

CHAPTER 11

UTILISATION OF HEALTH SERVICES AND CHRONIC MEDICATION

11.1 Introduction

The survey asked adult respondents about their use of health services in the last month and whether they had been satisfied. In addition, respondents were asked whether they are covered by a medical aid or medical benefit scheme. Respondents were asked about prescribed medication that they take regularly and what condition the medication is for. They were asked to present any regular prescribed medication and details were noted by the interviewers. These respondents were asked who covers the cost for the medication.

The drug utilisation patterns of adult South Africans for chronic conditions are reported in this chapter. These patterns have identified a number of problems that will have to be addressed in order to establish a cost-effective prescription drug policy for chronic diseases in South Africa

11.2 Health Services Attended

The proportions of males and females using public as opposed to private sector health facilities are similar (Table 11.1). Slightly more females use public sector services than do males. After the public and private health sectors, pharmacists and dentists respectively, were most used. The use of the total private health care sector is even more significant when one adds use of private sector pharmacists and dentists in private practice. A sizeable proportion of adults also use traditional and faith healers with slightly more females (3 percent) compared to males (2 percent) using faith healers.

For almost every age group, more men and women use public sector than private sector health sources; however, among those in the more economically active age groups, the differences are smaller. This suggests that those who can afford to pay prefer to use the private rather than the public health sector. Interestingly there does not appear to be an age pattern in the use of traditional and faith healers. Utilisation of these services appears to be similar for all age groups.

The patterns of utilisation of health services by type of place of residence (urban/non-urban), province, education level and race is shown in Table 11.2. Adults living in urban areas are more likely to use the private health sector than those living in non-urban areas. In urban areas, 16 percent of the sample report using the private sector compared to 9 percent of those in non-urban areas. Urban respondents also report higher utilisation of pharmacists and dentists.

Adults in the more rural provinces utilise the public sector more often than the private sector. Table 11.2 indicates that residents of the Eastern Cape, Northern Cape, KwaZulu-Natal, and the North West province use the public sector more often than their counterparts in the Western Cape and Gauteng. The more rural provinces also show lower utilisation of pharmacist and dental services, presumably because these private sector services are not very accessible in these provinces.

While more Africans use the public sector than the private sector (20 percent compared to 10 percent), more whites and Asians more often use the private sector compared to the public sector. Only 9 percent of whites use the public sector. There is an association between educational level and utilisation of the public sector. People with lower educational levels are more likely to use the public sector. Only 7 percent of those with an educational attainment greater than matric use the public sector, while 11 percent use the private health sector. Those with an education of matric or higher are less likely to report use of traditional or faith healers.

Table 11.1 Health services attended, by age and sex

Percentage of adults who sought care in last 30 days at facilities/providers in the public sector, the private sector, chemists, traditional healers, faith healers and dentists, by age and sex, South Africa 1998

Age group	Public sector		Private sector		Chemist		Traditional healer		Faith healer		Dentist		Number	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
15-24	8.7	16.7	5.2	11.3	3.3	5.2	1.2	1.1	1.8	2.4	2.4	2.3	1,815	2,084
25-34	11.6	20.6	10.9	14.8	6.3	7.1	2.2	1.2	1.7	3.0	3.0	2.8	1,123	1,721
35-44	13.1	16.5	13.9	15.1	7.2	8.0	2.0	2.0	2.4	3.4	3.4	1.9	1,004	1,460
45-54	16.8	26.6	14.8	18.3	10.8	12.6	1.5	1.0	2.8	2.6	2.6	2.3	701	1,116
55-64	22.4	29.9	14.3	18.1	8.8	9.4	1.9	1.5	3.3	2.5	2.5	3.0	518	914
65+	27.9	30.5	15.3	16.9	8.3	8.5	1.4	1.2	1.8	1.8	1.8	1.5	507	861
Total	14.0	21.8	10.8	15.1	6.5	7.9	1.7	1.3	2.1	3.0	2.7	2.3	5,671	8,156

Table 11.2 Health services attended

Percentage of adults who sought care in last 30 days at facilities/providers in the public sector, the private sector, chemist, traditional healers, faith healers and dentists by background characteristics, South Africa 1998

Background characteristic	Public sector	Private sector	Chemist	Traditional healer	Faith healer	Dentist	Number
Age group							
15-24	13.0	8.5	4.3	1.1	2.1	2.4	3,900
25-34	17.1	13.3	6.7	1.6	2.7	2.9	2,844
35-44	15.1	14.6	7.7	2.0	3.0	2.5	2,466
45-54	22.8	19.6	11.9	1.2	2.7	2.4	1,817
55-64	27.2	16.9	9.2	1.7	3.6	2.8	1,432
65+	29.6	16.6	8.4	1.3	2.6	1.6	1,369
Sex							
Male	14.0	10.8	6.5	1.7	2.1	2.7	5,671
Female	21.8	15.1	7.9	1.3	3.0	2.3	8,156
Residence							
Urban	17.9	15.8	9.8	1.4	2.4	3.3	8,569
Non-urban	19.8	9.3	3.3	1.5	3.2	1.1	5,259
Province							
Western Cape	19.1	14.3	11.0	0.8	1.3	2.8	1,519
Eastern Cape	22.8	11.2	4.7	1.9	2.6	2.2	1,920
Northern Cape	21.8	12.7	3.8	0.0	0.2	1.1	303
Free State	16.1	10.6	7.1	1.3	0.8	2.5	963
KwaZulu-Natal	21.3	15.0	6.2	1.4	3.2	2.0	2,672
North West	21.5	6.7	2.7	1.0	1.9	2.1	1,199
Gauteng	13.5	18.9	13.5	1.9	2.9	3.9	2,986
Mpumalanga	18.2	15.1	6.4	2.8	6.2	2.5	885
Northern	16.9	6.2	1.3	0.9	2.9	0.8	1,381
Education							
No education	25.1	10.1	1.6	1.8	3.5	0.9	1,748
SubA-Std3	24.8	11.0	2.6	2.0	4.3	1.3	1,864
Std4-Std5	22.2	10.0	3.1	1.6	2.5	1.9	1,890
Std6-Std9	16.8	12.4	7.0	1.3	2.8	2.4	5,390
Std 10	13.7	18.8	14.9	1.4	1.0	4.6	1,922
Higher	6.9	11.0	22.8	0.3	0.8	5.0	935
Population group							
African	19.6	10.2	3.2	1.9	3.2	1.7	10,526
Afr. urban	19.3	11.9	4.3	2.1	3.1	2.5	5,723
Afr. non-urban	19.9	8.2	1.9	1.7	3.4	0.8	4,803
Coloured	19.9	14.7	4.4	0.1	0.7	2.1	1,444
White	9.2	31.6	40.4	0.2	0.8	8.9	1,331
Asian	20.6	25.1	14.4	0.2	1.0	2.4	495
Total	18.6	13.3	7.3	2.7	1.5	2.5	13,795

11.3 Satisfaction with Services

Users of public sector health services appear more dissatisfied with the service than those using private facilities and services (Table 11.3). This is clearly seen by the fact that 12 percent of those who visited day hospitals, government clinics and government hospitals said they were dissatisfied, compared with only 7 percent of those using private hospitals. An exception in Mpumalanga where more respondents using the services of private doctors expressed dissatisfaction with services than those using day hospital services. However, more respondents using public sector clinics or hospitals in Mpumalanga were unhappy with service quality than those using private doctors (10 percent and 7 percent respectively).

