

Utilization of Primary Health Care Services by Turkish Gypsies and Members of the General Population at Muradiye Health Unit District in Edirne, Turkey

Galip Ekuklu, Ufuk Berberoglu, Muzaffer Esküocak, and Ahmet Saltik

Department of Public Health, Trakya University Medical School, Edirne, Türkiye.

This survey was designed to investigate the socio-demographic characteristics of and utilization of a Primary Health Care Unit (PHCU) by Roma people (Turkish Gypsies), who live in the coverage area of Muradiye Primary Health Care Unit, as compared to members of the general population.

This was a cross-sectional field study involving members of the Muradiye PHCU district. The study population comprised 127 Turkish gypsies resident in the region and 302 households selected by a stratified random sampling method. 889 household members were interviewed face-to-face at their home by means of a structured questionnaire.

When the two sample groups were compared in terms of their social security coverage, rates of unemployment and educational levels, the situation of the Turkish Gypsies was found to be worse than that of the other members of the general population. 63% of the Gypsies applied to the PHCU because of health problems and 87% of these cases were treated successfully. Among those people making use of the PHCU services 47% evaluated them as being "satisfactory". Access to the PHCU services was found to be conditioned by educational level, being a Gypsy, the possession or not of a Green Card (available only to highly indigent people), whether or not the services were provided free of charge and the possession or not of social security coverage.

Muradiye PHCU is well known and highly appreciated in its coverage area and is used by almost all of the residents. The main reason for the significant discrepancies in the level of health care obtained by the two population groups is the Gypsies' poorer economic situation. Among the Gypsies, the leading category of low rate social security coverage is the Green Card, which is granted to the very poor in order to reduce these inequalities. Unfortunately, the Green Card does

not provide financial support for ambulatory care.

Key Words: Primary health care unit, health care utilization, gypsies, medicaid by green card, health inequalities

INTRODUCTION

Of the approximately 7 million Roma people throughout the world, most live in the Balkans. According to them, their motherland was India. Apart from the information about their number and the area in which they live, very little is known about them. Roma people are generally known for being uneducated, unemployed, and having a low-income level and a high population density. However, data about the kinds of health problems and illnesses they have and how they use health services is lacking.¹ Some studies which have been done in the USA, Spain, the Czech Republic and the Netherlands show that some health problems such as Hepatitis A, lead poisoning and birth defects in children have been observed more often in Roma people than in the general population, and that they use traditional methods to cure their illnesses. However, in these studies, no mention was made as to how Roma people obtain access to health services and to what extent they make use of them.²⁻⁵

According to unofficial records, there are about 500 thousand Roma people (Turkish Gypsies) in Turkey, and it is known that 95% of them make their living by working with iron and tin, breeding horses, collecting garbage and working in musical entertainment.⁶ The lack of research concerning the Turkish Gypsies' access to medical

Received July 11, 2002

Accepted January 13, 2003

Reprint address: requests to Dr. Galip Ekuklu, Department of Public Health, Trakya Üniversitesi Tıp Fakültesi Halk Sağlığı Anabilim Dalı, Edirne, Türkiye. Tel: 90 284 235 76 41/1565, Fax: 90 284 235 39 33, E-mail: ekuklu@hotmail.com

treatment and their lifestyles constitutes an important drawback for our country.

The existing information demonstrates that Turkish Gypsies live in more unsatisfactory conditions than the general population due to their socio-demographic characteristics. However, it has not been clearly established whether or not these unsatisfactory conditions cause any inequality.

