HEALTH AND HEALTH CARE FOR OLDER PEOPLE

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Abstract  
Active age is the age in good health, fulfillment of the workplace, autonomy and independence in everyday life, the process of optimizing and improving the health and social protection and inclusion of elderly people in society.  
The health and health condition are very important for the older people, due to the fact that with the old age all the functions deteriorate, and they become a group at risk, which is very sensitive to all changes in the immediate environment.  
The survey was conducted with representative sample of 1004 older people at different age, gender, ethnic background and place of residence in different regions in the Republic of Macedonia. The findings showed a realistic picture in terms of the health insurance of the older people, their health status, access to health institutions and services, the confidence in the primary health care doctors, utilization of medicaments, illnesses and the care for the older people, visits to the doctor and utilization of aids by the older people.  
The obtained data from the survey enabled provision of proposals for creation of policies and strategic documents and opening of services for health and social care of older people in order to improve their quality of life and to enable social inclusion in the environment.  

Key words: Older People, Health Protection, Chronic Diseases, Access to Health Services.

Introduction  
UN projections for the participation of elderly population in the Republic of Macedonia for the coming period are expecting increase in elderly people above 60 years with 16.5%, in 2009 with

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According to the World Health Organization, Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This indicates that besides physical and mental health, social well-being is one of the basic elements of good health, namely maintaining balance between the physiological processes in the human body and the environment, the family, community and in general the country where older persons live.

Bad socio-economic conditions, low level of education and the high rate of unemployment result with deteriorated health of the people above the age of 65. The Strategy for Health for all in target 5 – Healthy ageing, states: By the year 2020, people over 65 years should have the opportunity of enjoying their full health potential and playing an active social role. Particularly: there should be an increase of at least 20% of life expectancy without disability for people older than 65. An increase of 50% should be secured of people above the age of 80 that enjoy level of health in domestic environment which ensures maintaining autonomy, self-confidence and place in the society.

The right to equal health protection is one of the basic human rights. Article 39 of the Constitution of the Republic of Macedonia, states: „Every citizen is guaranteed the right to health care”, and the Law on Health Protection and the Law on Health Insurance regulate the rights of the citizens in the area of health protection, relations and rights in the area of health insurance, the procedure for benefiting health protection and the system and organization of the health protection.

1. Methodological report for the conducted field survey with older persons

**Observed population** – target group: citizens of the Republic of Macedonia above the age of 65. Number of effective surveys H=1.004.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of all</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 – 69</td>
<td>15,8</td>
<td>20,8</td>
<td>36,7</td>
</tr>
<tr>
<td>70 – 74</td>
<td>13,4</td>
<td>14,2</td>
<td>27,7</td>
</tr>
<tr>
<td>75 – 79</td>
<td>7,0</td>
<td>11,0</td>
<td>17,9</td>
</tr>
<tr>
<td>80 – 84</td>
<td>5,9</td>
<td>7,3</td>
<td>13,1</td>
</tr>
<tr>
<td>85 and over</td>
<td>1,6</td>
<td>3,0</td>
<td>4,6</td>
</tr>
<tr>
<td>Total</td>
<td>43,7</td>
<td>56,3</td>
<td>100%</td>
</tr>
</tbody>
</table>

2. Health insurance for the older persons

In accordance with Article 84, beneficiaries of pensions (old age, disability, family and agricultural pensions), beneficiaries of permanent financial assistance, older persons sheltered in

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4 Law on Health Insurance, „Official Gazette of the Republic of Macedonia“, No. 142 dated 01.08.2016.
institution for social protection, and beneficiaries of financial assistance for assistance and care from another person are entitled to health insurance if they cannot benefit health protection on other grounds).

Republic of Macedonia is passing through long and difficult process of reforms in provision and financing health care services. The health insurance coverage amounts close to 100 percent. The uninsured people may also benefit voluntary health insurance (Law on Health Protection, Article 31) by payment of funds, 1,200 or 2,400 denars for a period of one year. After the expiry of the voluntary health insurance, the beneficiaries have to give up if they don’t have financial assets to continue to use the voluntary health insurance.

