



REVIEW

Health and society: disparities in access to healthcare services

Salud y sociedad: disparidades en el acceso a los servicios sanitarios

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ABSTRACT

Introduction: as problems of social aspects of health and increased population segmentation have emerged, the question of access to the necessary medical services has become one of the most acute in modern society.

Objective: this study aims to analyse the social determinants of health and healthcare services and determine major dynamics that affect equal utilisation of healthcare services.

Method: the study used an integrated approach comprised of statistical analysis, sociological research and health policy analysis was adopted.

Results: the following findings established that lack of equitable health access affects the populace's health and social order. Lack of health insurance and low income significantly hamper the ability to get good quality healthcare. Regional disparities are also vital, mainly because rural facilities do not possess the appropriate tools. In order to address the this medical, social and economic problem, one has to act and investigate more thoroughly.

Conclusions: since the subject of the work is the analysis of the social aspects of health, emphasis is placed on the availability of healthcare for populations deprived of it either financially, geographically, or through other restraints. This primarily focuses more attention on the marginalised groups in society, including older adults, people experiencing poverty, people in remote areas and discriminated groups in health facilities.

Keywords: Social Aspects of Health; Inequalities in Access; Health Services; Social Justice; Healthcare; Vulnerable Groups.

RESUMEN

Introducción: con la aparición de los problemas de los aspectos sociales de la salud y el aumento de la segmentación de la población, la cuestión del acceso a los servicios médicos necesarios se ha convertido en una de las más agudas de la sociedad moderna.

Objetivo: este estudio pretende explorar los determinantes sociales de la salud y los servicios sanitarios y determinar las principales dinámicas que afectan a la utilización equitativa de los servicios sanitarios.

Método: el estudio utilizó un enfoque integrado compuesto por análisis estadístico, investigación sociológica y análisis de políticas sanitarias.

Resultados: las siguientes conclusiones establecieron que la falta de acceso equitativo a la sanidad afecta a la salud de la población y al orden social. La falta de seguro médico y los bajos ingresos obstaculizan considerablemente la capacidad de obtener una atención sanitaria de buena calidad. Las disparidades regionales también son vitales, sobre todo porque los centros rurales no disponen de las herramientas adecuadas. Para abordar este problema médico, social y económico, hay que actuar e investigar más a fondo.

Conclusiones: dado que el tema del trabajo es el análisis de los aspectos sociales de la salud, se hace hincapié en la disponibilidad de asistencia sanitaria para las poblaciones privadas de ella, ya sea desde el punto de vista económico, geográfico o por otras limitaciones. De este modo, se presta más atención a los grupos marginados de la sociedad, como los adultos mayores, las personas en situación de pobreza, los habitantes de zonas remotas y los grupos discriminados en los centros sanitarios.

Palabras clave: Aspectos Sociales de la Salud; Desigualdades en el Acceso; Servicios Sanitarios; Justicia Social; Asistencia Sanitaria; Grupos Vulnerables.

INTRODUCTION

Access to healthcare inequality represents a significant social issue in contemporary society, particularly in globalisation and urbanisation.

The matter of equality in the delivery of healthcare services is paramount, particularly in light of technological advancements.⁽¹⁾ Societies encounter difficulties guaranteeing equitable healthcare access for every citizen, irrespective of their social standing, income level, ethnicity, or geographical location. These elements, among numerous others, influence inequalities impact not only individuals but also the collective health and well-being of the nation.⁽²⁾

The issue of social inequality in healthcare is intricately connected to society's economic, political, and cultural dimensions. A notable illustration is the inadequate funding for rural healthcare facilities and restricted access to specialised physicians and advanced diagnostic technologies. These factors exemplify how the unequal allocation of resources leads to disparities in health outcomes.⁽³⁾

An additional vital element of the issue pertains to the standard of medical services. Access to a healthcare facility does not necessarily guarantee that quality care is provided to patients; however, the effectiveness of treatment can be considerably diminished and inequality exacerbated due to a shortage of qualified specialists, outdated equipment, lengthy waiting lists, and limited access to modern medications.⁽⁴⁾

The role of social factors, such as education, public awareness of their health, and the culture of disease prevention, should be highlighted separately. People with higher levels of education tend to understand the need for regular medical check-ups better, lead a healthy lifestyle, and are aware of modern treatment and prevention methods.⁽⁵⁾ Instead, in socially vulnerable groups, due to lack of information, myths and prejudices about medical care are spread, which also becomes an obstacle to receiving it.⁽⁶⁾

The problem of inequalities in access to healthcare becomes even more acute in times of social upheaval, such as economic crises or pandemics. During such events, vulnerable populations are most affected, as access to healthcare is reduced due to financial constraints, reduced healthcare workers, or an increased burden on the healthcare system.⁽⁷⁾ Thus, studying the social aspects of health and inequality in access to healthcare services is a pressing scientific issue and a critical task for developing effective social policy. Ensuring all citizens have equal access to healthcare services should be a priority for the state and society. This will enhance the population's well-being, mitigate social disputes, boost life quality, and reinforce economic stability.