In Turkey, which has signed the Human Rights Convention, the government is responsible for organizing and overseeing the health services, under article 56 of the Constitution and in accordance with health legislation. Thus, the Turkish Ministry of Health is responsible for protecting and improving the health of every citizen. Every citizen who lives in Turkey is equally entitled to benefit from the public health service, irrespective of race, sex, religion, and social and socio-economic status.⁷

Primary health care services are the services to which every individual should have access, whatever his or her religion, language or socio-economic status. As regards the organization of the Turkish Health System, the PHCUs are the core units designed to provide primary health care services and, as such, represent the first organization to which members of the public should go for any kind of health problem.⁸ PHCUs, which were designed to provide easy access and usage, provide services free of charge, except for secondary care. They provide ambulatory care, including preventive and treatment services. These health services are provided by non-specialist doctors and by other health personnel such as nurses, midwives, male nurses and environmental health technicians.⁸

The success and efficiency of a health service requires that the demographic makeup of the recipient population be taken into consideration. In order to prevent any adverse effects due to differences in socioeconomic status, health services should be organized and delivered equitably, so that every citizen can benefit from them.⁹

Notwithstanding this ideal, it is known that some communities, especially ethnic minorities, do not have equal access to health services in many places around the world. Hence, much effort has been made by The World Health Organization (WHO) and other world bodies to

reduce this inequality.

Poverty is one of the main reasons for inequality in health services. Socio-economically less developed countries do not have adequate health services. In the light of all this information, the Roma people whom we surveyed constitute an important risk group, in terms of inequality due to poverty and other socio-economic factors. That being the case, the meaning of inequality in health services should be extended and investigated more thoroughly.¹⁰

The objective of this study

The purpose of this study was to investigate the socio-demographic characteristics of and utilization of the health services by Roma people (Turkish Gypsies), who live in the coverage area of Muradiye PHCU, in relation to the general population (non-gypsies who live in the same area). Within this context, this study focused on the frequency of visits to the PHCU, and the reasons and factors that might influence the use of Primary Health Care services by both groups.

MATERIALS AND METHODS

This cross-sectional field study included all members of the Muradiye PHCU district as its survey universe.

According to the records for the year 2000 of the Edirne Provincial Health Department, the research area included 4300 houses, in which 10 500 householders (Gypsy + non-gypsy) aged over 18 live.¹¹

The sample population included 10% of the total of 4300 houses, selected by a stratified random sampling method, and of these 4300 houses, 429 houses, consisting of 127 Roma and 302 other households, were selected as the final study population.

In the study population, consisting of 429 houses, there were 889 respondents aged over 18 (8.5% of the area's population) and 235 of them (26.4%) were Turkish Gypsies and 654 (73.6%) belonged to the other group. The data were collected by means of face-to-face interviews conducted by a group of intern doctors of our

Medical School who were specially trained for this study. The data were collected during the period July-August 2000 and analyzed at The Data Processing Unit using SPSS 10.0 (License Number: 105192).

Statistical analysis

To compare the two groups, Chi-Square, and non-parametric two independent samples test (Kolmogorov-Smirnov test) were used. Those factors, which might have effect on the utilization of the PHCU, were investigated by Stepwise Logistic Regression Analysis. In this analysis, the use of the PHCU was selected as the dependent variable, whereas ethnic character, education, paying for the services, having social security coverage (health insurance) and the type of social security coverage were chosen as independent variables. In the Logistic Regression results table, those independent variables, which are significant at the $p < .05$ level and for which the 95% confidence interval of odds ratio does not contain 1, were accepted as being associated with the use of the PHCU.

Limitations of this study

This study was conducted in Edirne city center. However, there are many Turkish Gypsies who live in the other districts of provincial Edirne. Therefore, the small sample size employed in this study can be considered as a disadvantage. The

determination of which members of the population belonged to the "Turkish Gypsies" group and which belonged to the other group was made by the staff of the Muradiye PHCU, who are familiar with the area, both geographically and culturally. The lack of previous research on this matter may be another restriction as this survey is the first one in its field.

RESULTS

The sample consisted of two groups of respondents. The Turkish Gypsies group included 235 householders living in 127 houses and the other group included 654 householders living in 302 houses. The gender profile of the sample is 51.7 % women and 48.3 % men. These percentages also reflect the overall proportion of females to males in the population of Edirne.

