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111: SEASONAL AND MIGRANT FARMWORKERS' SATISFACTION LEVEL OF HEALTH CARE SERVICES IN SEMI-RURAL AREAS OF ESKISEHIR

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A R T I C L E I N F O

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Abstract

Seasonal and Migrant Farmworkers and their family members (SMF) who have known as disadvantaged risk group all around the world due to their some characteristics. Providing highly qualified and accessible health care services to this group is critical. Aim of the study was evaluating the status of applications to SMF for gaining the health

care services and determining the satisfaction level of SMF with the health care services. The study was conducted in seven tent cities in Eskisehir. A three part questionnaire that includes questions related to socio-demographic characteristics of SMF, applications of SMF to health care services due to their health problems and SMF's satisfaction level of health care services. We conducted multivariate logistic regression to identify the socio-demographic and other factors that related to SMF's satisfaction level of health care services. We reached total of 46.3% SMF. The mean and standard deviation of age were 24.9±16.4 years. Among the SMF 39.4% were male, 53.1% applied to the state hospitals, 63.5% applied for examination, 89.8% were satisfied with health care services. Distance from the tent cities to the city center and educational level of SMF were associated with their satisfaction level of health care services. SMF prefer the secondary health care services rather than primary health care services. Therefore primary health care services should be advised to SMF for their health problems. Also expectancy of SMF from the health care services might be increased. Further qualitative and intervention researches will be needed to determine need and expectation of SMF about health care services.

Introduction

Agricultural sector is one of the largest employment area in Turkey as well as all over the world (Doğan, Arslan, & Berkman, 2015). Also Seasonal and Migrant Farmworkers and their family members (SMF) are defined the heart of sustainable agriculture activities (Hurst, Termine & Karl, 2005).

SMF are individuals who had to travel to another city or region to meet the needs of the agricultural workforce so that he/she was unable to return to his/her permanent residence within the same date (United States Department of Labor ETA, 2015).

In Turkey SMF migrate from Eastern, Southeastern Anatolia Regions to Çukurova, Black Sea and Marmara Regions for working in agricultural activities such as cotton, hazelnut, tobacco, tea, grape and sugar beet harvest in spesific dates.

According to the data of Turkish Statistical Institute 2011, in Turkey, 25 million people have known as main workforce. Of them, 26% worked as agriculture workforce and about 13% was called as SMF ("Turkish Statistical Institute Report, 2011).

Today it has been estimated that there are 450 million SMF all over the world (Hurst, Termine & Karl, 2005). According to the International Labour Organization data SMF meet 35% of total agricultural workforce (International Labor Office, 2011; Hurst, Termine & Karl, 2005). Particularly ABD, Canada and some developed European countries meet their agricultural workforce need from their disadvantaged regions or from other undeveloped countries (Bell, 2002; Taran & Geronimi, 2003).

According to the International Union of Food 2003 report there were some work deficits in agriculture sector. For instance, in every year, about 200.000 agricultural workers die as a result of accidents, 4 million people are affected by pesticides and suffer from poisoning. Agricultural workers are among the groups with the highest incidence of poverty in many countries and the majority of SMF are excluded from social protection (IUF, Geneva 2002). SMF can be determined as the highest risky group in terms of these deficits.

SMF have known as disadvantaged and dissatisfied risk groups all around the world due to some specific characteristics; unsuitable living and housing conditions, malnutrition, industrial accidents and injuries, reproductive health problems, pesticide exposure, the risk of heatstroke, frostbite, infectious diseases and premature child deaths and inadequate access to health care services (Şimşek, 2012).

The factors which effect the SMF's satisfaction level of health care services were determined as; factors related to the patient (their expectations, age, gender, educational level, health status, the perceptions about their health conditions etc.), factors about health care services providers (personel characteristics of health staff, status of shown kindness and care, scientific knowledge levels of health staff etc.) and environmental and institutional factors (closeness of hospital, income status, working duration etc.) (Aytar & Yeşildal, 2004). For these reasons, providing high quality and accessible health care services to these disadvantaged risk groups is so critical.

In light of this, evaluating the status of applications to the health care services and determining SMF's satisfaction level of health care services was aimed.

Materials and Methods

The cross sectional study was conducted in seven tent cities (Alpu, Sevinc-1 ve 2, Karacahoyuk, Bozan, Sakintepe ve Osmaniye) which had 20 and more tents and where located in Public Health Department of Eskisehir Osmangazi University Medical School Education and Research Regions in Eskisehir in 2014. Eskisehir is located in Central Anatolia, Turkey. In there the majority of people are engaged in agriculture especially in rural areas. Therefore, Eskisehir is one of the most preferable cities by SMF for agricultural activities.