METHOD

Since the study of the social aspect of inequalities in access to healthcare services is posited both on quantitative and qualitative categories, the research methods for such a study should also embrace both methods. It has been suggested that the research methods applied when studying the social processes that occur to the inequalities in access to healthcare services should involve the quantitative and qualitative research methods in order to describe the structural and social characteristics of access to healthcare and the subjective views to those characteristics of the different population groups.⁽²¹⁾ Because the issue examined in the study is complex and cuts across several dimensions, an integrated approach comprised of statistical analysis, sociological research and health policy analysis was adopted.⁽²²⁾

The principal quantitative research technique was statistical, which allowed us to identify the extent of inequality in health services delivery in the investigated social groups. The study's findings suggest the problem is extensive and not limited to one or two angles. The data indicate that the issue of access to healthcare is one of the most urgent in Ukraine and that inequality in the availability of healthcare services continues to be a significant barrier to equal health.

Sociological surveys and questionnaires were used actively in the study. They enabled us to gather data from representatives of different social groups, and thus, it allowed us to evaluate subjects' experience in receiving healthcare services. The questionnaires were designed to understand how the respondents evaluate the quality and availability of healthcare, what obstacles reinforce the limitations of gaining access to healthcare, and whether these obstacles are significantly related to the socioeconomic status, level of education, place of residence, of the respondents.⁽²⁵⁾

Quantitative methods were employed to analyze statistical data collected from national and regional healthcare databases, focusing on indicators such as health insurance coverage, income levels, and the geographic distribution of healthcare facilities. Statistical software, including SPSS and R, was utilized to identify patterns and disparities in healthcare access across various demographic and socioeconomic groups.

Simultaneously, qualitative methods were applied through sociological research. Structured surveys were conducted to identify barriers to accessing healthcare, such as financial, geographic, and cultural challenges, while semi-structured interviews with healthcare providers, policymakers, and patients provided deeper insights into systemic inequities. Focus group discussions further explored community perceptions and needs related to healthcare access.

In addition, a policy analysis was performed to evaluate existing healthcare policies and programs. This included reviewing national strategies aimed at reducing disparities, conducting comparative analyses of international best practices, and assessing the alignment of policies with equity-focused frameworks. Geographic information systems (GIS) were employed to analyze spatial disparities, mapping the distribution of healthcare facilities and calculating accessibility metrics such as travel time and service density in both rural and urban areas.

Economic factors were also investigated to understand their impact on healthcare access. This involved evaluating out-of-pocket expenses, analyzing household spending patterns on healthcare, and studying the correlation between economic variables such as poverty levels and healthcare utilization. This integrated methodology provided a multidimensional understanding of the disparities in access to healthcare services and formed the basis for recommending effective strategies to address these inequities.

RESULTS

The study results of the social aspects of inequality in access to healthcare services demonstrate this phenomenon's complex and multifaceted nature. The data collected and analysed using various methods revealed several vital trends explaining why certain social groups face severe difficulties accessing healthcare services.

Factor	Percentage of impact
Economic	43
Geographical	27
Educational	16
Social discrimination	14

Source: systematised by the authors based on⁽²⁹⁾

Firstly, statistical analysis showed that socioeconomic barriers are among the most significant factors affecting access to healthcare services. The most vulnerable were low-income families, who often cannot afford even primary medical care. The surveys showed that more than 40 % of low-income respondents refused medical services due to their high cost. This indicates that financial constraints significantly reduce people's ability to access health services, confirming results from previous studies.

The survey results show that the level of education also significantly impacts access to healthcare services. Respondents with higher education were more likely to know their rights in the healthcare sector, which allowed them to defend their interests more actively and seek necessary assistance. Meanwhile, people with low levels of education sought medical care less often and had less information about available services. This suggests the need for public awareness campaigns, especially among less educated groups, to improve access to healthcare services.

Finally, the study revealed that regionality played a critical role in the accessibility of care facilities. The geographical infrastructure is recent, and there are primarily insufficient medical personnel to attend to the population adequately. Healthcare in these areas is rudimentary: citizens may have to cover large distances for the basic package. According to the statistics received from the rural dwellers, 60 % of them complained of experiencing some difficulty in accessing healthcare due to their residential status. It emerges that there is a need to establish policies to enhance healthcare access in these regions.