When the sample was examined in terms of educational level; those whose education was limited to primary school ranked first (51.1%) and high school graduates second (14.5%) (see Figure 1). The two groups' educational levels were significantly different, and this was completely to the disadvantage of the Roma people ($\chi^2=137.25$, $p < .001$) (Fig. 1)

When the groups are considered in terms of social security coverage, the results indicate that 78.7% of the Romas have some kind of social security coverage. Surprisingly, this percentage is somewhat higher than the average in Turkey,

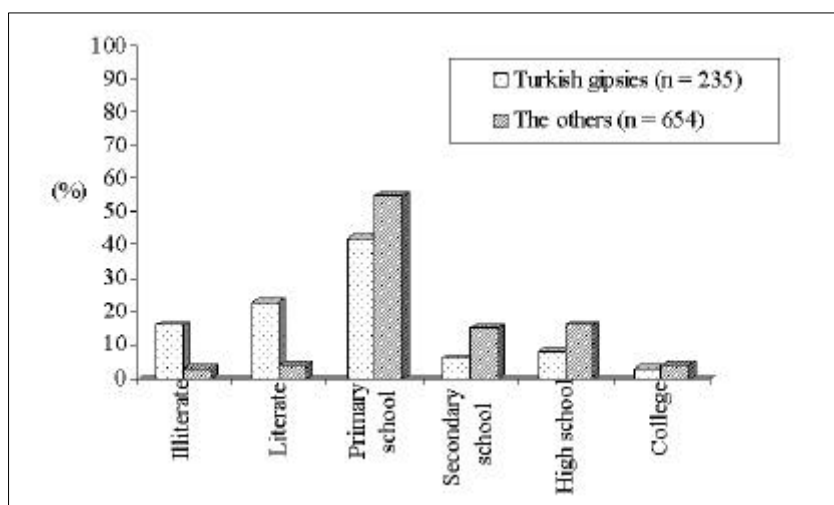


Fig. 1. Educational levels of study groups.

Table 1. Social Security Status of Turkish Gypsies and the General Turkish Population

Social security (Health insurance)	Turkish Gypsies	Turkey population	<i>p</i> *
	No. (%)	No. (%)	
Yes	185 (78.7)	42 182 800 (67.1)	<.001
No	50 (21.3)	20 682 774 (32.9)	
Total	235 (100.0)	62 865 574 (100.0)	

* $\chi^2=13.86$; $p<.001$.

which is 67.1% ($\kappa^2=13.86$, $p<.001$) (Table 1).

When the two sample groups were compared in terms of their social security coverage (having health insurance), the results indicate that the Non-Gypsy group is dominant, with 86.6% of them having some kind of health insurance ($p<.05$). Some characteristics of the Non-Gypsies and Turkish Gypsies in terms of their socio-demographic parameters are shown in Table 2.

Further analysis, summarized in Table 2, indicates that the percentages of unemployed people, those without health insurance and those who hold a Green Card are significantly higher in the Gypsy group ($p<.05$).

One of the most interesting, though not surprising, findings of this study is that the Turkish Gypsies used the PHCU to obtain medical treatment in the last 6 months more frequently than the other group. One of the most remarkable findings, which is indicated in Table 2, is the percentage of unemployed people, which is five times higher for the Turkish Gypsies than for the other group (21.7%). When the use of the Primary Health Care Unit is considered in terms of social security status, it was shown that those respondents with no health insurance make use of the PHCU more often than those who have some form of health insurance ($p<.05$).

When the reasons for using PHCU were analyzed, the order was as follows: Having a health problem was ranked first (62%), asking for a prescription was second (16.8%), follow-up was third (9.1%), and having an injection was fourth (6.2%) (Table 3). The reasons for using the PHCU were found to be strikingly similar for both groups ($\kappa^2=3.16$, $p=.530$).

