Healthcare, Reproductive Health, Services and Rights

Marneuli Municipality

Social Problems and Healthcare

Every single respondent from the Marneuli municipality recalled numerous incidents in recent years when either them or their loved ones could not afford to visit hospitals or doctors for a variety of reasons. With a few exceptions, the vast majority of the respondents named both the lack of funds and the high cost of health services as the primary reasons for their inability to do so. Consulting a doctor, getting medical checkups and getting diagnosed were expensive undertakings, especially when compared to Georgian wages, and therefore, the vast majority of women (with the exception of a few middle-income women and a few women who had health insurance) had trouble paying a visit to the doctor. Many interviewees pointed out that simply getting a diagnosis might cost as much as their family's monthly income or several times that amount.

More than half of the women who were surveyed mentioned that they constantly suffered from chronic pain or health-related issues. Women learnt to live with their pain because most of them were unable to consult a doctor despite suffering from health problems for a long period of time, often lasting for months or even several years. Many of them revealed that they had been constantly taking painkillers for years to cope with the pain. Most of the respondents also agreed that they were not the only ones with this problem. In their respective villages and the city of Marneuli, they knew a lot of cases where women were unable to consult a doctor due to their poverty; therefore, this seemed to be a common problem among the women of the region.

Even employed women who had their own income found it difficult to visit a doctor. The vast majority of the women surveyed stated that they had never been to a doctor for a preventive visit. They went to the doctor either when they were pregnant or had severe health problems. The only two respondents who went for regular checkups and preventive visits were not married and both had their own income. Married women who had their own income went to the doctor mainly to address their children's health-related issues, while they would visit the doctor themselves only when their health problems became too serious to ignore. One of the interviewees, a single mother, had not consulted a doctor since 2009, despite having acute health problems that have persisted for several years. She said that she only went to the doctor or a hospital when her child was sick, and even in those cases, she borrowed money in order to take her child to the doctor’s clinic. She had not been to the doctor herself for more than a decade! She said that she never had sufficient funds to get diagnosed or afford the treatment.

One of the respondents stated: *"The state generally does not invest resources in preventive care, it is so expensive that it remains inaccessible to the population ... State funding is [mainly] reserved for the most severe health problems."* She said that most of the surgeries that were funded by the state were reserved only for those occasions when a person was in an extreme health crisis and often these people die. Instead of such a scheme, she suggested, free government programs should also include preventive laboratory examinations and checkups, so that people could avoid extreme health problems.

Some of the respondents admitted that as a solution for their health problems, they had even consulted doctors with a dubious reputation only because they were much cheaper to visit. According to the

respondents, sometimes such visits had turned out to be a complete waste of their money. Some of the women also recalled that such doctors with dubious reputation had actually exacerbated their health problems.

The women pointed out that apart from getting the diagnosis, they also found it difficult to deal with their health problems after they had been diagnosed. Most of the respondents blamed the high cost of medicines as an enormous barrier. One of the respondents stated: "*I can not afford [to buy medicine] because I have financial problems. Sometimes I am not able to buy my medicine on time, sometimes I can only buy half of it.*" Another respondent also talked about being able to afford only half of their required medication or taking half a dose instead of the full dose of the medicine. Respondents also noted that the price of medicines had drastically increased in recent years. One of the respondents observed that some of the doctors had an agreement with the pharmaceutical companies, and therefore, mainly prescribed drugs from those particular companies, and as a result, the drugs that were already overpriced became even more expensive. Even in those cases when individuals were covered by the universal insurance, they could not remember even a single occasion when the insurance had covered the price of the medicine.

Moreover, it is also obvious that transportation problems create big obstacles for the poor population in the countryside, it becomes difficult, if not at times impossible, for women to go to hospitals that are located even within the same municipality. In certain villages, municipal transport does not run, while private transport runs irregularly and may not return until later in the evening. Any family without a car and residing in a village, will face great obstacles in terms of movement, which complicates the visits to the hospital as well.

