

**THE MEDICAL CARE ORGANIZATION TO REPUBLIC OF
DAGESTAN'S VILLAGERS, HAVING LIVED IN THE DIFFERENT
REGIONS OF THE HEALTH CARE ACCESSIBILITY**

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The Republic of Dagestan (RD) is practically characterized by the resources endowment lack, the low economical – socially further development, and the progressive nature of the human reproduction, the low health care level, particularly prevalent in the rural areas, where 53,8% of the indigenous Republic population are living on [1].

During the study, the frequency analysis has been carried out by us of the villagers' uptake in the village health facilities, according to the sociological surveys. So, the results of the study have been found, that 12,1% of the rural residents in their turn are ascribed MPI quarterly. Monthly, almost 17% of the respondents are drawn, to a greater extent, the elderly or the preferential groups of population, with a view to be extracted the preferential medicines. More than half (e.g. 57,3%) residents **FAP** are sought the necessary help to the assistant, at least, 4 times a year.

With the complains about the disease is made up 83,1%, for the prophylaxis and the clinical examination the calls proportion in the **CBA** and in the general medical practice (GMP) – 28,3%, in the CRH – 33,1%, for the **ΦАП** – 43,8%. In order to be extracted the medicines and the filling medical records filed in the CDH 3,8%, **CBA** and **ОБП** – 3,9%, for **ΦАП** – 1,0%.

Almost a third (e.g. 29,9%) of the respondents number have been consisted at the dispensary record. So, the leading disease is the hypertonic one, which has been at 38,0% **patients**, being on the dispensary record. Last year, 47,9% of the respondents were conducted the dispensary inspection. The additional prophylactic medical examination, to some extent, has already been intensified the prophylactic activities in the rural areas, which is reflected the villagers' responses. It has already been noted the physician's interest in their health at 63,1% of the plains' residents, and 53,1% of the lowland inhabitants of the foothill areas, and 45,1% of the residents in the mountain areas.

The emergency medical care (EMC) is quite less available for the village's residents. Thus, 24,3% of the plains' area residents and 23,1% of the foothill zone residents called EMC over the last year. So, the mountainous area residents called EMC in 11,7% of the cases. The EMC is quite less available for the foothill zone residents, where 23,8% of the EMC calls are practically made by the **CBA** and **ОБП** physician. For **ΦАП** 68,6% of the EMC calls is practically provided by the **ΦАП** paramedic.

During the last 3 years (e.g. 36 months), the hospitalization was at 36,9% of the rural residents. Most often, by responses, the villagers were hospitalized in the CKP (e.g. 47,9%), in the

district hospitals (e.g. 30,3%), in the urban hospitals (e.g. 17,2%), and in the republican hospital (e.g. 5,2%). The referral for the hospitalization most common (e.g. 76,6%) has been given the attending physician, in 12,1% – the emergency first aid, and 11,3% have been hospitalized without any direction.

The sociological studies, having conducted by us, have been shown, that 32,8% of the villagers have always turned to the physician, when they are sick. The leading cause of the non – physician visits have been self – treatment (e.g. 76,9%), the traditional medicines use (e.g. 10,1%), the treatment for the paid services (e.g. 9,3%), the patients have not sought the necessary medical attention, due to the MPI remoteness from the residence place (e.g. 3,7%).

40,1% of the respondents have performed the physician's appointment after the doctor's visiting, the rest have performed **only** partly. The partial fulfillment of the physician's appointments in 63,3% has been connected with the high price of the drugs, with the self – medicate (e.g. 26,3%), with the medicines' lack in the rural areas pharmacies (e.g. 3,7%); 6,7% of the respondents have voted against taking any drugs.

Thus, the results of the sociological studies have been indicated the need to be improved the medical health activity, and the valeological literacy of the rural population.

The Reference:

1. Kalininskaya A.A., Alieva L.M., "The Organization Forms Hospitals at Home, Performance Measure". // The Journal «International Journal of Experiential Education.» – № 7, – 2012. – p.p. – 68 – 69.