More males were dissatisfied with the services of district surgeons and private doctors than females. In addition, more urban respondents were dissatisfied than their non-urban counterparts using a range of services viz., day hospitals (15 percent versus 7 percent), district surgeons (6 percent versus 2 percent), hospitals (7 percent versus 5 percent) and chemists (4 percent versus 2 percent). However, non-urban respondents were more unhappy with services rendered by private doctors compared to urban dwellers (7 percent versus 5 percent).

Provincial comparisons suggest that respondents using day hospitals in the Western Cape were the least satisfied of all respondents using such services nationally (21 percent). Of those using public sector clinics, respondents in the following provinces appear to be least dissatisfied: North West (4 percent) and Northern Province (6 percent). Public sector clinic users in the following provinces expressed more dissatisfaction (more than 10 percent dissatisfied respondents): KwaZulu-Natal (16 percent), Free State (14 percent), Gauteng (13 percent), and Western Cape (13 percent). The least dissatisfied users of private hospital services were respondents from the Eastern Cape (4 percent) compared to their counterparts in Gauteng (7 percent), KwaZulu-Natal (8 percent) and the Western Cape (11 percent). With respect to race, more coloured users of day hospitals expressed dissatisfaction with these services (17 percent) followed by urban Africans (14 percent). A large percentage of Asian public sector clinic users expressed dissatisfaction with these services (26 percent) compared to other race groups. More African (7 percent) and coloured (8 percent) respondents complained about services rendered by private doctors than either Asians (2 percent) or whites (4 percent).

From Table 11.4, it can be seen that the major problems in the public sector appear to be long waiting times and staff attitudes. The lack of access to doctors at public sector clinics also appears to result in dissatisfaction as does the short consultation time. However, the attitude of private sector health personnel and long waiting times are also cited as reasons for dissatisfaction.

Table 11.3 Satisfaction with health services

Percentage of care-seekers who were dissatisfied by background characteristics, South Africa 1998.

Background characteristic	PUBLIC SECTOR										PRIVATE SECTOR							
	Day hospital		Clinic/Hospital		District surgeon		Private doctor		Hospital		Chemist		Traditional-healer		Faith healer		Dentist	
	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number
Age																		
15-24	11.2	149	10.2	373	*	16	3.6	269	6.3	80	4.8	164	12.6	41	5.0	76	1.9	82
25-34	12.7	139	11.2	241	1.9	36	7.3	301	4.0	76	4.1	191	7.9	45	4.7	69	7.5	79
35-44	14.1	98	9.7	268	0.7	32	6.6	303	7.9	62	4.9	190	8.8	49	2.0	75	2.1	57
45-54	12.9	117	16.4	287	16.2	34	7.4	254	9.4	48	2.8	209	*	*	14.3	44	0.0	41
55-64	11.7	108	11.2	268	0.7	33	4.4	215	5.2	28	2.0	131	*	*	3.4	50	0.0	40
65+	10.4	130	11.8	269	3.9	40	5.5	187	8.9	42	3.7	115	*	*	2.8	35	9.3	22
Sex																		
Male	12.6	253	12.6	523	6.6	69	7.9	501	7.8	124	4.5	365	15.3	91	3.9	113	2.8	141
Female	11.8	488	11.3	1283	3.1	122	4.9	1029	6.1	212	3.4	635	12.5	105	5.6	235	3.8	181
Residence																		
Urban	14.9	480	13.5	1049	5.6	125	5.2	1128	7.2	253	4.3	830	13.6	118	5.1	187	1.3	269
Non-urban	6.9	260	9.1	757	2.0	66	7.9	401	5.3	82	1.5	170	14.1	78	5.0	161	13.7	54
Province																		
Western Cape	20.5	197	12.7	105	*	17	7.3	191	10.5	26	4.1	167	*	*	*	*	6.9	39
Eastern Cape	14.8	117	11.8	336	4.3	28	5.9	182	4.1	41	5.7	89	17.1	35	8.7	50	1.6	42
Northern Cape	3.9	6	8.2	53	9.1	8	2.9	33	8.0	6	0.0	12	*	*	*	*	*	*
Free State	9.3	25	14.3	118	3.4	25	4.5	89	*	*	1.2	69	*	*	*	*	3.5	24
KwaZulu-Natal	14.1	122	15.5	476	*	21	8.5	336	7.5	81	2.5	163	11.1	37	7.4	83	7.6	54
North West	5.0	76	3.6	159	2.5	41	0.0	68	*	*	9.5	33	*	*	*	*	*	*
Gauteng	0.0	58	12.7	313	*	19	4.7	454	7.0	114	4.0	394	*	*	7.1	74	0.0	105
Mpumalanga	5.9	76	10.2	85	*	18	7.4	118	15.7	19	4.1	57	0.0	23	1.5	54	0.0	21
Northern	5.6	61	5.7	162	*	15	3.9	58	*	*	*	*	*	*	0.0	36	*	*
Education																		
No education	4.1	105	8.3	312	5.1	38	7.2	139	1.7	38	4.1	28	17.6	30	2.0	60	*	*
SubA-Std3	16.3	148	13.5	323	1.7	29	10.7	165	14.3	32	4.3	48	11.6	38	5.9	77	*	*
Std4-Std5	12.1	128	12.7	298	1.8	27	10.2	151	16.6	32	0.9	59	*	*	4.3	47	3.3	34
Std6-Std9	13.1	273	12.8	622	5.9	57	5.0	545	4.0	124	1.8	369	14.5	71	7.1	139	6.9	119
Std 10	10.3	68	9.8	198	0.0	21	2.2	307	9.8	69	6.1	285	*	*	*	*	1.6	87
Higher	*	*	13.4	40	*	1	6.2	215	0.6	40	4.9	213	*	*	*	*	0.0	44
Population group																		
African	11.2	564	11.5	1474	3.3	137	6.8	828	9.5	223	4.5	328	14.1	191	5.2	318	2.6	165
Afr. urban	14.4	317	13.3	780	4.0	80	6.2	516	11.6	146	5.1	238	14.0	114	5.3	161	0.0	127
Afr. non-urban	7.0	247	9.4	694	2.3	58	7.8	312	5.6	78	2.8	90	14.3	77	5.1	158	11.5	37
Coloured	17.3	138	8.9	157	9.4	22	7.7	181	0.9	26	5.3	64	*	*	*	*	7.6	30
White	*	*	7.4	90	6.2	27	4.1	402	1.6	65	2.9	535	*	*	*	*	3.0	16
Asian	*	*	25.9	84	*	22	1.6	115	*	*	6.6	70	*	*	*	*	*	*
Total	12.1	740	11.7	1,006	4.3	191	5.9	1,529	6.7	335	3.8	1,000	13.8	195	5.0	347	3.3	322

Note: An asterisks indicates a figure is based on fewer than 25 respondents and has been suppressed.