The answers of the respondents, and their

views concerning their use of the PHCU and the services they received are indicated in Table 4 and Table 5. According to the findings presented in Table 4, when the whole sample group was considered, 84.2% of people who used the Primary Health Care Unit claimed that their health problems were treated successfully and 30% of the respondents who used the PHCU paid for the service. However, the percentage of the respondents who paid for the service was higher in the other group than Turkish Gypsies. According to the data presented in the same table, 30% of the respondents had to wait. And the health staff who made the most home visits were midwives.

According to the data, the majority of the respondents who received services free of charge and for which the health treatment was successful were Turkish Gypsies (Table 4).

According to the findings presented in Table 5, half of people who used the Primary Health Care Unit stated that the length of the waiting period was reasonable (average 16 minutes, minimum 5 minutes, maximum 60) and 44% of the respondents found the service reasonably satisfactory (Table 5).

Turkish Gypsies considered that the service was satisfactory and that the waiting time was reasonable. In addition, they (tended to be more modest), and to trust the experience of the staff of the PHCU more than the other group.

60% of the home visits made by personnel of the PHCU were for the purpose of filling out the Household Member Card, called the "HMC", which is used for compiling basic statistical data for planning the services.

No difference was found between the reasons for home visits between the two sample groups

Table 2. Some Characteristics of Turkish Gypsies and The Others in Comparison

Characteristics	Turkish Gypsies (n=235)	The Others (n=654)	<i>p</i>
	No. (%)	No. (%)	
Occupation			
Housewife	103 (43.8)	279 (42.7)	< .05*
Worker	20 (8.5)	140 (21.4)	
Self employed	25 (10.6)	44 (6.7)	
State officer	14 (5.9)	64 (9.8)	
Retired	11 (4.7)	47 (7.2)	
Unemployed	51 (21.7)	27 (4.1)	
Tradesman	5 (2.2)	19 (2.9)	
Farmer	-	14 (2.1)	
Student	3 (1.3)	8 (1.2)	
Other	3 (1.3)	12 (1.8)	
Social security coverage			
Yes	185 (78.7)	567 (86.6)	< .05
No	50 (21.3)	87 (13.4)	
Kind of social security			
Emekli Sandığı ^a	22 (11.9)	149 (26.3)	< .05 [†]
Bağ-Kur ^b	11 (5.9)	69 (12.2)	
Social Security Institution (Turkish SSK)	64 (34.6)	336 (59.2)	
Green Card ^c	88 (47.6)	13 (2.3)	
Health unit which district people attended for their last health problem			
Primary Health Care Unit	147 (62.6)	240 (36.7)	< .05 [‡]
SSK hospital	43 (18.3)	239 (36.5)	
State hospital	37 (15.7)	108 (16.5)	
Private physician—University Hospital	4 (1.7)	31 (4.8)	
Nowhere	4 (1.7)	36 (5.5)	

^aEmekli Sandığı: Social insurance agency of state officers, army officers.

^bBağ-Kur: Social insurance agency of merchants, artisans and self-employed professionals.

^cGreen Card: Social insurance of indigent persons.

*The source of the difference is unemployed people.

[†]The source of the difference is having a green card.

[‡]The source of the difference is utilization of PHCU.

(Table 6), ($p>.05$).

In the logistic regression model, while the PHCU was treated as a dependent variable, ethnicity,

education level, payment for services and social security status were treated as independent variables. When education level was evaluated, those

Table 3. The Reasons for Using Primary Health Care Unit

Reasons	Turkish Gypsies (n=147)	The Others (n=240)	Total (N=387)	<i>p</i> *
	No. (%)	No. (%)	No. (%)	
Having a health problem	97 (66.0)	143 (59.6)	240 (62.0)	>.05
Obtaining a prescription	25 (17.1)	40 (16.7)	65 (16.8)	
Follow-up	9 (6.1)	26 (10.8)	35 (9.1)	
Injection	8 (5.4)	16 (6.7)	24 (6.2)	
Vaccination	8 (5.4)	15 (6.2)	23 (5.9)	

*($\chi^2=3.16$, $p=.530$).