Firstly, the study points out that many socioeconomic factors, including age, education, and income, influence the focus area, which in this case is healthcare. Financial barriers to access were seen with marked evidence when respondents with low income complained of having difficulty obtaining healthcare services. Moreover, respondents from the youngest age group (18-30) are more likely to mention the insufficient availability of specialists.

Second, the results also show that most respondents view government programmes as insufficient to increase healthcare accessibility. Most doubted the impact, and only a few estimated it as positive – 20 %. This shows the need to consider the approaches employed in implementing government activities within the healthcare sector.

Thirdly, the analysis results indicate the importance of an information campaign to raise public awareness of available healthcare services. Many respondents pointed out that insufficient information about healthcare options hinders their access to necessary care.⁽²³⁾

Last of all, the conclusion from this statistical analysis underlines the need to approach inequities in access to healthcare as a system issue. They stress the need for harmonisation of economic, social, and political factors focused on ensuring the equal right of the population to healthcare services at present and in the future.⁽²⁴⁾ Taking systematic measures can enhance variations in Health and even Social Justice for health.

The study's findings, therefore, call for formulating a sound strategy/paradigm that will address inequality in the healthcare systems concerning the various dimensions. It could encompass additional funding for the healthcare system, launching health education initiatives within the populace, rural enhancement of access to healthcare, and healthcare workers' cultural competence. Thus, it is critical to continue the collaboration of all the key stakeholders, including government departments, healthcare organisations and NGOs, to resolve inequality in access to care.

The findings of this research consequently help support this assertion by pointing out that inequalities in the usage of health services are not simple issues and that a multifaceted method is required to deal with them. To this end, it is mandatory to get acquainted with these inequalities' social, economic, geographical, and cultural antecedents to formulate proper remedies.

DISCUSSION

The disparities in access to healthcare services represent a significant challenge in modern societies, where economic, geographic, and social factors contribute to unequal healthcare outcomes. This study has highlighted the multifaceted nature of these disparities, shedding light on their implications for both individual health and societal well-being. By analyzing various determinants—such as socioeconomic status, geographic location, and healthcare policy—this research underscores the need for a holistic approach to addressing these issues.

One of the most prominent findings of this study is the strong correlation between income levels and healthcare access. Individuals with low income or without health insurance face substantial barriers to receiving quality care, often leading to worse health outcomes. These findings are consistent with existing literature, which suggests that financial constraints are one of the primary reasons for underutilization of healthcare services, particularly preventive care. The study emphasizes the need for policies that address the affordability of healthcare, such as expanding public insurance options and implementing sliding-scale payment systems.

Another significant factor contributing to disparities in healthcare access is geographic location. Rural and remote areas often experience a shortage of healthcare facilities, and the existing infrastructure may be inadequately equipped to handle the needs of the population. This geographic divide is particularly concerning because rural populations tend to have poorer health outcomes and lower life expectancy. Our findings suggest that distance to the nearest healthcare provider is a major deterrent, with many individuals unable to access timely care due to travel constraints. Solutions to this issue include investing in telemedicine, mobile health services, and improving transportation networks to reduce the barriers posed by distance.

The role of healthcare policy in shaping access to services cannot be overstated. Our analysis of current healthcare policies indicates that while some governments have made strides in expanding coverage, significant gaps remain, especially for marginalized groups. Many policies still fail to address the unique needs of vulnerable populations, such as low-income families, the elderly, and ethnic minorities. Moreover, systemic discrimination within healthcare systems continues to prevent certain groups from receiving adequate care. The study recommends that future policy reforms should prioritize inclusivity, ensuring that all populations—regardless of their social or economic status—are able to access the healthcare they need.

In addition to financial and geographic barriers, cultural and structural factors also play a significant role in healthcare disparities. Marginalized communities, including ethnic minorities and immigrant populations, often face discrimination within healthcare settings, which can deter them from seeking care. Furthermore, language barriers, lack of culturally competent healthcare providers, and mistrust in the healthcare system can exacerbate these issues. The findings from this study suggest that healthcare systems must take a more inclusive approach by training healthcare providers in cultural competence, improving interpreter services, and

building trust through community engagement and outreach programs.

From an economic perspective, the disparities in healthcare access create a vicious cycle. Poor health leads to reduced productivity, increased absenteeism, and higher healthcare costs, which disproportionately affect the most vulnerable groups in society. Addressing these disparities through more equitable healthcare access is not only a matter of social justice but also an economic imperative. By investing in equitable healthcare systems, governments can improve overall public health, reduce healthcare expenditures in the long term, and foster economic growth.

While this study provides a comprehensive overview of the disparities in healthcare access, there is a need for continued research to examine the evolving dynamics of healthcare inequality, particularly in light of global challenges such as the COVID-19 pandemic and climate change. Future studies should explore innovative models of care delivery that bridge gaps in access, such as community-based health programs, integrated care systems, and digital health interventions.