Table 11.4 Reasons for dissatisfaction

Percent distribution of recent health seekers by reported reasons for dissatisfaction with health service, according to health care facility/provider, South Africa 1998

	Long wait	Staff rude	Short consultation	Did not see Doctor	Other	Total	Number
Public sector							
Day hospital		41.0	22.7	7.6	9.4	19.3	89
Clinic/hospital		26.1	16.6	12.3	14.7	30.3	211
Private sector							
Doctor		8.2	9.3	22.3	4.0	56.2	90
Chemist		14.9	9.8	4.4	NA	71.0	38
Traditional healer		27.4	16.0	29.9	NA	26.7	27

Note: Private hospital, faith healer and dentist had fewer than 25 respondents and have been omitted from the table
NA = Not applicable

11.4 Access to Medical Aid

Only 17 percent of the adult population of South Africa have access to some form of medical aid or benefit scheme (Table 11.5). Access to medical aid is highest among people aged 35-44 but lowest among the elderly and young adults. Slightly more adult men have access to medical aid than women. Urban and non-urban areas have a high disparity in access (24 percent and just 6 percent respectively). The proportion of adults with access to medical aid is lowest in Northern Province (7 percent). Eastern Cape, KwaZulu-Natal and North West also have comparatively low levels of access to medical aid. In contrast, the Western Cape and Gauteng have relatively high levels of access (26 percent and 30 percent respectively). Access to medical aid is positively associated with educational level. The biggest disparity in access to medical aid is observed among the population groups. Whereas 75 percent of whites have access to medical aid, only 8 percent of Africans have access.

11.5 Self-reported Chronic Disease Drugs Used

Tables 11.6 and 11.7 show the self-reported pattern of medication for chronic diseases used by men and women, as well as the pattern of drugs that could be listed by the field workers from the drug containers presented by participants in the homes.

Overall, 13 percent of men and 18 percent of women reported that they are taking prescribed medication regularly. For every age group fewer men than women report using these drugs and as anticipated, the older the participants, the more drugs they use. More urban than non-urban people use drugs and for urban women the number is double that of non-urban women.

Prescription drug use for men is most frequently reported by respondents from Northern Cape followed by Gauteng and least frequently reported by those from the Northern Province. For women the most frequent reporting occurred in the Western Cape.

Approximately two thirds of the people who are taking regular medication report they are taking more than one drug. Of the men who report taking drugs, 37 percent use only one drug, while about 18 percent use four or more drugs regularly. For women, about 32 percent report using one drug, while 21 percent report using four or more drugs regularly. It is noteworthy that the least educated and the most educated groups, particularly among men, are most likely to report using prescribed drugs on a regular basis. This could possibly be related to the fact that the least educated receive their drugs from the public health services and also tend to be older people, while the most educated are more frequently employed and, thus, have access through their employers to medical aid support for buying chronic medications. It is particularly those men who have between Std 4 and Std 9 schooling who reported using chronic diseases

Table 11.5 Access to medical aid	
Percentage of adults who reported that they have medical aid by background characteristics, South Africa 1998	
Background characteristic	Percentage with medical aid
Age	
15-24	12.9
25-34	17.9
35-44	22.5
45-54	20.2
55-64	17.5
65+	12.6
Sex	
Male	18.1
Female	16.3
Residence	
Urban	23.8
Non-urban	6.1
Province	
Western Cape	26.2
Eastern Cape	10.1
Northern Cape	20.1
Free State	16.8
KwaZulu-Natal	11.2
North West	12.0
Gauteng	29.5
Mpumalanga	13.9
Northern	6.8
Education	
No education	1.8
Sub A-Std 3	3.4
Std 4-Std 5	6.2
Std 6-Std 9	17.5
Std 10	33.0
Higher	59.0
Population group	
African	8.3
Afr. urban	12.3
Afr. non-urban	3.5
Coloured	22.7
White	75.3
Asian	27.4
Total	17.1

drugs less frequently. This finding is verified when looking at the pattern of listed drugs for men against their level of education.

By far, the highest rate of drug use is reported by white participants, followed by Asians, while African participants, particularly from non-urban areas reported using prescribed drugs least frequently. This finding is again supported when looking at the pattern of listed drug use. It is not surprising to find that the older people report using multiple drugs, while younger people predominantly report using one drug only. For the whole group an unexpectedly high number, at least 94 percent, report that they know for what condition the medication was prescribed.

Of the 2,210 respondents who reported regular use of prescribed medication, 91 percent were able to provide containers of medications for the field workers to examine. Among men, 12 percent had at least one drug listed, while 17 percent of women had at least one drug listed. These listed drug use patterns were very similar to those of the self-reported chronic diseases drug use patterns.

