



Health Development:

a study of the determinants of health and the distribution of perceived health in [Afghanistan](#), [Armenia](#) and the [Russian Federation](#).

Achieving health goals on average for a nation does not necessarily ensure good health is equally spread among different socioeconomic groups and regions. Concerns about health inequalities make it necessary to recognise the health status of different groups and develop health policies accordingly.

What are the effects of different determinants of health on the population? For example, what are the associations between perceived health, use of health services and satisfaction with health services? Understanding perceptions of health among different socioeconomic groups and across regions are critical for policies and interventions aiming to ensure equitable distribution of resources and effective national health services.

This policy brief is based on research undertaken by Pavitra Paul, Hannu Valtonen, and Mihran Hakobyan under the auspices of the Department of Health and Social Management from the University of Eastern Finland.

Exploring determinants of perceived health

New research has examined the determinants of perceived health in three countries, each in a different phase of development: Afghanistan, Armenia and the Russian Federation. The studies explored different aspects but overall aimed to identify the:

1. Determinants of perceived health;
2. Associations between different determinants of health (structural and material);
3. In-country distribution (socioeconomic and geographical) of different determinants of perceived health and;
4. Influence of the different determinants on perceived health.

The Afghanistan study used data from 2009-2011; the Armenian study used data from 2010-2012; and the Russian Federation study used data from 1994-2013. This brief summarises the research findings and draws some conclusions.

Research methods

Studies in the three countries used country-specific longitudinal survey datasets: the Afghanistan household sample survey data (HSS: 2009-2011), the Russian Longitudinal Monitoring Survey (RLMS: 1994-2013) and the Armenian Integrated Living Conditions Survey (ILCS: 2010-2012). Researchers split the country-specific population into different socioeconomic groups based on reported income, possession of different material assets and access to public services. Using econometric methods, empirical analyses identified the association between different determinants of health, the association between perceived health status and different determinants of health.

Researchers also examined changes in differences of perceived health status between different socioeconomic groups of the population between 1994 and 2013; they identified the year-on-year perceived health gaps that needed to be eliminated for the worse-off Russians to achieve the level of perceived health status enjoyed by the better-off Russians. They also estimated the contributions of different determinants of health on health differences (inequalities). For all three countries, researchers measured age- and gender-adjusted differences in perceived health status.



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Key findings

Afghanistan

Over two decades of conflict have left Afghanistan struggling with development and one of the worst health situations in the world. The study is the first of its kind in a post-conflict society to identify the relationship between structural and material determinants of health.

In this study, structural determinants refer to education, income, wealth and the living standards of the household. Material determinants refer to the availability of health services, medicines, drinking water and access to education. Freedom of movement was also considered to be an important variable.

The study found evidence that inequalities in the material determinants of health are determined by geographical and socioeconomic factors. The majority of households in Afghanistan are rural, and there is better provision of all the material determinants of health in the capital, Kabul. However, Kabul has the highest proportion of poor households, signifying an unequal distribution of civic power and livelihood opportunities.

Post-conflict countries can learn three important points from the Afghan experience:

1. Freedom of movement is a very important structural determinant of health in order to improve the material determinants of health, more so than household socioeconomic characteristics.
2. Geographical differences account for 20-30% of variations in the availability of health determinants. This might be reflected in regional priorities and the provision of health services infrastructure.
3. Better financial conditions and improved household living standards have a positive association with all the material determinants of health.



Armenia

People in Armenia rarely seek health services and some experience serious health conditions as a result. Armenia is reforming its health system and is focusing on linking health system financing to the quality and volume of care provided.

Research in Armenia explored the distribution of perceived health status across different socioeconomic groups of the population and examined the relationship between individual satisfaction with perceived health status and the consumption of healthcare services.

Evidence suggests that people with perceived levels of good health tended to be more satisfied with health services than those with lower levels of perceived health status, although this was not consistent across regions.

The study also found important regional differences in perceived levels of health, with several regions having a better perceived health status than in the capital city, Yerevan. Rather than socioeconomic position, important determinants for satisfaction with health services were health service use and perceived dwelling conditions.