Although Eskisehir has so wide and arable rural areas for agricultural activities, it needs agricultural workforce due to the intensive external migration. Every year a large number of SMF comes to Eskisehir from Southeastern and Eastern Anatolian Region for agriculture activities (Karabıyık, 2014) (Yildirak, Gülçubuk, Gün, Olhan, & Kiliç, 2003). The study was reviewed and approved by the relevant institutions. We aimed to reach all people that sheltered in the tent cities.

According to the literature a three part questionnaire was constituted to collect the data by the researchers. First part included the socio-demographic characteristics of SMF, second part included applications of SMF to health care services due to their health problems and third part included SMF's satisfaction level of health care services. SMF's satisfaction level of health care services were determined with their own expressions of SMF. All the tent cities were reached by researches. All participants gave informed consent. We used the face to face conversation method to collect data. Data of people less than 15 years was obtained from their parents.

Data were analyzed using the SPSS 20.0 (IBM). We used descriptive statistics to evaluate socio-demographic characteristics and SMF's satisfaction level of health care services. Then we conducted multivariate logistic regression to identify the socio-demographic and other factors that related to satisfaction level of SMF. A value of $p \leq 0.05$ was considered statistically significant.

Results

In the study days, we reached total of 482 (46.3%) SMF, who applied at least one time to health care services due to their health problems, responded the questionnaire. No difference was found between the tent cities in means of the number of responded SMF ($p>0.05$). The average number of application to health care services was 0.96±1.61 and ranged between 0 and 22. The mean and standard deviation of age were 24.9±16.4 years and ranged between 0 and 87 years. Table 1 shows socio-demographic characteristics of SMF.

Table 1. Socio-demographic characteristics		
	n (482)	**%**
Gender		
Male	190	39.4
Female	292	60.6
Age		
14 and less	136	28.2
15-24	116	24.2
25-34	107	22.2
35-44	53	11.0
45-54	46	9.5
55-64	18	3.7
65 and older	6	1.2
Educational level		
Illiterate	304	63.0
Literate	62	12.9
Primary school	116	24.1
Marital status		
Single	197	40.9
Married	285	59.1
Having regular income		
No	233	48.3
Yes	249	51.7
Social Insurance		
No	116	24.1
Yes	366	75.9

Among the SMF 39.4% were male; 63.0% were illiterate, 40.9% were single, 51.7% had a regular income, 75.9% had a social insurance. Table 2 summarizes the characteristics of applications of SMF to health care services due to their health problems.

Table 2. The characteristics of applications of Seasonal and Migrant Farmworkers and their family members to health care services due to their health problems		
Characterictics of applications	**n (482)**	**%**
Institution applied		
Family Medicine Center (FMC)	56	11.6
Integrated District Hospital	157	32.6
State Hospital	256	53.1
University Hospital	13	2.7
Who did you apply for?		
For me	326	67.6
For my children	139	28.8
For my wife/husband	9	1.9
Other	8	1.7
Cause of application		
Emergency	79	16.4
Examination	306	63.5
Control	14	2.9
General body control	1	0.2
Surgery	6	1.2
Mouth and teeth health	12	2.5
Pregnancy	37	7.7
Family planning	2	0.4
Prescription	1	0.2
Other	24	5.0
Cause of preferences		
Obligation	95	19.7
Closeness	319	66.2
Satisfaction of services	40	8.3
Advise	13	2.7
To have a familiar person	1	0.2
Habit	3	0.6
Other	11	2.3

Among the SMF; 11.6% applied to the family medicine centers, 32.6% applied to the integrated district hospitals, 53.1% applied to the state hospitals and 2.7% applied to the university hospitals. Additionally among the SMF; 16.4% applied for emergency cases, 63.5% applied for examination. The predictive factors among the applications to the health care services were reported as closeness of hospital (66.2%), obligation (19.7%) and satisfaction of health care services (8.3%). Table 3 shows SMF's satisfaction level of health care services.

Table 3. Seasonal and Migrant Farmworkers and their family members' satisfaction level of health care services		
	n (482)	**%**
Did you satisfied with the health care services?		
No	49	10.2
Yes	433	89.8
Will you prefer the same doctor in each application?		
No	246	51.0
Yes	236	49.0
Can you share your complaints with your doctor clearly?		
No	24	5.0
Yes	445	92.3
Partially	13	2.7
Were you informed adequately about your health conditions by the doctor?		
No	37	7.7
Yes	417	86.5
Partially	28	5.8
Were you satisfied with the treatment?		
No	32	6.6
Yes	424	88.0
Partially	26	5.4
Were you satisfied from auxiliaries staff?		
No	13	2.7
Yes	444	92.1
Partially	25	5.2
Time of wait for examination		