Table 11.6 Medication for chronic conditions for men								
Percentage of adult men who report taking prescribed medication and whose medication could be listed by interviewers and of these, percent distribution by number of medications listed, South Africa 1998								
Background characteristic	% Who reported taking prescribed medication	Number of men	% Who have listed drugs	Number of men	Among those with medicine listed:			Number with listed drugs
					% Who had 1 listed drug	% Who had 2 or 3 listed drugs	% Who had 4 or more listed drugs	
Age								
15 - 24	2.2	1,813	2.1	1,816	80.3	15.3	4.4	37
25 - 34	6.5	1,120	5.7	1,123	46.4	42.2	11.4	64
35 - 44	12.4	1,004	11.5	1,005	50.6	41.3	8.0	115
45 - 54	23.6	701	22.0	701	36.0	44.5	19.5	154
55 - 64	27.2	518	25.2	518	27.3	52.1	20.2	131
65+	32.4	507	30.4	507	21.5	50.2	28.3	154
Residence								
Urban	14.2	3,566	13.3	3,569	38.5	45.8	15.7	474
Non-urban	9.6	2,097	8.6	2,102	33.3	42.6	24.1	181
Province								
Western Cape	14.5	719	13.8	721	33.9	51.8	14.3	99
Eastern Cape	12.3	758	11.7	758	31.7	55.0	13.2	89
Northern Cape	16.6	135	15.0	135	42.3	45.7	12.0	20
Free State	8.9	444	8.5	444	40.5	38.1	21.4	38
KwaZulu-Natal	13.6	1,062	12.6	1,062	37.9	43.2	19.0	134
North West	8.7	549	7.6	551	35.0	43.9	21.1	42
Gauteng	16.4	1,099	14.7	1,099	40.6	40.3	19.1	162
Mpumalanga	9.3	378	8.5	378	47.7	39.1	13.2	32
Northern	7.9	519	7.7	521	29.0	42.6	28.4	40
Education								
No education	16.9	562	14.5	562	24.3	47.7	28.1	82
Sub A - Std 3	13.8	773	13.1	777	31.1	41.9	27.9	102
Std 4 - Std 5	9.9	755	9.0	655	21.6	66.8	11.6	68
Std 6 - Std 9	9.7	2,295	9.4	2,297	42.3	46.7	12.0	215
Std 10	16.1	780	14.4	801	40.9	38.7	20.4	115
Higher	15.5	439	14.3	440	58.2	29.6	12.3	63
Population Group								
African	8.7	4,254	7.8	4,257	33.7	48.3	18.0	332
Afr. urban	9.3	2,373	8.4	2,375	34.1	50.6	21.9	199
Afr. non-urban	7.9	1,881	7.1	1,882	33.2	44.9	22.0	134
Coloured	15.7	637	14.5	637	39.8	41.3	19.0	92
White	34.1	564	32.7	564	45.2	38.0	16.8	184
Asian	22.4	195	22.4	195	24.0	53.1	22.9	44
Total	12.5	5,663	11.6	5,671	37.2	44.7	18.1	655

Table 11.7 Medication for chronic conditions for women

Percentage of adult women who report taking prescribed medication and whose medication could be listed by interviewers and of these, percent distribution by number of medications listed, South Africa 1998

Background characteristic	% Who reported taking prescribed medication	Number of women	% Who have listed drugs	Number of women	Among those with medicine listed:			Number with listed drugs
					% Who had 1 listed drug	% Who had 2 or 3 listed drugs	% Who had 4 or more listed drugs	
Age								
15 - 24	5.5	2,082	5.1	2,084	45.2	49.7	5.2	107
25 - 34	8.0	1,720	7.3	1,7210	49.0	39.2	11.9	126
35 - 44	14.8	1,460	14.0	1,460	47.7	42.7	9.6	204
45 - 54	32.3	1,115	30.4	1,116	31.9	46.3	21.7	339
55 - 64	38.4	914	37.5	914	23.2	54.3	22.5	342
65+	37.4	861	34.6	861	18.5	44.4	37.1	298
Residence								
Urban	22.6	4,998	21.4	4,999	31.6	46.8	21.6	1,070
Non-urban	11.8	3,154	11.0	3,156	32.5	47.4	20.2	347
Province								
Western Cape	24.6	799	24.8	799	30.3	47.2	22.5	198
Eastern Cape	15.8	1,161	14.3	1,161	32.0	51.9	16.1	166
Northern Cape	22.6	168	20.6	168	35.6	51.2	13.1	35
Free State	18.1	519	17.2	519	27.0	44.0	29.0	89
KwaZulu-Natal	18.2	1,606	17.5	1,608	32.0	48.6	19.4	281
North West	15.0	646	12.7	646	28.6	46.1	25.3	82
Gauteng	24.1	1,887	22.9	1,887	32.3	46.4	21.3	431
Mpumalanga	12.7	507	11.4	507	26.8	44.3	29.0	58
Northern	9.3	859	9.1	859	42.7	36.9	20.4	78
Education								
No education	19.3	1,186	17.9	1,186	20.8	47.5	32.8	212
Sub A - Std 3	20.9	1,087	19.1	1,088	28.1	50.1	21.8	208
Std 4 - Std 5	18.4	1,134	16.7	1,136	34.9	45.7	19.5	189
Std 6 - Std 9	17.1	3,093	16.0	3,093	30.1	48.7	21.2	496
Std 10	16.9	1,120	17.1	1,120	44.3	41.4	14.3	191
Higher	22.4	495	22.9	495	40.3	42.7	17.0	113
Population Group								
African	13.6	6,266	12.3	6,268	30.3	49.8	19.9	774
Afr. urban	16.3	3,348	14.7	3,349	29.4	50.3	20.3	493
Afr. non-urban	10.5	2,918	9.6	2,921	31.8	49.1	19.1	280
Coloured	22.4	806	22.0	806	28.0	46.6	25.4	177
White	48.2	766	48.2	767	34.5	43.3	22.2	369
Asian	31.8	300	31.5	300	39.1	39.4	21.6	94
Total	18.4	8,152	17.4	8,155	31.7	47.0	21.3	1,417

11.6 Payment for Prescribed Medication for Chronic Diseases

The respondents were asked about the payment for the medication used. The results are presented in Table 11.8. Drugs are provided to 34 percent of men and 39 percent of women by the public health care clinics and hospitals. For 29 percent of men and 26 percent of women, their medication is paid for by medical aids, while 31 percent of men and 28 percent of women pay out of their pocket for their medicine. When all the reported payments made in the private sector are added up, the medication for 66 percent of men and 61 percent of women are provided for outside the public health care sector. There is a tendency for the oldest age group to have the lowest level of medical aid cover and most frequently their medications are paid for by the public sector. Only about 1 percent of the participants report that their employers paid for their medication.

Table 11.8 Payment for medication for chronic conditions

Percentage of men and women taking regular prescription medication according to source, of payment by background characteristics, South Africa 1998