Regarding the health insurance, most of the respondents, 98,5 percent, do have health insurance, and only 1,5 percentage of the respondents stated that they don’t have health insurance. Most of the respondents, older persons, don’t have health insurance because they never had employment, nine of the respondents were housewives, and four of them were farmers, while two of the respondents had private business and didn’t pay pension insurance. Some of the older persons that did not have health insurance are married and some are widowers/widows.

3. Health status of the older persons

One of the indicators of the health status of the older persons is the self-assessment of the health. Although the subjective indicators of the health condition do not always match with the objective indicators, still the information about certain health aspects is possible to be obtained if the older persons are asked to answer.

In regard to the subjective appraisal of the health situation, the biggest number of the respondents stated that they are in good health, namely 45,9 percent of the respondents stated that they have very good health, 18,1 percent of the respondents said that they have good health, 8,2 percent consider their health situation as bad and 27,8 percent believe that their health situation is relatively bad. For sure there is a link between the subjective assessment of the health and the level of income in the family; the higher the income the better health status. As in other countries, also in the Republic of Macedonia there is evident difference in the assessment of the health between poor and richer older persons. The persons with minimal income more frequently emphasized that they have long-term illness or disability compared to those with better income. The subjective assessment of the health per regions depends on the nutrition and the way of living in the rural and urban areas.

Most of the older persons stated that they have chronic diseases (59,4 percent) and they live as married couples. The most frequent chronic disease among the older persons is high blood pressure, 29,7 percent, followed by diabetes at 19,8 percent of the older people and heart diseases at 15,8 percent of the older persons. Other chronic diseases are not common among the respondents.

In terms of the health situation, more men than women stated that their health situation is good or relatively good, over 70,0 percent of the men, vs. 58,0 percent of the women. On the other hand, women more frequently stated that their health situation is bad, 9,6 percent, compared to 6,4 percent at men.

Most of the women have some chronic diseases, 64,6 percent, compared to 52,6 percent at men. More typical “male” diseases are heart diseases, at 19,5 percent of the men, compared to 13,4 percent at women, and illness of the prostate at 3,0 percent of the men. The diabetes is more frequent
at women with 21.6 percent, compared to 16.9 percent at men. More typical „female” illnesses are illnesses of the thyroid glands and rheumatism. The blood pressure which is most frequently present chronic disease among the respondents, with 29.7 percent, is almost equally present at men, with 29.0 percent, and at women, with 30.1 percent.

The time period of having the chronic diseases is different. The older persons that have chronic diseases over 10 years are represented with 39.3 percent of the respondents. They are followed by older persons which have chronic illnesses from 6 to 10 years with 31.2 percent, and 27.0 percent of the respondents stated that they have a chronic disease from two to five years.

In terms of the length of the chronic diseases, as much as 54.2 percent of the respondents from the Vardar region stated that they are chronically ill over 10 years.

If we take in consideration the age of the respondents it is evident that the health condition of the older people deteriorates with the older age. Only 6.5 percent of the respondents over 85 stated that their health condition is good, compared to almost one third of the respondents (26.6 percent) at the age of 65-69 years who stated that their health condition is good.

The most common illness among the oldest respondents, over the age of 85, is heart disease, followed by blood pressure and lung disease. Also, one half of them stated that they have chronic diseases for over a decade. Blood pressure appears to be one of the rare chronic diseases which have a declining trend with the age, as indicated in the table. This shows that there is a need for visiting nurses or home care service for the older people.

In terms of impact of the previous occupation, almost half of the respondents stated that their health condition is relatively bad or bad, namely 44.0 percent of the respondents that use to work as agricultural workers-farmers.

Table 2. Illness due to chronic diseases of the older person and the age of the person

<table>
<thead>
<tr>
<th>How old were you at your last birthday</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>65-69 years</td>
<td>208</td>
</tr>
<tr>
<td>70-74 years</td>
<td>160</td>
</tr>
<tr>
<td>75-79 years</td>
<td>180</td>
</tr>
<tr>
<td>80-84 years</td>
<td>132</td>
</tr>
<tr>
<td>Over 85 years</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you ill from some chronic disease</th>
<th>Number</th>
<th>% in column</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>208</td>
<td>56.5%</td>
</tr>
<tr>
<td>No</td>
<td>408</td>
<td>40.6%</td>
</tr>
<tr>
<td>Total</td>
<td>1,004</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
In regard to the previous occupation, blood pressure problems are most evident at people who use to work as administrative workers with secondary education (41.8 percent) and the workers with lower level of education (34.1 percent). Over one third of the respondents who were heads of departments or managers suffer from heart diseases or diabetes.

