDs were conducted with people who used health care services during the last one year.

Group type	Urban: Yerevan (# of participants)	Rural: Village A (# of participants)	Rural: Village B (# of participants)
Men 20-40	9	8	
Men 40+	13	8	
Women 20-40	8		7
Women 40+	9		10

FGDs with urban population took place in Yerevan, at the AUA building. FGDs with rural men took place in village A (about 25 km from the capital Yerevan) and with rural women in village B (about 80 km from the capital). The specific names of villages are not provided to protect the confidentiality of the participants as well as the health providers serving those rural communities.

The CHSR staff arranged all the FGDs with rural population in the village major buildings. Refreshments were provided during all FGDs to create an atmosphere for active and informal discussion. All FGD participants received incentives at the end of the discussions as a sign of appreciation for their participation.

Trained CHSR moderators (one female and one male) facilitated the sessions and trained note takers (one female and one male) took notes during the discussion. Prior to starting the FGDs the participants completed a brief socio-demographic questionnaire. No personal data about the participants, such as last name, social security number, passport number, or other, were collected. At the beginning of all FGDs the moderators informed the participants about the general goal of the study, about voluntary nature of their participation and assured anonymity and confidentiality of their participation. After getting permission from FGD participants, the discussions were audio recorded on a digital recorder. All FGDs were conducted in Armenian.

## **Data Analysis**

Note takers took detailed notes on the content of FGDs and captured non-verbal cues. Later they transcribed the discussions and translated into English. The audio recordings of the discussions were used to verify and expand the written notes. The findings based on the analysis of the expanded notes are presented below.

## **Findings**

### ***Source of health care/medical care***

When asked about the source of health care, most of the urban participants, both men and women, particularly the younger ones, mentioned that they prefer applying to a doctor that they are familiar with, rather than going to a polyclinic. Many younger participants, both men and women, mentioned that they apply to the polyclinic mainly for administrative reasons (e.g., sick leave). Majority of younger women agreed that they do not trust the polyclinic physicians, at the same time some of them were satisfied with the district pediatricians from their polyclinics. Some of the older age men and women participants mentioned that they apply to their district polyclinic doctor/family physician and that they trust them.

One of the older urban men participants mentioned calling emergency service/ambulance in severe cases.

*"I apply to the polyclinic only for administrative reasons; I do not trust the quality of their care very much."*

*"I do not apply to our district therapist, I do not trust her. I apply to my personal doctor in case of having health problems. I have changed my kid's pediatrician. I do not trust our district pediatrician and I take my child to another polyclinic's pediatrician for check-ups; I rely on her very much."*

Almost all participants, both men and women, agreed that in case of serious health problems they apply directly to hospitals.

In contrast to urban population, virtually all rural participants, both men and women, mentioned local ambulatory/family doctor as the first point of contact for medical care. For more complicated cases participants looked for care in city hospitals. Both urban and rural participants reported that they seek medical advice from pharmacists working in neighborhood pharmacies, as well as physicians providing free medical counseling in pharmacies. Participants mentioned that they trust them and rely on their advice.

*"We have a pharmacy in our neighborhood and there is a doctor-consultant there, who works there twice a week. We can apply and receive his consultation for free. We often use his services."*

*"Sometimes I consult with the pharmacist from a drug store who is much more knowledgeable than any doctor."*

*"There are very good specialists in the pharmacy, who are more competent than doctors. Sometimes I apply to them in case of having health problem; for example, they advise me which antibiotic is better to use for a health problem I get."*

#### ***Reasons for seeking medical care***

During the FGDs the study team revealed that virtually all participants apply to medical providers only in severe cases. However, participants reported that they seek pediatric care every time their child needed it. Most of participants, especially in rural areas, mentioned lack of financial resources as one of the major obstacles for not seeking medical care. Some participants reported lack of trust towards physicians and were dubious about the medical care they were receiving. A few participants stated that it was not common in Armenia to visit doctors for preventive reasons.

*"We apply at the last possible moment, only when we see that the illness can have serious complications."*

*"We apply at the last possible moment. The only exception is for children".*

*"...I apply to a doctor only in severe cases. I do not trust doctors. Imagine I had visited gynecologist twelve years ago when I had my last delivery. Of course this is not normal, but I do not trust them, there is a threat to be infected during the examination."*

#### ***Satisfaction with care/services***

Although many participants mentioned that they were satisfied with their last health care visit, almost all participants, men and women, agreed that medical care was not affordable for everyone, despite the fact that primary health care services were claimed to be free. Some of the urban participants expressed concerns about the quality of lab tests in polyclinics. Some urban women participants were dissatisfied with the physical conditions of the polyclinics in contrast to rural women participants who rated physical conditions of their ambulatories as excellent.

Virtually all rural women were satisfied with the quality of care provided by the ambulatory doctor; however they were unhappy with high prices for specialized care. According to rural women participants, based on the referral from their ambulatory doctor, they could receive free specialized care in city hospitals. However, all rural women participants were extremely dissatisfied with the quality of free specialized care provided based on the referral from ambulatory doctors and complained about the careless attitude from narrow specialists and poor services provided. They also mentioned that they have to get to the city or regional center for specialized care.