Background characteristic	MEN							WOMEN						
	Respon- dent	Family	Medical aid	Public health care sector	Em- ployer	Other	Number	Respon- dent	Family	Medical aid	Public health care sector	Em- ployer	Other	Number
Age														
15 - 24	20.1	19.8	32.5	25.9	1.8	0.0	37	17.9	23.2	27.3	22.3	1.0	8.4	104
25 - 34	20.7	10.7	35.9	30.0	1.6	1.1	62	28.9	4.8	24.9	36.1	2.1	3.2	126
35 - 44	35.1	1.9	24.8	34.3	4.0	0.0	114	24.3	2.1	31.3	40.7	0.5	1.1	194
45 - 54	38.3	0.0	30.9	26.3	2.5	2.1	150	31.3	3.2	30.7	32.7	1.7	0.6	328
55 - 64	34.0	2.1	29.5	34.1	0.4	0.0	128	29.3	3.1	23.6	43.8	0.0	0.2	332
65+	25.9	0.3	26.8	46.4	0.0	0.7	151	26.5	7.5	19.4	44.4	0.0	2.2	295
Residence														
Urban	27.1	2.9	34.5	33.0	1.5	0.8	462	26.0	5.6	30.5	35.8	0.8	1.4	1,040
Non-urban	41.9	3.1	14.6	37.7	2.1	0.6	180	32.2	5.7	11.7	46.9	0.5	2.9	339
Province														
Western Cape	19.6	1.4	25.0	54.0	0.0	0.0	96	18.1	3.5	26.9	48.8	0.0	2.7	194
Eastern Cape	30.1	3.7	20.0	45.7	0.6	0.6	87	31.1	5.4	16.7	46.3	0.0	0.4	160
Northern Cape	21.6	0.0	24.1	54.3	0.0	0.0	20	28.4	2.1	19.5	54.0	0.0	0.0	34
Free State	21.4	6.6	35.9	31.7	4.5	0.0	38	30.3	2.8	21.6	42.6	1.0	1.8	88
KwaZulu-Natal	46.4	1.5	19.9	29.2	2.3	0.8	132	37.8	6.2	15.3	36.7	1.1	3.0	276
North West	36.8	4.4	16.7	37.5	4.7	0.0	42	32.3	4.9	18.7	36.9	1.2	6.1	81
Gauteng	26.8	5.1	49.9	14.9	1.7	1.7	156	24.2	6.4	42.1	25.4	1.3	0.6	415
Mpumalanga	34.3	2.8	33.9	24.8	2.1	2.1	30	30.0	7.2	20.8	40.9	0.0	1.1	58
Northern	34.8	0.0	13.6	51.6	0.0	0.0	40	15.7	9.4	10.9	64.1	0.0	0.0	72
Education														
No education	36.7	4.5	4.9	52.6	0.6	0.6	80	29.0	4.4	0.8	63.8	1.4	0.7	209
Sub A - Std 3	39.1	0.0	0.7	59.3	1.0	0.0	96	36.3	5.9	3.7	52.2	0.0	1.8	204
Std 4 - Std 5	35.4	1.0	4.4	56.4	2.7	0.0	67	33.1	3.2	10.3	51.8	0.5	1.2	186
Std 6 - Std 9	33.4	5.7	30.5	27.0	2.9	0.5	211	23.7	7.0	31.5	34.0	1.3	2.7	479
Std 10	17.9	2.4	64.1	11.9	0.9	2.9	62	25.0	4.7	57.1	11.6	0.0	1.5	185
Higher	24.0	0.0	65.6	10.4	0.0	0.0	7	21.5	7.0	63.2	7.4	0.0	0.8	112
Population Group														
African	43.0	4.2	10.4	39.9	2.2	0.4	319	35.6	7.5	8.0	45.8	1.2	2.0	742
African urban	39.4	4.6	15.3	38.6	2.2	0.0	187	35.4	8.5	10.6	42.7	1.6	1.3	470
Afr. non-urban	48.1	3.6	3.6	41.8	2.2	0.9	132	36.0	5.7	3.4	51.1	0.7	3.2	272
Coloured	19.5	2.6	18.5	59.5	0.0	0.0	92	14.2	2.9	18.8	62.3	0.0	1.8	174
White	19.7	1.9	67.1	8.0	1.9	1.4	184	18.0	3.0	67.8	9.5	0.0	1.7	366
Asian	20.4	0.0	23.6	53.7	0.0	2.3	44	26.5	6.0	14.9	51.6	1.1	0.0	94
Total	31.2	3.0	29.1	34.3	1.6	0.7	642	27.5	5.6	25.9	38.5	0.7	1.7	1,379

11.7 Patterns of Prescribed Medication for Common Chronic Diseases

The results of the coded medications for eight common chronic diseases including tuberculosis, asthma and chronic bronchitis, diabetes, hyperlipidaemia, hypertension and atherosclerosis- or stroke-related conditions are shown in Table 11.9. The Therapeutic Chemical Classification (ATC) Codes were used and the detailed coding list can be obtained on request.

A total of 1,382 respondents provided containers for medication for the eight conditions which accounted for 10 percent of all adults and 68 percent of all the respondents who presented containers of regular medication. It should be noted that the total number of drugs taken for the different conditions sums to more than the total number of people who had drugs coded, as some people used medications for more than one condition.

Table 11.9 Use of prescribed medication for eight common chronic conditions

The number and percentage of men and women using prescribed medication regularly and the number and percentage of all regularly used prescribed medications for tuberculosis, asthma, chronic bronchitis, diabetes, hyperlipidaemia, hypertension and atherosclerosis or stroke-related conditions using the Anatomical Therapeutic Chemical Classification (ATC) codes, South Africa 1998

Chronic conditions	ATC Code	People taking chronic medication						Medication taken					
		Men		Women		Total		Men		Women		Total	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Tuberculosis	J04A	12	0.2	9	0.1	21	0.2	23	2.7	17	1.0	40	1.6
Asthma and chronic bronchitis	R03	110	2.0	131	1.6	242	1.8	193	22.8	186	10.9	379	14.9
Diabetes	A10	76	1.4	163	2.0	239	1.7	98	11.6	215	12.6	313	12.3
Hyperlipidaemia	C10A	17	0.3	20	0.3	37	0.3	16	1.8	20	1.2	36	1.4
Hypertension	C02/3, C07/8/9	230	4.1	558	6.8	788	5.7	426	50.5	1,132	66.4	1,558	61.0
Atherosclerosis and stroke-related	BOIAC/COIA/B/DA	53	1.0	84	1.0	137	1.0	89	10.5	135	7.9	224	8.8
Any condition		452	8	930	11.4	1,382	10.7	845	100.0	1,705	100.0	2,550	100.0

A higher proportion of women regularly use a prescribed medication for these eight conditions than men (11 percent compared with 8 percent). However, in the case of tuberculosis, asthma and chronic bronchitis there were higher proportions of men than women using the drugs.

From Table 11.9 it can be seen that a total of 2,550 different drug items were presented by the participants for the eight chronic conditions. The least commonly prescribed drugs for adults are for hyperlipidaemia (1.4 percent), followed by tuberculosis (1.6 percent), then atherosclerosis- and stroke-related conditions (9 percent), diabetes (12 percent) and most frequently hypertension (61 percent). The details of the prescribed medication for the eight conditions are presented in Table 11.10 and the source of the medication in terms of public and private sector is presented in Table 11.11.