Table 4. Answers of Participants to Some Questions about Primary Health Care Unit They Used

Users' answers about PHCU services	Turkish Gypsies (n=147)	The Others (n=240)	Total (N=387)	<i>p</i>
	No. (%)	No. (%)	No. (%)	
Problems were solved	128 (87.0)	198 (82.5)	326 (84.2)	NS
Fee paid for services	30 (20.4)	85 (35.4)	115 (29.7)	<.05
Waiting to be examined	53 (36.0)	61 (25.4)	114 (29.5)	<.05
Being visited by health staff at home	142 (96.6)	234 (97.5)	376 (97.2)	NS
Being visited by midwives at home	122 (82.9)	223 (92.9)	345 (89.1)	<.05

NS, Non significant.

Table 5. Judgements of Participants about Primary Health Care Unit They Used

Users' judgements about PHCU services	Turkish Gypsies (n=147)	The Others (n=240)	Total (N=387)	<i>p</i>
	No. (%)	No. (%)	No. (%)	
Length of the waiting period reasonable	28 (52.8)	27 (44.7)	55 (48.2)	<.05
The services reasonably satisfactory	69 (46.9)	103 (42.9)	172 (44.4)	NS
Experience of health staff satisfactory	95 (64.6)	116 (48.3)	211 (54.5)	<.05
Utilization of PHCU advisable	128 (87.1)	233 (97.1)	361 (93.3)	<.05

NS, Non significant.

respondents who were literate were included in the primary school group, on the grounds that that they are so few in number. The possible factors, which might affect the use of the PHCU, were analyzed by logistic regression, and it was concluded that Gypsies, those who are illiterate,

those with access to health services free of charge and Green Card holders use the PHCU significantly more often than the others (Table 7).

The two variables, which have the highest Odds ratios in the model, are having a Green Card and being a gypsy [Odds ratios (OR) and 95% con-

Table 6. Reasons for Home Visits by Personnel of Primary Health Care Unit

Reasons for home visits	Turkish Gypsies (n=142)	The Others (n=234)	Total (N=376)
	No. (%)	No. (%)	No. (%)
Filling out HMC*	73 (51.4)	150 (64.1)	223 (59.4)
Filling out HMC and giving vaccination	4 (2.8)	23 (9.9)	27 (7.2)
Giving vaccination and infants follow-ups	13 (9.1)	15 (6.4)	28 (7.3)
Filling out HMC and pregnancy follow-ups	14 (9.8)	4 (1.7)	18 (4.8)
Others	38 (26.8)	42 (17.9)	80 (21.3)

*Household member card.

Table 7. Association of Some Factors with Use of Primary Health Care Unit

Variables	Adjusted Odds ratio ^a	95% Confidence Interval	p
Sample groups			
The Others	Reference		
Turkish Gypsies	2.765	1.513 - 3.861	<.001
Education levels			
Illiterate	Reference		
Primary school (includes those who are literate)	0.397	0.157 - 1.003	0.055
More than	0.486	0.297 - 0.795	<.05
Paying fee for services			
No	Reference		
Yes	0.204	0.139 - 0.298	<.001
Social security coverage			
No	Reference		
Social Security Institutions (Turkish SSK)	0.301	0.204 - 0.412	<.001
Emekli Sandığı	0.789	0.118 - 1.123	0.356
Bağ-Kur	1.018	0.456 - 2.276	0.964
Green Card	3.963	2.076 - 7.566	<.001
Constant	2.994	-	<.001

^aOdds ratios from logistic regression analysis adjusting for sex, age and income status.

fidence intervals (CI) OR=3.7; 95% CI: 2.0-7.0, OR=2.2; 95% CI: 1.4-3.5, respectively]. Therefore, those respondents who have Green Cards use the PHC Unit more often than those who have other

forms of health insurance. It can also be concluded that gypsies use PHCU services more frequently than the others.