Language Barrier

All of the respondents who could not speak either Georgian or Russian, and there were 11 such respondents in total, mentioned that one of the main obstacles faced by them within the healthcare system was the language barrier. While Russian-speaking women are able to visit doctors on their own and they do not face any communication issues, women who only speak Azerbaijani cannot go to the clinic on their own. Hence, they are obligated to take other individuals (family members, relatives or acquantances) along with them who can act as translators in the communication process between them and health workers. Moreover, many clinics do not have any Azerbaijani staff who can translate or directly understand the problems of these patients. This creates additional barriers for people because of the following reasons - first, their hospital visits are constantly attended and mediated by other people, sometimes even by people outside their families, with whom these women have to share the details of their medical history and lifestyle in order to receive the correct diagnosis and treatment. Second, sometimes the person who acts as the translator would be a man, which creates an additional inconvenience for them. Women mentioned that during such circumstances they avoided asking certain questions that they wanted answered or they felt ashamed while speaking about their health problems. It should also be noted that some of the women are accompanied by their mother-in-law or another family member, regardless of whether the woman or the family member speak either Georgian or Russian. Some respondents emphasized that it was much more comfortable for them to visit a doctor with someone from their family. However, others expressed the concern that they could never be completely honest with the doctors and could not ask the necessary questions about their health.

On the other hand, women who speak Georgian and sometimes act as translators for their friends and relatives, mentioned that when nobody spoke either Georgian or Russian in the family, people were forced to take long-distance relatives or acquaintances to the doctor. Most Georgian speakers are often very busy and they live in another city for either work or education, and therefore, non-Georgian speaking women have to often postpone their visit due to the unavailability of Georgian-speaking individuals. Additionally, this creates further risks during the treatment, since Georgian speakers have to carefully translate the prescriptions for the patients without committing any mistakes. The risks increase manifold, especially when the language skills of the Georgian speaker are not very advanced, but the medical language is, on the other hand, quite technical and precise.

One of the observations voiced by one of the respondents was that due to language barriers, Azerbaijani women were sometimes not even aware of their own diagnosis. Georgian speakers accompanying them were often not as competent as professional translators and lacked any medical education, and therefore, patients were often unable to understand exactly what their diagnosis meant. At the most, such women might have a very vague idea about what their health problems entailed. If women were wrongfully diagnosed, some of them did not know what type of error had been made: *"[Some women] do not know what their own diagnosis is and what it means. They cannot explain it to you ... They tell you that a mistake was made in a clinic but cannot explain at all what the mistake was,"* she said.

According to the same respondent, in recent years, some clinics in Tbilisi have finally started hiring ethnic minorities or people who speak those languages. This trend has slightly improved the situation, however, these problems are still acute in the region and most other clinics in Tbilisi usually do not have Azeri-speaking staff. Women in the Marneuli municipality considered the language barrier to be one of the biggest obstacles in the present healthcare system. Some interviewees thought that adding nurses or competent translators who spoke those languages to the clinics that were in areas populated mainly by the various non-Georgian-speaking minorities could go a long way in alleviating the problem.

Interviewees who were Georgian speakers noted that the attitude of the medical staff towards the Azeri-speaking population was completely different than their attitude towards those who spoke Georgian. Those who could not communicate in the Georgian language were generally treated with disrespect, and they had personally witnessed such incidents on multiple occasions. Moreover, one of the respondents said that despite her perfect knowledge of Georgian, she had been mistreated, and she attributed this to her ethnicity: *"As a Georgian-speaking individual, I have witnessed it with my own eyes ... Sometimes they mention different ethnic groups with disrespect … I have been a witness and have expressed my protest. Their attitudes towards minorities have been quite different.*" Some respondents even suspected that in certain cases the indifference of the doctors towards some of the patients might had been due to the latter's ethnicity.