Tuberculosis

The low level of drugs being taken for tuberculosis (TB) that was provided at the interviews in participants' homes could in part be explained by the fact that many TB patients take their medication under direct supervision of the health care team or other treatment supporter within the community. Of the TB drug names provided, more were used by patients who receive them from the public sector than from the private sector (Table 11.11). However, with such low rates of reported use it is suggested that very few TB patients are actually taking the necessary medication. This is of particular concern in the face of the marked increase in TB cases, caseloads and mortality in the country. Of the drugs taken for TB, about 35 percent is rifampicin, 22 percent isoniazid, 20 percent pyrazinamide and 18 percent ethambutol.

Table 11.10 Prescribed medication for eight common chronic conditions

The percentage of people taking regular prescribed medications for tuberculosis, asthma and chronic bronchitis, diabetes, hyperlipidaemia, hypertension and atherosclerosis or stroke-related conditions, the total number of drugs used for each condition and the percent distribution of common subclasses of prescribed medication for each condition using the Anatomical Therapeutic Chemical Classification (ATC) codes, South Africa 1998

	Men	Women	Total
Number of persons taking prescribed medication (Denominator)	452	930	1382
TUBERCULOSIS Code J04A			
% Of persons taking drugs for tuberculosis	2.7	1	1.5
Number of tuberculosis drugs used	23	17	40
Antibiotics (J04AB) as % of tuberculosis drugs	33.0	40.1	36.1
Hydrazides (J04AC) as % of tuberculosis drugs	24.5	18.9	22.1
Thiocarbamides (J04AD) as % of tuberculosis drugs	0.0	4.6	2.0
Others (J04AK) as % of tuberculosis drugs	41.2	33.9	38.1
ASTHMA AND CHRONIC BRONCHITIS Code R03			
% Of persons taking drugs for asthma and chronic bronchitis	24.3	14.1	17.5
Number of asthma drugs used	193	186	379
Adrenergic inhalers (R03A) as % of asthma drugs	13.3	18.6	15.9
Glucocorticoids for inhalation (R03BA) as % of asthma drugs	17.3	13.3	15.4
Anticholinergics for inhalation (R03BB) as % of asthma drugs	0.6	0.2	0.1
Adrenergics for systemic use as (R03C) % of asthma drugs	29.3	27.4	28.4
Xanthines (R03DA) as % of asthma drugs	39.3	38.8	39.1
Combination preparations (R03DA54 / R03DA55) as % of asthma drugs	9.6	6.9	8.3
DIABETES Code A10			
% Of persons taking drugs for diabetes	16.8	17.5	17.3
Number of diabetic drugs used	98	215	313
Insulin (A10A) as % of diabetic drugs	23.7	18.3	20.0
Oral agents (A10B) as % of diabetic drugs	75.8	81.5	79.7
Biguanides (A10BA) as % of diabetic drugs	27.4	28.3	28.0
Sulphonamides, urea derivatives (A10BB) as % of diabetic drugs	47.1	52.0	50.4
HYPERLIPIDAEMIA Code C10A			
% Of persons taking drugs for hyperlipidaemia	3.8	2.2	2.7
Number of hyperlipidaemic drugs used	16	20	36
HYPERTENSION Codes C02, C03, C07, C08, C09*			
% Of persons taking drugs for hypertension	50.9	59.9	57
Number of hypertensive drugs used	426	1,132	1,558
Diuretics as % of hypertension drugs	35.9	45.9	43.2
Diuretics on their own as % of hypertension drugs	29.0	41.1	37.8
Low-ceiling diuretics (thiazide, others) (C03A/B) as % of hypertension drugs	14.4	18.2	17.2
High-ceiling diuretics (C03C) as % of hypertension drugs	7.8	6.0	6.5
Potassium-sparing agents (C03D) as % of hypertension drugs	1.9	4.8	4.0
Diuretics and potassium sparing agents (C03E) as % of hypertension drugs	4.9	12.1	10.1
Diuretics in combination (C02AA52/53) as % of hypertension drugs	6.9	4.8	5.4
Reserpine/diuretic and/or vasodilator	1.8	2.2	2.1
ACE inhibitors with diuretics (C09BA) as % of hypertension drugs	3.9	1.5	2.2
Beta blocking agents & diuretics (C07B/C/D) as % of hypertension drugs	1.2	1.1	1.1
Beta blocking agents (C07A/B/D) as % of hypertension drugs	16.9	7.0	4.7
Calcium-channel blockers (C08)	13.6	7.7	9.3
Agents acting on renin-angiotensin system (C09) as % of hypertension drugs	24.4	16.6	18.7
Plain ACE inhibitors (C09AA) as % of hypertension drugs	20.5	15.1	16.6
ACE inhibitors with diuretics (C09BA) as % of hypertension drugs	3.9	1.5	2.2
Antiadrenergic and other agents as % of hypertension drugs	16.3	27.7	24.4
Antiadrenergic agents - central acting (C02A) as % of hypertension drugs	14.8	25.2	22.3
Reserpine (C02AA02) as % of hypertension drugs	4.1	6.1	5.5
Reserpine / diuretic and/or vasodilator (C02AA52/53) as % of hypertension drug	1.8	2.2	2.1
Methyldopa (C02AB01) as % of hypertension drug	8.9	17.0	14.8
Antiadrenergic agents - peripherally acting (C02C) as % of hypertension drugs	0.9	1.8	1.5
Agents acting an arteriolar smooth muscle (C02D) as % of hypertension drugs	0.6	0.7	0.6
DRUGS FOR OTHER ATHEROSCLEROSIS OR STROKE RELATED CONDITIONS Codes: B01AC, C01DA, C01A, C01B			
% Of persons taking chronic drugs	11.7	9	9.9
Number of atherosclerosis drugs used	89	135	224
Vasodilators - nitrates (C01DA) as % of atherosclerosis drugs	36.2	28.4	31.5
Platelet aggregation inhibitors (excluding heparin) (B01AC) as % of atherosclerosis drugs	46.6	50.5	49.0
Aspirin (B01AC06) as % of atherosclerosis drugs	45.9	49.9	48.3
Cardiac glycosides (C01A) as % of atherosclerosis drugs	15.5	20.9	18.8
Antiarrhythmics (C01B) as % of atherosclerosis drugs	1.4	0.5	0.9

*Beta blockers and calcium-channel blockers used, reported under hypertension drugs

Asthma and Chronic Bronchitis

Of all the participants taking chronic medication, 1.8 percent had regular prescribed medication for asthma and/or chronic bronchitis recorded. This accounted for 17.5 percent of the people taking prescribed medication regularly. As seen from Table 11.11 more asthma drugs were paid for by the private sector than by the public sector. It is particularly the inhalants that were more frequently used by the private sector. For men and women a larger proportion of the asthma drugs were used in the non-urban than the urban setting. For men, 37 percent of the coloureds had the highest proportion of recorded drug use. A higher proportion of drug use was recorded by non-urban Africans (35 percent) compared to urban Africans (22 percent). For women the distribution between the groups was more equal with the exception that urban African women had the lowest rate, 10 percent, of asthma drug use.