4. Availability of the medical institutions and services to the older persons

The health protection for the older persons is adapted according to the needs of this population group. In the Republic of Macedonia there is a Service for general medicine where the most frequent beneficiaries are the older persons. The data about the network of medical units in the villages and the number and structure of the personnel indicate that the medical service in the villages is not sufficiently developed and available for ensuring health protection and provision of health care services to the older persons in the villages in the Republic of Macedonia and it is significantly less developed compared to the network in urban areas.

The insufficient number of medical workers that work in medical units in the villages in the Republic of Macedonia do not ensure sufficient opportunities for wider application of the active method of work and home care by providing health protection to the older persons in the villages. Special importance and role for the provision of the health protection to the older persons has the polyvalent visiting service. The visiting service for provision of care to older persons in the Republic of Macedonia is insufficient, which indicates that there is a need for additional human resources and provision of appropriate equipment for this service.

The answer to the question “Is there a medical institution in the vicinity of the home of the older person? Most of the respondents gave positive reply (86.3 percent), and only 13 percent of the respondents gave a negative reply, and only few of the respondents stated „I don’t know“.

Most of the respondents, 82.4 percent, stated that their general practitioner’s office is not more than three kilometers away from their home, 9.2 percent of the interviewed people stated that their home is up to five kilometers away, and 5.3 percent of the respondents stated that their home is up to 8 kilometers. Very few of the respondents stated that their general practitioner’s office is more than 15 kilometers away from their home (0.3 percent).

Regarding the question about the distance of the polyclinic from the place of residence of the respondents/older persons, almost one half of the respondents, (49.5 percent), stated that it is less than five kilometers, and only 19.7 percent of the respondents stated that they live more than 15 kilometers away from the polyclinic.

The distance from the home of the respondent to the general hospital is in most cases, (67.1 percent) not bigger than eight kilometers, for 18.8 percent of the respondents it is less than 15 kilometers, and for 3.4 percent of the older persons the distance to the general hospital is more than 35 kilometers.

The distance from the home of the respondents to the nearest clinic for 37.1 percent of the respondents is not more than eight kilometers, and 13.6 percent of the respondents stated that the distance to the clinic from their homes is over 100 kilometers.

The distance from the home of the respondents to the nearest centre for physical therapy for most of the respondents, (63.3 percent), is less than eight kilometers, for 14.7 percent of the
respondents is less than 15 kilometers and for five percent of the respondents the distance is bigger
than 30 kilometers.

Regarding the question how older people go to the medical institutions, most of the
respondents, (46,7 percent), stated that they go independently without any help from another person,
and 27,9 percent of the respondents stated that they go by taxi. Significant number of the respondents,
(26,5 percent) go to the doctor by car (vehicle of the relative/friend or other person). Some of the
respondents travel to the medical facilities with their own vehicles, 22,4 percent. The number of the
older persons that use public transport without assistance from another person is 18,1 percent of the
respondents.

With the age grows the need for support from another person or relative / friend for going to
the doctor. Of 18,1 percent of the people at the age of 65 to 69, the percentage progressively grows
to up to one half of the respondents above the age of 85. This again indicates that the services that
need to be offered to the older persons need to be in direction of meeting their daily needs, such as
the transport services. On the other hand, the survey shows that older persons do not usually use the
public transport in case of the health services. Only 20,6 percent of the respondents at the age of 70
to 74 years use the public transport, while all other age groups use it less.

The answers on the question about the confidence in the primary health care doctor, indicate
that large number of the respondents, 69,5 percent have great confidence in the primary health care
doctor, the number of those that have confidence in the primary care doctor to certain extent is 24,5
percent, while 4,5 percent of the respondents stated that they don’t have confidence (don’t have and
to certain extent don’t have) and some of the respondents did not want to answer the question, which
may indicate that they don’t have a confidence in the primary health care doctor.