Quality of Services and Qualification of Medical Staff in Hospitals

Some of the respondents had a deep sense of distrust towards the hospitals in the Marneuli municipality. Some completely avoided going to local clinics, while others said that they did not have the funds to go to Tbilisi, and hence, preferred local clinics. Tbilisi clinics were more expensive, and due to their own state of poverty, whenever these women were able to visit a doctor, they would visit local clinics and hospitals. However, some of the respondents distrusted the local health clinics because of their and their relatives' traumatic experiences. Several interviewees recalled that their relatives had been misdiagnosed or

experienced bad medical treatment which had occassionally even ended with fatalities. The women generally questioned the qualifications of the medical staff and mistrusted the local clinics and their doctors. But they also stated that due to a lack of enough helping hands, the existing staff in Marneuli hospitals often had too many responsibilities, and as a result, they had long working hours that further complicated the situation and prevented them from adequately paying attention to all the patients. One of the respondents believed that the doctors from an older generation in these local clinics were generally more trustworthy. However, some of the women also pointed out that due to their mistrust, they sometimes got their diagnosis done in other clinics elsewhere. In the few villages where there was a hospital, the staff might know the Azerbaijani language, and therefore, some of the patients preferred to visit these clinics. On the whole, however, in most of these villages, the qualification of the staff and the quality of medical service remained particularly dubious.

Additionally, several respondents reported being treated with indifference, i.e. the doctors did not even examine them or did not take their concerns seriously. A respondent recalled that on multiple occasions her problems were not taken seriously by the medical staff of the local clinics. For example, instead of a proper medical diagnosis, the doctors would just advise her "to stay warm," or would issue empty assurances like "it will eventually pass", etc.

In the health clinics, even before the pandemic, relatives often faced great difficulty obtaining information about the condition of their patients, and it would usually take them a long time to acquire any relevant information. In addition, one of the respondents, who spoke Georgian herself, recalled that in one of the Marneuli health clinics, the staff had insisted the family members to sign a document without explaining its content, and the staff eventually did so only after she had firmly requested them several times to explain the document. Therefore, she thought that this might be a common practice in several other regional clinics as well.

Due to the lower quality of healthcare services in this region, several people actually preferred visiting Tbilisi hospitals. However, even if the women did not have financial problems and could afford to go to the doctor in Tbilisi, they often had to postpone their visits by several months due to their work or household chores. On top of that, the situation was made worse by the fact that travelling to hospitals located in the capital usually took several hours, and many doctors did not work on the weekends which were the only time the women could spare for such long travels.

Pregnancy and Reproductive Health

Some of the respondents in the Marneuli municipality observed that access to crucial information about contraceptives and practicing safe sex among women varied across geography, generation and in terms of their educational background. Educated women, younger generation and women who live in cities have access to more information regarding these issues. The interviewees also observed that sometimes women did have information about contraception, but they were unable to afford them. Respondents believed that information about contraception was generally lacking in the region; knowledge about sexual activities and information about women's bodies were also inadequate. One respondent pointed out that irregular menstrual cycles and related problems that could potentially be rooted in other health problems were quite common in the region. However, women and girls often did not disclose such problems, and since they also did not have information that an irregular cycle might indicate another underlying health issue, they often refrained from going to the doctor. This often led to serious

reproductive problems in the future, but due to a general lack of information, awareness and resources, they remained untreated or undiagnosed till it was too late.

Among the women surveyed, some admitted that they had been to only 2 or 3 checkups during their pregnancy, and they cited various reasons for such a low frequency. Some of them mentioned that it was related to financial difficulties, while one of them confessed that along with financial problems, she had also been ashamed to go for a gynaecological examination. However, in recent years, it seemed that the governmental program that had begun offering 8 free visits to pregnant women had somewhat reversed this tendency. Out of all the interviewees, women who had given birth in recent years had made full use of such state - sponsored free visits. Apparently, such initiatives have had a positive effect on pregnant women in the region and encouraged them to visit doctors.

With the exception of pregnancy or the most acute gynecological problems, most women had never been to a gynecologist for a checkup. The primary reasons were financial constraints as well as a sense of shame that they would be judged for going to a gynecologist. Only those interviewees had been to a preventive gynecological checkup at least once who had private insurance of their own or their own income; however, even several of the women with their own income admitted that they had never been on a preventive checkup.