Additional analysis of the asthma and chronic Bronchitis medication showed that a most frequently used drug is systemic salbutamol (27 percent of asthma drugs used) while only 10.9 percent is Salbutamol inhalers. The second most frequent drug recorded is theophylline (20 percent) followed by aminophylline (10 percent) and beclomethasone (10 percent of drugs used for asthma and chronic bronchitis). The first line drug suggested for asthma is the anti-inflammatory inhalant such as beclomethasone. This ensures that the underlying pathology is best controlled. From these data it is clear a large proportion of drugs that are prescribed for asthma are not according to the guidelines recommended by the Department of Health or the expert guideline recommendations for asthma management.

Diabetes

Diabetes medication was taken by 1.7 percent of all adult participants in the study and accounted for 17.3 percent of all chronic disease drugs taken. A larger proportion of men than women using diabetic drugs live in an urban setting. As expected diabetes medication was taken by a larger proportion of Asian participants than by any other group. In fact of the men and women taking chronic disease drugs, 40 percent and 31 percent, respectively, were taking diabetes medication. The lowest proportion of people taking diabetic medication were non-urban African men and white participants. From Table 11.11 it is seen that only a few more diabetes drugs were used in the private sector than in the public sector.

Of the men who used diabetic drugs, about 24 percent were on insulin, while this proportion was only 18 percent for diabetic women. In contrast, a larger proportion of women than men used oral antidiabetic agents. The most commonly used oral agents were metformin (28 percent of all diabetic drugs), glibenclamide (26 percent) and gliclazide (19 percent).

Hyperlipidaemia

Only 37 persons participating in the study recorded using drugs for hyperlipidaemia and in terms of the number of drugs used only 1 percent of the chronic diseases drugs were for hyperlipidaemia. This is a remarkably low rate of treatment as it has been estimated that there are about 4.5 million South Africans who have hyperlipidaemia that imparts risk for atherosclerosis-related conditions such as angina and heart attacks. The HMGCoA inhibitors accounted for 64 percent of such drugs, 21 percent was fibric acid derivatives and 16 percent nicotinic acid.

Hypertension

The most frequently recorded chronic disease medication was for hypertension and accounted for 59 percent of all chronic diseases' drugs. Overall 6 percent of all participants in the study used anti-hypertension medication with a larger proportion of women than men using these drugs. A higher proportion of urban chronic diseases drug users consumed hypertension medication than their counterparts living in non-urban settings. These figures are 46 percent and 61 percent for urban men and women respectively and 38 percent and 57 percent for non-urban men and women, respectively. For men the

highest rates were recorded in the North West, followed by Gauteng and the Northern Cape, while women in the Northern Cape had the highest rate of hypertension drug use followed by Gauteng, Free State and the North West provinces. Of the men the highest proportion of hypertensive medications was used in the white (65 percent) and Asian (63 percent) groups and the lowest proportion (30 percent) in non-urban African hypertensive males. In the case of women the highest proportion, 71 percent, was also found in white hypertensives followed by urban African hypertensive women, 61 percent, while the lowest proportion for women was found in the Asian women, 42 percent.

For men the most frequently used hypertensive drug class was diuretics (36 percent of hypertensive drugs used by men) followed by ACE inhibitors (24 percent), beta blocking agents (17 percent) and calcium-channel blockers (14 percent). These percentages include compounds in combination formulations. For women the most frequently used class was also diuretics (46 percent) followed by methyldopa (17 percent), then ACE-inhibitors (17 percent) and the fourth reserpine (8 percent). Overall for all hypertensive patients the most frequently used drug class was diuretics (43 percent), then ACE-inhibitors (19 percent) and methyldopa (15 percent) and fourth calcium-channel blockers (9 percent).

As stated above, the centrally acting antiadrenergic agents, methyldopa and reserpine were used most frequently and predominantly by women with hypertension. Of the peripherally acting antiadrenergic agents, prazosin (1 percent of all hypertensive drugs used) was recorded most frequently. The ACE inhibitors were the second most frequently used drugs and of this class of drugs enalapril and captopril accounted for 7 percent and 4 percent, respectively, of all hypertensive drugs recorded. Of the diuretics, the most commonly used agents, hydrochlorothiazide accounted for 13 percent of all hypertensive drugs, furosamide for 6 percent and indapamide for 4 percent of all hypertensive drugs. Beta blockers were 5 percent of all hypertensive drugs and atenolol and propranolol accounted for 6 percent and 2 percent, respectively, of all hypertensive drugs. Of the calcium-channel blockers nifedipine and amlodipine, respectively, made up 5 percent and 2 percent of all hypertensive drugs recorded by participants.

Atherosclerosis and Stroke-related Conditions

Included under this heading are drugs used for angina, after a heart attack, a stroke or for any other heart condition. Beta blocking agents and calcium antagonists can be used for both angina and hypertension. The data set does not distinguish between angina and hypertension for the use of these two drug classes, therefore, their use is reported for hypertension.

About 1 percent of all participants had prescribed drugs reported for these conditions and these drugs account for about 8.5 percent of all drugs used for chronic conditions. It is not surprising to find that more men than women used these classes of drugs as men more frequently suffer from atherosclerosis-related conditions than women. People whose medicines are paid for by the private sector used these groups of drugs more frequently than those whose medicines are paid by the public sector. Particularly striking is the more frequent use of aspirin in the private compared to the public sector. Aspirin accounts for 48 percent of drugs used for atherosclerosis-related conditions followed by isosorbide dinitrate (19 percent) and isosorbide mononitrate (7 percent) and digoxin (18 percent).