Table 3 Confidence in the primary care doctor and the place of residence

<table>
<thead>
<tr>
<th>How much confidence do you have in your primary care doctor?</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>% in column</td>
<td>Number</td>
<td>% in column</td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>-------</td>
<td>--------------</td>
</tr>
<tr>
<td>I have big confidence</td>
<td>237</td>
<td>61,2%</td>
<td>461</td>
</tr>
<tr>
<td>I have confidence in him/her to certain extent</td>
<td>111</td>
<td>28,7%</td>
<td>135</td>
</tr>
<tr>
<td>I don’t have confidence in him/her to certain extent</td>
<td>21</td>
<td>5,4%</td>
<td>13</td>
</tr>
<tr>
<td>I don’t have confidence in my primary care doctor</td>
<td>5</td>
<td>1,3%</td>
<td>6</td>
</tr>
<tr>
<td>Refuses to answer</td>
<td>13</td>
<td>3,4%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>387</td>
<td>100,0%</td>
<td>617</td>
</tr>
</tbody>
</table>

Regarding the question whether the older people follow the recommendations of the doctor,
most of the respondents gave positive reply - yes, 78,5 percent stated that they always follow the
advices, and 17,3 percent of the respondents stated – sometimes, but, there are some who rarely or never follow the advices, which might mean that they don’t pay due attention to their health. Women with up to 72,0 percent, and men with 66,3 percent, have confidence in their primary health care doctor and to large extent follow the advices of the doctors.

The biggest confidence in the primary health care doctors is present among the oldest respondents, and the respondents that worked in the police or the army. They always, without exceptions, follow the advices of the primary health care doctors. On the other hand, only one third, or 30,6 percent of the older persons that previously worked as craftsmen or as self-employed persons, only occasionally follow the advices of the primary health care doctors.

5. Utilization of medicaments by the older persons

The examinations are free of charge, but the payment of medicaments and the interventions on tertiary level depends on the type of the intervention and it amounts 20 percent of the total costs for the health service.

When paying the medicament, the insured people pay 5 percent of the price of the medicament as a participation cost. Namely, the payment of the medicament amounts from 5 to 600 denars per prescription for a medicament that is on the positive list of medicaments.

The findings indicate that the female respondents more frequently use medicaments every day, (80,2 percent), compared to men with 69,9 percent.

82,6 percent of the persons older than 85 years use medicaments, while the lowest percentage of those that use medicaments is at the age between 65 and 69 (68,8 percent). But it must be also noted that the oldest group of respondents also have the biggest percentage of persons that do not use medicaments, namely 10,9 percent.

The utilization of medicaments on daily basis is present at 75,7 percent of the respondents, while 17,8 percent of the surveyed people use the medicaments occasionally, and they are never used by 5,7 percent of respondents.

Regarding the question whether older people have problems with the procurement of medicaments, most of the respondents stated that they don’t have difficulties with that (76 percent). The remaining older people stated that they encounter problems regarding the procurement of medicaments.

Some of the most important problems regarding the procurement of the medicaments is the price of the medicaments (43,9 percent of the respondents), 26 percent of the respondents stated that the medicaments are not on the positive list, and only 14,3 percent of the respondents stated that the biggest problem for them was getting the prescription for the medicaments.

Regarding the question how much money do the respondents spend on procurement of the required medicaments, most of the respondents stated that they pay between 601 to 1.200 denars (27,5 percent), followed by 18,8 percent of the respondents who spent from 1.201 to 2.000 denars, and 23,3 percent of the respondents pay over 2.000 denars, which has significant impact on their family budget, and has influence on their quality of life.
According to the responses of the respondents, men use less expensive medicaments, which cost less than 300 denars or between 301 and 600 denars. Compared to them, women use medicaments that cost between 601, and 2,000 denars.

Older persons at the age between 65 and 69 usually spend 300 denars on medicaments. Here it is also evident that there is progression in terms of the needs with the age of the persons. The required amount for medicaments is higher with the age, so the biggest consumers of medicaments over 3001 denars on monthly basis are people over the age of 85.

There is no significant difference between the previous occupation of the respondents and the amount of money required for the medicaments.