Long Normal Short	68 414 0	14.1 85.9 0.0
Were you satisfied from cleaning of hospital?		
No Yes Partially	0 467 15	0.0 96.9 3.1
Will you recommend the health care services institution to your relatives?		
No Yes Partially	23 414 45	4.8 85.9 9.3
Can you assess quality of health care services compared to where you came from?		
Where I come from is better? Here is better No difference	78 271 133	16.2 56.2 27.6

Table 4. The related socio-demographic characteristics regarding the satisfaction level of Seasonal and Migrant Farmworkers and their family members according to logistic regression analyses

		95%Confidence Interval		
	Exp (B)	Lower	Upper	p value
Age	0.865	0.666	1.125	0.280
Gender	0.617	0.309	1.231	0.171
Distance from the tent cities to city center	0.495	**0.255**	**0.960**	**0.037**
Educational level	0.682	**0.468**	**0.993**	**0.046**
Marital status	1.576	0.696	3.569	0.276
Who did you apply for to the health care services	1.169	0.650	2.102	0.603

Of the SMF, 89.8% were satisfied with health care services, 49.0% went to the same doctor in each application, 92.3% had a good communication with their doctors, 86.5% were informed by the doctor adequately about their health conditions, 88.0% were satisfied from their treatment. Table 4 shows the related socio-demographic characteristics regarding the satisfaction level of SMF according to logistic regression analyses.

According to the logistic regression analyses, distance from the tent cities to the city center and educational level of SMF were associated with SMF's satisfaction level of health care services. The satisfaction level of SMF decreased as the distance from the tent cities to city center increased. And also the odds of having high level of satisfaction of health care services was approximately twice in SMF with low level of education.

Discussion

In present study, evaluating the status of applications to the health care services and determining SMF's satisfaction level of health care services was aimed.

In this study approximately half of the SMF reported that they oftenly prefer the state hospital in Eskisehir City Center. The SMF may consider that the state hospital provides high quality and comprehensive health care services to them and the state hospital locates nearly to their tent cities. However this situation has caused that secondary health care services are being unnecessary.

In the 2010 report of The Ministry of Labor and Social Security, it has been recommended and aimed that all primary health care services to SMF should be given by FMC and Community Health Center (CHC) (ÇSGB, 2010).

The majority of SMF applied for the health care services for the examination. These consequences may be connected with inability of SMF to find suitable time for primary preventive health care services due to their hard working conditions. Thus, SMF are deprived of primary health services. According to the regulations about CHC (Sağlık Bakanlığı Türkiye Halk Sağlığı Kurumu, 2015) primary health care services

should be planned and be provided to SMF appropriately.

In addition to this suggestion, in the report of "Farm Workers' Living and Working Conditions in South Africa," it has been emphasized that the most important system of health care delivery to SMF is the "Community Health Care" programme.

In present study, most of the SMF applied the nearest health institution because of the following reasons; inability to find suitable time, loss of income, inability to let vehicles. Furthermore when the distance between tent cities and hospital increased, the satisfaction level of SMF decreased. We suggested that the primary health institutions should be located at the near to the tent cities. Because closeness of health institution to the places of people is one of the most effective factor for determining their preferences to benefit from health care services (İlhan, Tüzün, Aycan, Aksakal & Özkan, 2006; Özcebe et al., 2003).

Of the SMF 89.9% reported that they had a good satisfaction level of the health care services. The factors; taking more quality health care services compared to their homelands, cleanliness of hospitals in Eskisehir, attitudes and behaviors of hospital staff, good communication between SMF and doctors, may be associated with the satisfaction level of SMF. Ozcan et al. told that 76 percent of individuals, who applied to Silvan State Hospital, had a good satisfaction level of health care services (Özcan, Özkaynak & Toktaş, 2008).

On the other hand, highly educated individuals had low satisfaction level of health care services ($p=0.037$). The lower expectancy of SMF from the health care services might be resulted with the higher level of satisfaction. Ercan et al. told that when the educational level increased, the satisfaction level of individuals decreased (Ercan, Ediz, & Kan 2004).

Conclusion

Finally, SMF prefer the secondary and tertiary health care services rather than primary health care services for certain reasons (obligation, closeness of hospital etc.). It burdens to secondary and tertiary health care services unnecessarily. Therefore primary health care services (FMC and CHC) should be advised to SMF for their health problems. CHC should take a primary part of monitoring the health care need of SMF and providing health care services to SMF. On the other hand lower expectancy of SMF from the health care services might be resulted with higher level of satisfaction. Further qualitative and intervention researches will be needed to determine needs and expectations of SMF about health care services.

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