According to most of the respondents, self-induced abortions were not uncommon in the region. Although certain women did mention that they had not heard of such abortions in recent years, more than half of the respondents admitted that they had heard of at least a few instances of self-induced abortions in the past 5 years, and some respondents even went as far as saying that this was a fairly common practice in the region. Respondents said that women mostly resorted to medical abortion without consulting doctors. Respondents thought that this was due to the fact that consultations and abortions in the clinics were expensive; additionally, women did not want to have their identities revealed. According to one of the respondents, even the techniques involving herbal recipes were used at times, although this happened in extremely rare cases, since the overwhelming majority of the self-induced abortions were performed using abortion pills. One interviewee admitted that she had also heard about some doctors covertly carrying out illegal abortions, although she had not heard about such cases in the past 1-2 years. The vast majority of respondents believed that self-induced abortion was one of the most dangerous practices for women and one of the biggest challenges currently in the region, especially because many of them remembered several cases where self-induced abortions had ended badly for the women who had attempted them.

Need for Universal Insurance

Only 1 of the respondents was privately insured through her workplace and she had been actively using it for her healthcare. Few of the respondents who had chronic health problems used the universal insurance, although this insurance still did not cover their medications. It is obvious that information about universal insurance is limited in the region. Often women (and men) either do not know that they qualify for universal insurance or they do not know how to make use of it and they end up paying for consultations that were supposed to be covered by the universal insurance. The women in the study who had information about universal insurance actively used it and it helped them alleviate their problems. These women were among the ones who were mainly suffering from chronic diseases (such as thyroid problems, diabetes, etc.). The universal insurance and similar other programs implemented by the municipality has

slightly alleviated the financial problems faced by people with disabilities, although families that have members with disabilities still have to invest a lot of money in taking care of their loved one's health.

By observing the responses in the study, it is obvious that there is also a lack of information regarding state-funded programs. For instance, there seems to be a widespread ambiguity about the type of surgeries that are funded by the municipality or the state. One interviewee mentioned that she was refused funding in Marneuli City Hall and was told that they did not have such free programs. According to the same respondent, *"in the village people kept saying that there is [state] funding. But others tell us that there is no such program. This is much uncertainty."* Interviewees did not have much information either about the fact that free screening tests were available for certain groups in the region.

During the survey it was apparent that a large part of the population has either no information or is misinformed about the free governmental programs and other state funded resources. One could say that one of the main reasons for the existence of misinformation might be the language barrier. However, the problem of misinformation is also observed in the segment of the study that was conducted in Adjara, so we couldn't eventually attribute it to the language barrier alone. It was obvious that information was still inaccessible to a lot of people even when they visited the City Halls because their staff often failed to provide comprehensive information to the citizens.

It was also revealed that the process of receiving state funding was slow, and sometimes during emergency surgeries, the funding was not provided on time at all. The application procedure was time consuming as well with frequent long queues, and as a result, the beneficiaries often had to return to the City Hall several times to complete the procedure. Such inconveniences often compelled several individuals to opt for the faster, but more expensive, option of financing the surgery all by themselves.

Adjara

Social Problems and Healthcare

Much like their counterparts in Marneuli, many women in Adjara did not visit a doctor until they faced severe health problems. Socio-economic hardships and expensive prices in the healthcare sector had been named as some of the main obstacles that prevented visits to the hospitals. Respondents pointed out that merely consulting a doctor wasn't enough to get an accurate diagnosis, and they usually did not have enough funds for further medical tests like X - Rays and Ultrasounds. Moreover, these obstacles negatively impacted not only the poor women of the region but also the women from middle-income families. In Adjara, similar to Marneuli, many women live in pain and cannot visit the doctor for long periods of time, and this is especially the case in the villages of highland Adjara. Women from these areas consult a doctor only if their condition is very severe and the pain is unbearable. Due to financial problems, women sometimes have to pause their treatment or the process of diagnosis when they were only halfway through. Some women can only afford the consultation with a doctor but can not get medical tests and other examinations done afterwards. Others are unable to even buy the required medicines after getting diagnosed. Inevitably, such practices sometimes have rather unfortunate consequences. One of the interviewees said: *"In most cases, these women stay at home and continue to co-exist with that difficult illness; they continue to live a difficult life, and it sometimes ends in fatal consequences. Even diseases that concern the reproductive system, such as gynecological issues, uterine bleeding, [etc. remain untreated]*

and she herself does not pay attention to this issue, does not go to see a doctor and it ends with a very bad result. In this regard, life is [indeed] very hard for women, especially in rural areas."