DISCUSSION

This research is concentrated on those Turkish Gypsies who reside in Edirne. However, there are also other gypsies who have settled or who are migrants and who currently reside in different areas of Edirne. As the Thrace Region is associated with certain historical migration and trade routes, it has a high proportion of gypsies. Our survey focuses on the group of Turkish Gypsies who live in the center of Edirne.

The educational levels of the study samples reflect the nature of society. The percentage of illiteracy amongst Turkish Gypsies is significantly higher than that of the other group. It is believed that this is closely associated with the poor socio-economic status of Gypsies, because it is well known that education level and social status are closely related to each other.

Most of the female respondents are housewives; this might be connected to our visiting hours, which were working hours. The State Institute of Statistics¹² gives the percentage of housewives as 23.2%. Pala, et al. declared the percentage of housewives as being 33.8% in the study they conducted in Bursa.¹³ According to our research findings, the percentage of housewives is significantly higher than the overall average for Turkey and higher than the average of other occupations. The second most common occupation amongst Turkish Gypsies is self-employment. Many of the self-employed Gypsies perform casual labor and some are unemployed. The percentage of unemployed Gypsies is remarkably high, whereas the level of employment is rather low in Turkish Gypsies.

Although the percentage of Turkish Gypsies having health insurance coverage is considerably lower than that of the other group, it is higher than the average for Turkey. Because the Thrace region has a higher number of people who have health insurance coverage than does Turkey as a whole. The reason for the low percentage of those covered by health insurance might be related to the gypsies' moral attitudes.^{6,12} The highest ranked form of social security for the Turkish Gypsies is the Green Card, while it is Social Security Institutions (the so called Turkish SSK) for the others. Furthermore, the percentage of Turkish Gypsies

holding a Green Card is considerably higher than that of the other group. In a previous study regarding the use of health services in Turkey, the SSK was ranked first with a percentage of 41% due to the density of industrial plants and other companies in the region, and people working at these institutions tend to have SSK as their social security coverage.¹⁴

It was revealed in our research that the respondents of this study used the PHCU for their health problems most often during the last six months. Turkish Gypsies use the PHCU more frequently than the others. While the frequency of utilization of the SSK was ranked rather differently from that of the PHCU amongst Roma people (nearly three times less), for the other group these two institutions were ranked equally. Logistic regression and another statistical analyses indicate this observation might be related to whether or not the people concerned have social security coverage or hold a Green Card. According to the laws currently in force, an individual who has a Green Card should be referred to a PHCU first in the district where she or he lives. If they do not follow the referral chain, they are not allowed to utilize secondary and tertiary care health services free of charge. PHCU offers free preventive health services such as immunization, neonatal care, family planning, which may encourage people to utilize the PHCU more effectively. Therefore, it is not unusual for Turkish Gypsies, who have a significantly lower socio-economic level and higher unemployment rate than the general population, to use the PHCU as the first step.

According to current legislation, individuals who have a different kind of health insurance, other than a Green Card, must use a PHCU first. It is possible to obtain access to other levels of care in the health system by following the chain of referral. However, it is widely accepted that the referral chain does not work properly in our country; and this might explain why Turkish Gypsies use a Primary Health Care Unit more often than they should.

According to law number 4618, which came into force on 23 January 2001, treatment has to be paid for in the PHCUs.⁷ According to our findings, it is mostly the indigent people who

have no social security umbrella, who utilize the PHCUs. It is believed that this new law will prevent these people from utilizing these health units as well. For this reason, it is suggested that people who have a Green Card should be able to utilize hospitals more effectively and frequently. Otherwise, it is believed that people on low incomes will have difficulty accessing even primary health services. Not only does this situation deepen the inequality involved in obtaining services but also badly affects the health indicators of our country.