There are more reasons why older people don’t go to the doctor. Although needed, persons sometimes decide not to go to the doctor due to lack of funds or utilization of traditional remedies, or due to bad attitude of the doctors towards older people.

The older persons object the high expenses for health services. Particular problem represents the cash payment when going to the doctor. The prices are high (one examination costs from 20 to 50 euros). The prices are accumulating having in mind that older persons frequently go to the doctor. Also, older persons also complain because they need a certain quantity of medicaments on monthly basis and other services which use to be free of charge, and now they pay participation costs depending on the price of the medicaments. This has serious implications on their material situation. They believe that these expenses are high for them and that they should be terminated or reduced since they had to pay health insurance in the course of their whole lives, and they didn’t use any services, and now when they have to they pay for them. Also, the older persons, complain that they are not in position to pay good quality health care, which is available in the private clinics, due to their low pensions and the high price of these services.

6. Illnesses at older persons and provided care for them while they were ill

On the question whether older persons were ill in the last 12 months, large number of the respondents, (54,2 percent), stated that they haven’t been ill, while 18,1 percent of the respondents stated that they were ill for a period of over two weeks, and 8,9 percent said that they were ill for years, and two percent of the respondents stated that they are confined to bed.

Although most of the respondents haven’t been ill in the last 12 months (54,2 percent), it there is evident difference in terms of their education level. So, people most frequently ill over two weeks were people with completed primary education, and the least frequently ill were those with higher education. On the other hand, of the total number of persons that responded that they haven’t been ill, even 74,1 percent of those are respondents with higher education, followed by those with secondary and lower level of education (45,1 percent). This indicates that besides the health and social status, and the pension system, education is also important indicator about the quality of life of the older persons, as indicated in the National Strategy on older persons 2010 – 20205.

In terms of gender, more of the men (59,9 percent), stated that they haven’t been ill, compared to women (49,7 percent of the women).

Also, higher percentage of women stated that they were ill for a longer period of time (several months and for years), or total of 18,0 percent of the women, compared to 12,7 percent in men.

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5 National Strategy for older people 2010 – 2020, Ministry of Labor and Social Policy
64.3 percent of the older persons in the Pelagonija region stated that they weren’t ill, compared to 48.1 percent in Skopje region, who stated that were ill over two weeks and over 26.5 percent of the respondents who stated that they were ill for over two weeks.

**Table 4 Length of illness from chronic disease on basis of the gender**

<table>
<thead>
<tr>
<th>How long have you been ill from a chronic disease</th>
<th>Gender of the respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Man</td>
<td>Woman</td>
</tr>
<tr>
<td>Up to one year (and one year)</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>From 2 to 5 years</td>
<td>73</td>
<td>88</td>
</tr>
<tr>
<td>From 6 to 10 years</td>
<td>72</td>
<td>114</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>78</td>
<td>156</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>231</td>
<td>365</td>
</tr>
</tbody>
</table>

As it is expected, the biggest percentage of the ill people were from the oldest age group (17.4 percent). However, it must be pointed out that 8.7 percent of the respondents over the age of 85 were confined to bed, compared to 0.8 percent of those at the age of 65-69. There is a need for thinking about development of practical advices and assistance to the persons, and their families for purpose of improvement of the personal quality of life by covering the physical, practical, emotional and spiritual needs related to the long-term illness of the people.

The main form for provision of assistance to the chronically ill persons in the older age should be the home care. The nurses, as important factor in conducting home care treatment of older persons, besides the familiar tasks that they are performing, they should know and should have possibilities, in home environment, to take samples for lab analysis, to make EKG, etc. This is particularly important in rural areas, where lab-diagnostics and polyclinic-specialist health protection is less accessible.

Regarding the question about who is most frequently providing care for the older persons while they are ill, significant number of the respondents (39.8 percent) responded that that was done by the spouse, or the children with whom they live, (33.7 percent), and the children that come to visit them and to help them, (12.9 percent of the respondents). Only few of the respondents stated that they are assisted by the relatives, while seven percent responded that nobody is helping them, and insignificant percentage of the respondents pay a person to do this.