AFGHANISTAN REFERENCE: Paul Pavitra and Valtonen Hannu (2012): "The Association of Health Determinants with Socioeconomic Status and Districts in Afghanistan"; *International Journal of Development and Conflict*, 2(3).

ARMENIA REFERENCE: Paul Pavitra, Hakobyan Mihran and Valtonen Hannu (2016): "The Association between perceived health status and satisfaction with healthcare services: Evidence from Armenia"; *BMC Health Services Research*, 16(67).



Russian Federation

The collapse of the Soviet Union resulted in large fluctuations in household resources. Much research has explored the socioeconomic and political ramifications of the transition to a mainstream market economy, but little research has focused on the effects of the transition on the distribution of health.

Researchers examined the distribution of perceived health across different socioeconomic groups in the Russian Federation. Researchers found that over the period, the differences in perceived health between the worse-off and better-off Russians reduced. Controlling for the effect of age, gender, education, working status and the geography of residence, there was also a systematic improvement in perceived health status among the worse-off Russians.

Adults living in larger households enjoyed better-perceived health status, as did employed Russians; no work was a higher risk for poor health. Income, access to all publicly provided services and geography of residence also had a positive influence. Above anything however, owning durable assets (such as white goods and other than a car or tractor) had the greatest influence of all on perceived health.

Researchers found that avoidable inequalities in the perceived health status of the select group of Russians followed over the 19-year period reduced by over 60% over the period. However, it is important to acknowledge that reducing national inequalities in health requires reducing the difference in health status between the worse-off and the better-off.

REFERENCES: (1) Paul Pavitra and Valtonen Hannu (2016): "Inequalities in perceived health in the Russian Federation, 1994–2012"; *BMC Public Health*, 16(165). (2) Paul Pavitra and Valtonen Hannu (2016): "Health inequality in the Russian Federation: An examination of the changes in concentration and achievement indices from 1994 to 2013"; *International Journal for Equity in Health*, 15(36).

Conclusion

These studies in Afghanistan, Armenia and the Russian Federation have generated evidence on health inequalities and the determinants of health and perceived health. The most important findings are:

1. The effects of changes in the distribution of the determinants of perceived health are greater for producing health inequalities than the effect of changes in the distribution of population across socioeconomic groups.
2. The distributions of the determinants of health vary across time.
3. Changes in the distribution of differences in perceived health do not follow the changes in the differences of household income. Income alone has limited influence for raising the level of wellbeing (reflected as perceived health).
4. People who perceive their health status to be good tend to have greater satisfaction with health service use; people who use health services increasingly also tend to have greater satisfaction with services.
5. In Afghanistan, with its particular security situation, freedom of movement is a very important structural determinant of health in order to improve the material determinants of health, more so than household socioeconomic characteristic.

The population's level of health and wellbeing reflects the level of development for the country. Evidence suggests that differences in perceived health can be attributed to different exposure to welfare measures and access to public services. The differences in perceived health status within different socioeconomic groups are an important indicator for designing policy levers to improve the average health of the population. The reduction of differences in perceived health status over time between the worse-off and better-off groups of the population does not mean that the worse-off group has achieved a better health status.

Finally, the effects of the individual determinants of health change over time; however the determinants and the aggregate effects of those determinants for a particular geography may remain the same during the period.



Acknowledgments

Prof. Jürgen Maurer, Université de Lausanne, Switzerland and Prof. Jan Klavus, VATT Institute for Economic Research, Finland, for examining the full version of the research study.

Klara Peter, Associate professor and MS. Donna Miles, Senior programmer of Carolina Population Center, University of North Carolina, Chapel Hill, NC 27516, for making the Russian Longitudinal Monitoring Survey (RLMS) datasets available for this study.

MS. Elizabeth Grant, Senior program officer, Afghanistan field operation unit, The Asia Foundation, San Francisco, CA 94104, for Afghanistan household sample survey (HSS) datasets available for this study.

Alison Dunn of Write Space for writing this policy brief.

Jennifer Rose of Jennifer Rose Design for the design and production.