The vast majority of the respondents believe that this is a very serious problem in Adjara. One of them states: "*You might feel pain but you do not pay attention because it costs a lot to see a doctor. We do not have a context where you go there in advance even if you have money. It is true that you have to take care of yourself first, but when you see a family behind you, [which] does not have enough resources ... you do not allow yourself to go and do medical examanation on yourself unless it troubles you."*

However, several women in Adjara also said that they usually paid great attention to their health even if they did not have any prior health problems, and they regularly took preventive measures and went for scheduled check-ups frequently. But the number of such respondents among the women surveyed was actually quite low.

The respondents unanimously stated that the prices of medicines had increased drastically in recent years, and therefore, they often did not have access to medicines produced in Georgia or sold in Georgian pharmacies. Many women said that going to Turkey and buying medicines there was a much cheaper alternative and sometimes they actively used this option. One pensioner recalled that one of her friends who had received funds for the medication needed for her chronic illness had to then share the medicine with another friend who could not afford to buy it. Adjarian respondents indicated that the prices of medicines were one of the main obstacles in the field of healthcare in Georgia. In addition, a large section of the respondents also questioned the overall quality of Georgian medicines. According to one of the interviewees: *"When we went to Turkey, we bought medicines for half the price. These drugs were much cheaper than ours. Our medicines are expensive and of poor quality. Because of Covid, they doubled and quadrupled the prices of medicines."*

Lack of Information and Mistrust

Most of the respondents admitted that they had never been to a health clinic or a doctor for planned or preventive purposes. Some of them said that they suffered from severe health problems but for various reasons were unable to visit a doctor. This trend was further complicated by the onset of the Covid-19 pandemic. Due to the fear of contracting the virus, women decreased the frequency of their visits to the doctors even more. Of course, financial difficulties had always been one of the biggest obstacles faced by them, although this was not the only reason.

One of the respondents remarked that in cases where people did not have any financial problems, they still sometimes avoided visiting the doctor. On one hand, respondents explained this tendency by pointing out that access to resources and information on health, especially on reproductive health, was quite limited, and as a result, women were often unaware of the health risks they might face in the future. However, the survey also showed that many women mistrusted the healthcare sector as well.

A young woman who suffered from gynaecological problems and needed to consult a gynaecologist said: *"Partly I am wary of the economic situation and partly it is distrust. "I haven't been [to the medical consulation], I would rather endure a little pain and go to a doctor I trust, even in another country, because I have heard a lot of stories where people had been getting wrong health treatments and their conditions worsened."*

Another woman who had universal insurance said that if the health problem was serious, she did not trust the clinics to treat her well, even though the costs of the clinic were covered by the universal insurance. She said that she would prefer visiting private medical clinics in case of a serious health problem, yet, they were quite expensive and she was still not sure of the quality of the medical service provided by the private clinics: *"They make big mistakes and I can not trust them because they do allow people to visit the doctor that they want to visit and I have the impression that sometimes their purpose is to sell drugs. When it comes to universal insurance, I used it once or twice, but I never benefited from universal insurance. I prefer to take out a small loan or borrow money and go to the doctor that I want to visit. But even if I pay a lot of money I know even in this case I will not get a quality service. I do not trust the universal insurance doctors ... I have even noticed that if one doctor has prescribed you the medicine for one thing, another doctor does not check whether the new prescription medicine reacts with other drugs that you use. The main purpose is to sell medicines."*

More than half of the respondents mistrusted both the doctors and the health clinics. They recalled their own experiences, or experiences of their family members, neighbors and close relatives when misdiagnosis or wrong medical treatment had caused serious health problems, including death. Some of the respondents also questioned the quality of private clinics. According to the interviewees, in Khulo dispensary, they only received the simplest of medical services. Often they had to double-check the diagnosis elsewhere and were always doubting whether their doctor was qualified. Some women thought that the whole healthcare system was quite problematic - the problems were further aggravated by the fact that one doctor might have to work at 2-3 places and that too in double-shifts.