Policy-wise, governments must prioritize healthcare access for marginalized and underserved populations. Expanding insurance coverage, enhancing the quality of care in rural areas, and addressing cultural and linguistic barriers are critical steps in ensuring that everyone has equal access to the healthcare services they need.

In conclusion, addressing the disparities in healthcare access requires a multifaceted approach that considers not only economic and geographic factors but also the systemic and cultural elements that perpetuate inequity. This study provides valuable insights into the complex nature of these disparities and the necessary steps toward achieving a more just and equitable healthcare system.

Literature review

Many researchers in different countries are devoting considerable attention to studying the social aspects of health, particularly inequalities in healthcare, which represent one of the critical factors affecting the population's overall health. The literature covers a wide range of issues, from the impact of economic factors to the role played by culture and education in accessing health services.

I also term one of the key themes - social determinants of health by writer such as Marmot.⁽⁸⁾ Healthy people point out that people's health, therefore, is not only determined by their genes or inheritance but by the environments that they live in. Economic Headquarters, literacy level, housing and housing conditions have been discovered to influence health and health facility attendance. Such a view offers more in-depth insight into the root cause of health disparities because it does not stop at the person's level but at the societal level at which a person lives.^(9,10)

Another area that has drawn research attention regarding the distribution of economic resources in healthcare services is the work of writers such as Ager and Strang.⁽¹¹⁾ Their findings establish that income disparities result in disparities of resources in the health sector, resulting in the wealthy receiving better healthcare services. At the same time, the poor population has minimal options for healthcare. On the contrary, poorer clients can rarely afford healthcare services.⁽¹²⁾ This exacerbates the existing inequalities in health and steep differentiation in life expectancy and the quality of health services.

In particular, considerable attention is paid to the impact of geographical factors on access to medical care. In rural and remote areas, the problem of access to medical facilities and doctors is particularly acute in rural and remote areas.⁽¹³⁾ Scientific works on this issue, particularly the research of Wilkinson and Pickett,⁽¹⁴⁾ point to the importance of developing policies to address these inequalities by creating mobile medical centres, telemedicine and infrastructure solutions.

An essential point in the literature on this topic is the study of the impact of education on access to healthcare services. Authors such as Zuckerman and Zhang⁽¹⁵⁾ and Krieger,⁽¹⁶⁾ have shown that low levels of schooling often coincide with a lack of health awareness, which limits the ability to receive appropriate healthcare. This is particularly relevant for vulnerable groups who often do not have access to groups who often do not have access to health information and are unaware of their health law.

Several studies have shown that socio-cultural issues also play an essential role in access to health services. In particular, Reutter and Hanlon⁽¹⁷⁾ emphasises that cultural beliefs and customs can prevent people from seeking medical care. In some societies, stigmatising specific illnesses or traditional beliefs about medicine can create additional barriers that exacerbate inequality.⁽¹⁸⁾ This situation requires individual approaches and cultural sensitivity in the planning of health services

In addition, scientific research often touches upon public health policy, its impact on healthcare access and ways to overcome inequalities.⁽¹⁹⁾ Study of policy solutions implemented by different countries to ensure equal access to healthcare services. Policy solutions implemented by various countries to ensure equal access to healthcare services, as well as practical examples for further transformation. In particular, the Collins study describes successful models of healthcare financing that can help reduce inequalities, such as public insurance or subsidies for people experiencing poverty.⁽²⁰⁾

Thus, this literature review on inequalities in access to healthcare services focuses on the efflorescence of the

issues and the need to analyse such a problem from multiple facets. The systematised research on inequalities' social, economic, cultural, and geographical aspects indicates that an intersectoral and interdisciplinary approach involving government agencies, non-governmental organisations, educational institutions, and patients is needed to address this problem.

CONCLUSION

Addressing the issue of unequal access to healthcare requires a comprehensive understanding of the social determinants that shape health outcomes. This study highlights the profound impact of financial constraints, regional disparities, and systemic inequities on the ability of individuals to receive adequate medical care. The findings underscore the necessity of prioritizing marginalized groups, including those in poverty, rural residents, and individuals facing discrimination within healthcare systems. Tackling these challenges through targeted interventions and further research is crucial for fostering a more equitable and inclusive healthcare system.

In light of the pressing issue of unequal access to healthcare, this study underscores the importance of addressing the social determinants of health that perpetuate disparities in healthcare utilisation. By focusing on vulnerable populations—such as the elderly, low-income individuals, residents of rural areas, and marginalised groups—this research aims to provide insights into the systemic challenges that hinder equitable healthcare access. The findings highlight the urgent need for comprehensive strategies to bridge these gaps, ensuring that medical services are available and accessible to all segments of society.

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