Table 11.11 Public and private sector provision of medication for chronic conditions

Comparison between public and private sector, on number of respondents, number of drugs and proportion of type of chronic medication, South Africa 1998

	Private sector	Public sector	Ratio of private to public
Number of people taking drug	790	563	
Number of drugs taken	1451	1145	
Mean number per respondent	1.8	2.0	
SD	1.3	1.1	
% Taking 1 drug	52.4	39.9	
% Taking 2 - 3 drugs	38.0	48.7	
% Taking ≥ 4 drugs	9.6	11.5	
DRUGS FOR CONDITIONS (% of number of drugs used)*			
TUBERCULOSIS (J04A)	0.7	2.5	0.26
ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE MEDICATION (R03)	16.0	12.3	1.31
Adrenergic inhalers (R03A)	3.0	1.5	1.98
Steroid inhalers (R03BA)	2.8	1.4	2.03
Anticholinergic inhalers (R03BB)	0.1	0.3	0.32
Systemic anticholinergics (R03C)	4.3	3.7	1.14
Xanthines (R03DA)	5.9	5.4	1.10
Combinations (R03DA54, R03DA55)	1.9	0.4	5.22
DIABETES TOTAL (A10)	12.3	11.5	1.07
Insulin (A10A)	3.1	1.5	2.01
Oral agents (A10B)	9.2	10.0	0.92
Biguanides (A10BA)	3.3	3.4	0.97
Sulphonamides (A10BB)	5.6	6.6	0.85
HYPERLIPIDAEMIA (C10A)	2.3	0.2	12.21
HYPERTENSION TOTAL (C02, C03, C07, C08, C09)	56.1	62.0	0.90
Antiadrenergic agents, centrally acting (C02A)	10.7	16.5	0.65
Reserpine containing agents (C02AA02, C02AA52)	4.1	5.1	0.80
Methyldopa (C02AB01)	6.6	11.5	0.57
Antiadrenergic agents - peripherally acting (C02C)	1.0	0.8	1.19
Arteriolar smooth muscle agents (C02D)	0.4	0.2	1.46
Diuretics (C03A, C03B, C03C, C03D, C03E)▲	18.0	26.6	0.68
Diuretics in combination (C02AA52, C02AA53, C09BA, C07B, C07C, C07D)●	4.7	1.3	3.62
Total Diuretics (▲ + ●)	22.7	27.9	0.81
ACE inhibitors (C09)	11.7	10.3	1.13
Beta blocking agents (C07A, C07B, C07C, C07D)	6.8	4.4	1.54
Calcium-channel blockers (C08)	7.6	3.0	2.53
DRUGS FOR OTHER ATHEROSCLEROSIS-RELATED CONDITIONS (B01AC, C01DA, C01A, C01B)	8.8	8.1	1.09
Vasodilators - nitrates (C01DA)	2.8	2.6	1.07
Antiarrhythmics (C01B)	0.1	0.0	-
Cardiac glycosides (C01A)	1.1	2.0	0.54
Aspirin (B01AC06)	4.7	3.4	1.40

* The denominator for private sector is 1451 and for public sector it is 1145

11.8 Chronic Diseases Drug Utilisation Patterns between Private and Public Sector Patients

Table 11.11 shows the distribution of the chronic diseases drug classes recorded for those patients who received their drugs from the public sector clinics and hospitals and those who paid for their drugs through private health services, which included drugs that were paid for by the participants, their family, their employer or their medical aid fund.

Of the chronic disease drugs used, 58 percent are paid for in the private health care sector and 42 percent of respondents on chronic medication receive their drugs from the public sector health services. The mean number of chronic diseases drugs used is 1.8 in the private sector and 2.0 in the public sector. The bulk of the private patients only use one drug for chronic diseases, while the majority of the public sector patients use 2 or more drugs per patient.

In the third column of Table 11.11 the relative ratio of the proportion of drugs used in the private sector to that in the public sector is presented for each subclass of medication. Thus for each drug subclass where the relative ratio is less than 1 it would mean that more of this drug subclass is used in the public sector compared to the private sector, while if the relative ratio is more than 1 then more of that subclass of drugs is used in the private sector compared to public sector.

From these data it can be seen that tuberculosis drugs are more frequently used in the public sector than in the private sector and insulin more frequently in the private than public sectors. Hyperlipidaemic drugs are almost exclusively used in the private sector. In the case of antihypertensive medication, centrally acting antiadrenergic agents, methyldopa, and diuretics on their own are used more frequently in the public than in the private sector, while diuretics in combination, beta blocking agents and calcium-channel blockers are used more in the private than public sector. A surprising finding is that ACE inhibitors are equally used in the public and private sector. Cardiac glycosides are used more frequently in the public sector and aspirin more frequently in the private sector.

The use of medication for asthma and chronic bronchitis occurs more frequently in the private sector compared to the public sector. Inhaled steroids and adrenergic inhalers are more often used in the private sector, while the inappropriate use of systemic anticholinergics occurs equally between public and private sectors. Again combination medication for asthma and chronic bronchitis was used more frequently in the private compared to the public sector.

11.9 Patients' Knowledge of their Chronic Diseases Drugs

Table 11.12 shows the patients' knowledge of the chronic diseases drugs that they take. Only data of patients for whom diabetes, hypertension or asthma and chronic obstructive pulmonary disease drugs were recorded are shown, as the number of patients taking these drugs is sufficient to allow this analysis.

About equal percentages of men and women knew what their medication was for, with roughly half saying that they could name the drug that they were taking and most of these patients identifying at least one drug for their condition that was later recorded by the fieldworker. Of the men who were receiving diabetes medication only 49 percent could correctly name at least one drug and of the women 55 percent could similarly name an appropriate drug. Of the men and women who were receiving hypertension drugs 55 percent and 53 percent, respectively, correctly named at least one hypertension drug. For asthma and chronic obstructive lung disease drugs recorded, 43 percent of men and 53 percent of women could correctly identify at least one appropriate drug.

Table 11.12 Knowledge about prescribed medication

Proportion of participants taking medication for selected diseases who know the condition and can correctly name the medication, South Africa 1998

Condition		Percentage who know what condition medication was taken for	Percentage who said they could name the drug	Percentage who named at least one appropriate drug that they were taking	Number
Diabetes (A10)	Men	90.3	56.8	55.0	76
	Women	89.6	54.8	48.8	163
	Total	89.8	55.3	50.8	239
Hypertension (C02, C03, C07, C08, C09)	Men	81.4	56.9	54.6	23
	Women	89.3	54.9	52.8	558
	Total	87.0	55.1	53.7	788
Asthma and Chronic Obstructive Pulmonary Disease (R03)	Men	75.2	48.4	43.3	110
	Women	75.1	55.2	53.0	131
	Total	75.1	51.9	48.5	241

For all three conditions shown in Table 11.12 the patients need to take the drugs daily, probably for the rest of their lives. It is difficult to contemplate the possibility of these patients taking their drugs daily if they do not know the name of the drugs. However, between 75 percent and 90 percent of the patients reported that they knew what the drugs were for. With the poor hypertension control reported in this report it is possible that these patients' lack of knowledge of the drugs they were taking could contribute to poor compliance with their drug regimen. In addition, many of these patients visit a variety of health services during the duration of their illness. Quite frequently the doctors at secondary level hospitals, to whom patients are referred for expert consultations, experience that these patients do not have referral notes and have a total lack of knowledge of the drugs they are taking. This would lead to a situation where most of the benefit that these chronic patients could glean from specialist physicians' opinions would be lost as the specialist does not have the background information required for an informed opinion. This not only is outrageously inefficient, but wastes both the doctor's and patients' time and occurs at a high cost to the health-care services.