Rural women participants also mentioned that sometimes they prefer to apply to a private facility for specialized care since they pay there the same amount as in a public facility but receive better care. They also reported that sometimes they can negotiate the price in a private facility and still get quality services. Urban women also expressed positive opinion about physicians' attitude toward patients in private facilities and also mentioned about better physical conditions of private facilities.

Some older men participants, both urban and rural, mentioned very high prices for diagnostic services. A few older rural men mentioned lack of narrow specialists and lack of diagnostic equipment as one of the reason for seeking care in the capital, which was not always affordable.

*"...She (ambulatory doctor) is very kind to us. She gives referral forms to her patients especially to them, who cannot afford to pay for health care services."*

*"I am also very pleased with our ambulatory doctor. I applied to her for several times and she was very kind and attentive to me. Also she administered me the treatment and I am very pleased with the outcome."*

*"... The physical conditions (of the ambulatory) are superb, and everybody would like to have such an ambulatory in their village."*

*"...I went to the health care facility where I was referred for diagnosis and the doctor was not carefully examining me, because I was free of charge patient. I knew that I was eligible for free care, but I paid her in order to be examined more accurately. When you do not pay to a provider, you receive unpleasant attitude."*

*"...I am satisfied with hospital care, but I am really dissatisfied with my district physician. I had problems, I visited her, but she did not give me any real answer about my care. I mean she is careless and does not provide any confident answer."*

#### ***Getting health information, topics and sources of information***

None of the FGD participants mentioned seeking preventive information from health care facilities. Some of them reported receiving information from familiar physicians or nurses on how to protect their health; few participants agreed that pharmacists are also a reliable source for preventive information.

All participants, both men and women, urban and rural, mentioned TV, radio and newspapers as the primary source for such information. Among the most popular TV health programs participants mentioned “Malakhov plus”, “Aroghcharan”, “Bzhishk Petrosyani mot”. However, rural women stated that they do not subscribe to or buy newspapers and they do not have time to watch TV, especially in planting and harvesting seasons.

Many rural men participants, both young and old, mentioned getting health prevention information from family doctors (or nurses) or district physicians. Few urban men participants mentioned pharmacists as a reliable source of health information. One of the urban men participants in addition to TV also mentioned books and magazines as a source for health promotion information.

In addition to the listed sources, urban women mentioned Internet as one of the sources for healthy lifestyle information. None of the rural, both men and women, participants mentioned Internet as a possible source of health information.

Only one of participants mentioned changing the source of health promotion information over the past two years, i.e., getting it from Internet.

*“...My neighbor is a doctor and I ask her in case of having such questions”.*

*“...No, we do not apply to the health care facility to receive specific information on preventive health care”.*

*“On TV there are several programs on different channels that provide information about healthcare”.*

*“...I receive information from the head of our pharmacy that is worth thousand doctors”.*

Among the topics that the participants would like to get information about, rural younger women mentioned psychological health and urban younger women reported that they were interested in healthy lifestyle, healthy nutrition, reproductive health, sports and physical activity, allergy, and cancer.

All participants agreed that TV and radio were good channels for health information dissemination. Older urban men also mentioned that since mothers were in close contacts with schools, schools could be considered as a good source for information delivery and further dissemination by mothers. One of the older urban man participants mentioned school social science teachers as a good source for information dissemination. Younger urban men participants mentioned also mobile phones for sending SMS on health topics. One of the younger rural men participants mentioned airing health information during advertisement breaks on TV and having educational sessions with population organized by physicians.

Another younger urban man mentioned that family doctors could disseminate such kind of information. One younger rural woman mentioned distributing printed materials in ambulatories.

When asked about any recent health promotion campaigns that they could recall, older urban participants mentioned AIDS prevention. Younger urban men participants mentioned immunization promotion campaign (they saw posters in public transportation). One of the younger rural men participants mentioned dental health promotion TV programs. One older rural man mentioned “healthy family” initiative supported by the President of Armenia. Several rural older men and younger women recalled anti-smoking campaigns.

*“...There have been a number of campaigns on “healthy family” initiative supported by the President Kocharyan.”*

*‘...I saw leaflets and brochures about vaccination and infectious diseases...’*

*“...There were posters on immunization in public transport.”*

*“...Smoking secession campaigns. I learned that smoking can lead to development of 3000 disease. I asked my husband to quit smoking, because it is harmful, but he did not listen to me.”*

### ***Good quality health care***

When asked about the attributes of good quality health care services, almost all women, both urban and rural, stressed importance of correct diagnosis and treatment outcomes. Majority of urban women participants agreed that professional qualifications of physicians, nice and responsive attitude towards patients, and proper hygienic conditions in the health care facility were the cornerstones of good quality care. Some urban women participants also mentioned importance of proper remuneration and professional development opportunities for physicians as prerequisites for provision of good quality care.

Both urban and rural women participants agreed that reducing waiting time was also an important component of good quality care.