Respondents also recalled cases of getting indifferent or insufficient attention from the doctors in the hospitals. Some interviewees said that despite having severe health problems, they were not attentively treated until they found acquaintances at the clinic. Respondents were remembering many incidents from their own and their relatives' experiences when doctors could not give them correct diagnosis and they had to go to Turkey in order to be diagnosed and get the proper medical treatment.

For the respondents, one of reasons for their mistrust of the system seemed to be the dubious qualifications of the doctors, as well as their constant fatigue while doing their jobs. In Adjara, similar to Marneuli, respondents also voiced suspicions that the doctors and the pharmaceutical companies were primarily interested in profit, and therefore, they often deliberately prescribed unnecessary laboratory tests to the patients. Some of the respondents said that they refrained from planned and preventive health examination partly due to these anxieties. They were afraid that if they went to the clinic for a checkup, they would be subjected to unnecessary medical tests: *"If they see someone like that, they will tell a lot of tales. They are more interested in earning money than treating you,"* said one of the respondents. According to another interviewee, when she saw cases of surgeries being performed incorrectly and people getting misdiagnosed, she thought to herself: *"I should not be held guilty for not trusting this system. You can still trust doctors in Tbilisi and other big cities, but I think for 60% of doctors, making money is more important than taking care of their patients' health."*

According to the respondents, only simple health problems can be solved in Khulo. If they had more serious health problems, they usually went to Batumi or Turkey, which obviously cost a lot more money. Although compared to the healthcare infrastructure in these cities they had more faith in the Tbilisi hospitals, going to the capital was still associated with even more financial costs. Moreover, there is a great deal of distrust towards the Tbilisi hospitals as well, and most of the respondents actually trusted

the Turkish healthcare system the most, although they always had to mobilize sufficient funds for their medical visits to the neighboring country.

Universal Insurance

The respondents surveyed in Adjara knew more about the existence of universal insurance than the ones in the Marneuli municipality. However, many of the respondents still had either fragmented or incomplete information about the universal insurance. In Adjara, people working in the healthcare sector, as well as people with chronic diseases, were usually the ones best informed about how it works. But the ones who had actually used their universal insurance also pointed out that it did not cover much of their medical needs.

Many respondents observed that after the universal insurance reform, it no longer financed some of the most important surgeries. One of the interviewees said: *"Most of all, I wanted the hospital to be free because the hospital is expensive. If I felt pain or had health problems, I would be able to easily get to the hospital; but now I am told that I cannot qualify, that I have a high social score, that I do not qualify for medical help, I have received such answers many times."* Similar concerns were raised by several other women as well.

According to a woman working in the healthcare field, many people were misinformed about the universal insurance. People often misunderstand or have fragmented information about the insurance, and they cannot say in which category they were included and if they qualified for the insurance. It was also clear from the interviews that people do not distinguish between the universal insurance services, the free municipal services (e.g. free municipal medicine program for retirees), and the municipal funding reserved for surgeries. As a result, many individuals can only partially use (or in rare cases, are entirely unable to use) these resources. Consequently, their awareness of governmental funding and similar services is equally low. Despite all these problems, the universal insurance program, along with other health programs and services, is still an important resource for the Adjarian population due to their socio-economic difficulties.

Reproductive Health

More than half of the women who took part in the survey had heard of multiple cases of self-induced or illegal abortions in Adjara. Similar to Marneuli, some women in Adjara took medication for abortion without consulting a doctor. Respondents recalled that some of their acquaintances had even died in this process. According to the interviewees, women resorted to this method for several reasons. The major reason was that women were unaware of the risks associated with self-induced abortion. The second reason was that women usually did not want others to know that they had opted for an abortion, thereby ruling out the possibility of seeking help from others for the process. The third reason was adverse financial circumstances. Women often found it difficult to pay for abortion at a local health clinic, and self-induced medical abortion acted as a much cheaper alternative.

When it came to having access to information about safe sex, most women thought that there was a general lack of knowledge in the region. Some interviewees felt the urgent need to spread more information on reproductive health, be it in the form of education in schools or informational meetings

organized by municipalities. According to one of the respondents, most people got information about birth control only when they visited a doctor, and that too was an insufficient resource.