The survey indicates that, traditionally, the closest family is still responsible for taking care about the sick spouse / parent. The care is most frequently provided by the spouse, then the children that live with the parent, and the third ranked answer was that the care is provided by the children who visit the older ill people, and in rare cases this service is paid to third person. The differences that appear in terms of the education are the following: in most cases (64.8 percent) the spouse appears to be the caregiver at respondents with higher education, while this percentage is the smallest at those with primary education (30.6 percent). The ill parents with up to completed primary education are
provided with the necessary care by their children that live with them (41,0 percent) or their children that visit them (13,9 percent).

It is noted that the care for the older persons by other persons in the home environment does not depend on the level of education. These services are used by small number of people, (0,3 percent) with primary and secondary education, and 0,9 percent of the older persons with higher education.

In regard to this issue, there is significant gender difference. Namely, the spouses take care of the respondents in 58,5 percent of the men, and 25,3 percent of the women. The children that they live with are the second persons that assist the older parents, regardless of their gender.

7. Utilization of aids by the older persons

Regarding the question whether older people use aids, most of the respondents stated that they use glasses, 55 percent, followed by canes with 16,1 percent and crutches with 3,3 percent, compared to 31,6 percent of the respondents who stated that they don’t need any aids.

As indicated above, large number of the respondents uses glasses. Of them most of the people are with secondary education, 65,0 percent. It is interesting that the largest group after them is the respondents who stated that they don’t need any aids, and there is no significant difference in the education profile in this group.

More women use glasses (58,2 percent), compared to men (50,8 percent). The percentage of those that don’t require aids ranges between 35,3 percent at men and 28,7 percent at women. If we take in consideration different orthopedic aids such as prosthesis, canes, crutches, wheelchairs or walking aids, the findings indicate that women use them more (42,5 percent), than men (28,5 percent) to ensure their mobility.

8. Visits to the doctor

The answers on the question “Do you visit the doctor when you are ill”, show that only 75,3 percent responded with positive answer and the others responded with no or didn’t answer at all.

The reasons for not going to the doctor are different, most of them stated that they take medicaments on their own (22,6 percent), and significant number of the respondents (7,3 percent), don’t go to the doctor because there is nobody to take them to doctor.

In terms of the educational structure, in most cases these are people with completed up to primary education (77,3 percent), immediately followed by those with secondary education (74,4 percent), and the older persons with higher education have the highest percentage in regard to answering that they always went to the doctor when they were ill (31,5 percent).

9. Access to medical facilities

The inability to go to a medical institution due to lack of escort is mostly present in respondents over the age of 75. This indicates that there is a need for additional services for these citizens for purpose of improvement of their daily needs.
Regarding the question whether older people have been visited by a visiting nurse, only small percentage of the respondents gave positive reply (8.5 percent).

It seems that the preventive health care services such as the visits of the visiting nurses are increasing with the age of the respondents. Only 4.1 percent of the respondents at the age of 65 to 69 have been visited by a visiting nurse compared to 19.6 percent of the respondents over the age of 85. This shows the need for visiting nurses for the oldest category of respondents, which are in most cases of preventive-curative nature. They are of help not only for the older persons but also for their respective families, enabling regular communication and cooperation with the medical and other institutions in the communities where older people live.

Regarding the question about the satisfaction with the service „My appointment“, 52.2 percent of the respondents gave positive reply, while the number of those that were unsatisfied with the services is 23.3 percent. Another 20.9 percent could not appraise the service, most probably because that don’t use this service.

Satisfaction from the service „My appointment“ on basis of the gender of the respondents is presented in the following table:

Regarding the question why respondents are not satisfied with the service „My appointment“, most of the respondents, (41 percent), stated that this is as a result of the long waiting period for making „My appointment“, and due to the waiting period which is not always respected.

Over one half of the respondents, (52.2 percent), of which large number of them are with secondary education, (58.1 percent), are pleased with the service „My appointment“. The waiting period is of key importance for the respondents with higher education (39.3 percent), and the precision of the “my appointment term” is most important for 32.6 percent of those with primary education and for 32.4 percent of the respondents with secondary education.

On the other hand, the least satisfied with the waiting period are the respondents with completed primary education (32.8 percent) out of the total 26.5 percent of the respondents that were not satisfied with this service.