Unfortunately, this question was presented in a different format to men participants: “what were the highest quality services in Armenia.” Because of this reason men participants mentioned cardiovascular surgery, general surgery, dental services, vaccination, ophthalmology, and traumatology as services of high quality in Armenia. According to a younger urban men participant, hematology care was not among high quality medical services in Armenia.

However, a few urban younger men participants mentioned the importance of proper basic education and opportunities for professional growth for physicians as a part of a good quality care.

*“Quality of care means good outcome of treatment.”*

*“...Kind attitude of provider, responsiveness to patient needs are important too. Also it is necessary that a doctor always improves his knowledge; always works on his professional growth.”*

*"...But there are many problems in regards to specialists. The doctors do not receive trainings."*

*"For many doctors trainings are not accessible in terms of the cost."*

*"...Correct diagnosis is also very important. In order to diagnose correctly doctors have to improve their knowledge periodically."*

*"...Also the remuneration should be high in order to make the providers more motivated."*

### *Changes in health care*

Although most of the participants mentioned that health care services became more expensive and less affordable during the last two years, some of them were aware of changes and reforms in the primary health care and recent changes in the payment methods for maternity services. Some participants stated that although officially primary care became free, in reality people still had to pay for it. One of the rural men participants mentioned that the general population was unaware of their rights and about free and chargeable services.

*"...They (health care services) became more expensive."*

*"...I have not seen it myself, but I have heard that polyclinics are now free."*

*"People do not have information on which services should be provided for free and which should not. And when a doctor asks for payment, we pay without knowing whether that service was supposed to be free of charge or not."*

*"I think only the equipment and physical conditions might be improved in some health care facilities, but I do not think that care became more affordable."*

*"I changed my polyclinic because I was not satisfied with care in the old one."*

*"I am a retiree and currently receive drugs for free."*

Many participants, especially in rural areas, mentioned that health facilities became better equipped with diagnostic devices.

Few rural men participants mentioned that primary services became free of charge.

Some participants reported that the quality of healthcare services has improved during the past two years and they explained it with availability of better diagnostic equipment and modern medicines rather than with physicians' qualifications. However, one of the urban women participants mentioned that after introduction of open enrollment system, physicians started competing for patients and trying to improve their knowledge and skills.

Few younger urban women participants mentioned that they were dissatisfied with services in their district polyclinic and they have changed their polyclinic.

*"...Because of the trainings and new equipment the quality improves."*

*"Currently every patient chooses his/her doctor. And this forces doctors to improve their qualifications in order to be chosen by a patient."*

Although all rural women participants were extremely satisfied with their ambulatory doctor, who provides health care services to the population of three neighboring villages, they mentioned that they do not have other choices and cannot change their physician.

Almost all participants agreed that they, as individuals, could not do much to change the current health care system. Many of participants mentioned that government and health officials should improve the situation. One of the younger urban participants mentioned that it was necessary to monitor and evaluate the health care system periodically and introduce changes accordingly.

*"...Establish a special institution that will periodically assess the health care facilities and make appropriate recommendations for improvement of facilities and their providers' performance..."*

At the end of FGDs participants were asked if they would like to add something that was not discussed during the sessions. Many participants expressed opinions about importance of primary and secondary prevention. Particularly, several participants discussed importance of disseminating health information among population and preventive check-ups. A few participants discussed issues around health insurance. Some participants raised more social issues.

## **Conclusions**

### **Where people access health care**

In general, the first point of contact for medical care for rural population was local ambulatory or polyclinics. For specialized care rural population applied to city hospitals. Older urban population utilized primary care more often than younger population. According to younger participants, they preferred to apply either to a doctor whom they already knew and trust, or directly to hospitals. Younger women, both urban and rural, tended to seek pediatric care in polyclinics.

### **Main medical reasons to access care/services**

It could be concluded, that people, both urban and rural, seek medical care mostly in extreme cases. Usually they did not apply to doctors either for preventive reasons, or for minor sickness. Pediatric care was utilized when needed.

### **Satisfaction with care/services**

According to rural participants, they were pleased with the primary care services provided by their ambulatory doctors, however, they were dissatisfied with the specialized care, particularly physicians' attitude and service, provided in specialized facilities. Also, health care services

were not easily affordable for the rural population. Urban participants were less satisfied with primary care services and concerned with the quality of lab tests and care provided.

### **Seeking health information**

Overall, people did not apply to health facilities for health promotion information. They received health promotion and prevention information either from familiar doctors, nurses, pharmacists, or from media, predominantly, TV.

### **Concerns/issues with care and providers/services**

In general, population lacked trust toward physicians. People complained about physicians' careless attitude, poor diagnosis and treatment, and sometimes about the physical conditions of health care facilities. Health care services were not easily affordable for the participants.

### **The most important attributes of “good quality services”**

It was revealed that the most important attributes of “good quality services” were affordability of services, accurate diagnosis, correct treatment and caring attitude, proper training and remuneration of physicians. Reduced waiting time was also considered as an important component of quality care.