The percentage of women that are pleased with the service „My appointment“ is 56, percent, compared to 47.2 percent men of the men that stated that they are pleased with this service. The most common reason for satisfaction at men and women is the waiting period, followed by the punctuality of the service.

The waiting period for making the appointment is the main reason for lack of satisfaction with this service at 41.8 percent of the women and 40.3 percent of the men.

Generally the satisfaction with the service „My appointment“ is the highest at respondents at the age of 65 to 69 (58.7 percent), and the lowest at the respondents above the age of 85 (43.5 percent). Almost one half of the respondents at this age that are not pleased with the system of „My appointment“ emphasized that the waiting period is the main reason for their dissatisfaction with the service.

The respondents had several proposals for improvement of the protection for the older persons as follows: the health protection to be provided in the homes of the older persons, to be provided with measuring of blood pressure, to be regularly visited by a nurse for injections. Some of the respondents stated that there is a need for opening a centre for daily care for older persons.

It is also evident that there is no major difference in the educational background of the respondents when it comes to proposals for improvement of the health protection for older persons.
The health care in the home, such as measuring blood pressure / glucose in the blood are most important for the respondents, regardless of their education. The next thing that was emphasized by the older people was the need for opening of centres for daily care for older persons. This thing was predominantly emphasized by the people with higher education (58,3 percent). The transport services and the regular visits from a nurse, are also emphasized as very important regardless of the education of the respondents, (40,0 percent).

There is difference in terms of the need for home care for chronically ill people. Namely, of 31,6 percent of those that stated that have such a need, 41,7 percent of them are with higher education, compared to 28,1 percent with completed primary education.

There is no big difference in terms of the gender structure of the respondents in relation to the proposals for improvement of the health protection of the older persons. The proposals of the women refer to health care in the home: measuring of blood pressure / glucose in the blood, regular visits of nurses for giving injections, transport service to medical institutions and centre for home care for older persons. These priorities are ranked at the first four places in men also, but the order is a bit different. The proposals of the men refer to health care in the home: measuring blood pressure / glucose in the blood, centre for home care for older persons, transport service to medical institutions and regular visits of nurses for giving injections.

The transport service was stressed as most important for respondents over the age of 85, and those that previously worked in the army or the police, regular visits of nurses for giving injections and the home care for older persons is most important for people at the age of 65 to 69. These services are very important for the respondents, regardless of their previous occupation.

The access to health protection and health care services generally increases with the development of the network of private health care units. With the passing of the Law on Health protection in 1991, besides public health organizations, an opportunity was provided for founding private health care organizations, and performing health care business. However, the economic access to private health care for older persons is very limited due to economic obstacles and the need for payment of the fees for services completely with personal funds particularly for private health care organizations which do not have agreement with the Health Insurance Fund for payment of the services.

10. Conclusions

The information regarding the network of medical units in the rural areas and the number and structure of the engaged personnel show that the health care and health services for older persons in the rural areas in the Republic of Macedonia are less developed compared to the urban areas.

The access to the health facilities depends on the physical condition of the older persons, i.e. the way they go to the healthcare institutions.

The reasons for not going to the doctor are most often due to lack of funding, long waiting time for appointment for examination, especially for a specialist examination.

There is a need for additional health and social care, and there is a need for finding modalities for their establishment. The survey shows that between the age of 65 and 74, spouses usually take care of each other, but, furthermore, this remains to the children, probably because of the death or illness of one spouse.

The inability to go to the healthcare institution, that is, the lack of escort mostly occurs in respondents older than 75 years. This again indicates the need for additional services for these citizens.
in order to improve their daily needs. Older persons need additional services in the home and this is evident from the fact that even one fifth of farmers cannot visit a doctor without escort.

The older persons have more suggestions for improving their health care: health care to be organized in the home of the older people, their blood pressure and glucose in the blood to be measured in their homes, the older people to be provided with advices on proper use of medicaments, the older people to be regularly visited by a nurse for giving injections. Some of the respondents also stressed the need for opening a day care center for the older people which they could visit.

The older persons showed interest in using all the services offered by the home care center: physiotherapist services, care during illness, escort for going to specialist doctor, hospitals and others, provision of help for timely and proper taking of medications, health care by a doctor and a nurse.

Reference


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