About half of the respondents utilize hospitals. In the study concerning the use of health services, the number of people using public hospitals amounted to as much as 57.6%.¹⁴ On the other hand, different studies carried out in different regions of Turkey prove that the percentage of people going straight to a hospital without using a PHCU was 35-65%.^{13,15-18} This study also reveals the problem of how the referral chain operates.

As mentioned above, PHCUs are mostly utilized when somebody requires a prescription or a health problem arises. Although the reasons why both groups use PHCUs are similar, it is rather interesting that the Primary Health Care Services were not used for the same reasons. However, Primary Health Care is the main responsibility of the corresponding Units.

According to health regulations, the only health service staff who should make home visits are midwives. The main purposes of these visits are providing primary health care services at home, especially for the maternal and child sub-population which is considered to be one of the groups most at risk. However, based on the current research findings, the purpose of two out of three of these visits was to fill a Household Member Card (as mentioned above). The services that should be provided by midwives, such as vaccinations, follow-ups for pregnant-puerperal women, and follow-ups for infants and children, were not often provided during these visits.

In this study, it was shown that most people in the coverage area of Muradiye PHCU are aware of its existence. It was also shown that PHCUs are more often used by people who have no social security coverage, have not completed primary

school, are illiterate, are Green Card holders, or people who are exempt from paying for the services and are Gypsies. Asking for treatment was the main purpose for attending the PHCUs in the context of this study. However, it has been suggested that PHCUs should concentrate on preventive health care services and training people about them. This study revealed that Turkish Gypsies, who are socio-economically disadvantaged, utilize PHCUs more often than the general population, because they have no other options. They also have relatively little chance of obtaining preventive health care services. Therefore, it has been suggested that the primary health care services should be provided by the PHCUs and that people should be encouraged to utilize them efficiently. This would be a significant step toward bringing health service operations up to a more satisfactory level.

According to health care regulations in Turkey, all patients should first be directed to the PHCUs and then, if necessary, there are various procedures which allow the patient to be referred to a more appropriate level of health care. Nevertheless, it has been mentioned both in this research and in other surveys, that the referral chain does not work efficiently. It has been demonstrated that anyone can obtain direct access to the second or the third level of health care, if he or she so wishes. This increases the cost of the health service and has an adverse effect on people with low incomes. In this context, it would be appropriate to mention two targets of the European Division of the WHO for the 21st century: Firstly, the member countries should put into practice policies favoring equality and equity in health services and the results of these policies will be evaluated by the end of 2005. Secondly, the entire population of each country should have access to primary health services by 2010.¹⁹ In conclusion, further studies in this field would be beneficial and would help to alleviate the plight of all disadvantaged ethnic groups, including that of the Turkish gypsies (Roma people).

ACKNOWLEDGMENTS

We are grateful to; Mrs. Ebru Yıldırım for her

assistance with the translation of this paper, Editor and reviewers of Yonsei Medical Journal for their great contribution to this paper.

REFERENCES

1. Brearley M. The Roma / Gypsies of Europe: a persecuted people. London: Institute for Jewish Policy Research; 1996.
2. Cilla G, Perez-Trallero E, Marimon JM, Erdozain S, Gutierrez C. Prevalence of hepatitis and antibody among disadvantaged gypsy people in northern Spain. *Epidemiol Infect* 1995;115:157-61.
3. Redondo MJ, Guisasola FJ. An unknown risk group of lead poisoning: The gypsy children. *Eur J Pediatr* 1995; 154:197-200.
4. Martinez-Frias ML, Bermejo E. Prevalence of congenital anomaly syndromes in a Spanish gypsy population. *J Med Genet* 1992;29:483-6.
5. Fonseca I. Bury me standing the gypsies and their journey. London: Chatto and Windus; 1995.
6. Berger H. Gypsie Mitology. Ayraç Publishers; 2000.
7. Guler M. Health Legislation. Turkish Medical Association, October 2001.
8. WHO. From Alma-Ata to the Year 2000. Reflections at the midpoint. Geneva, 1988.
9. Fişek NH. Introduction to Public Health. WHO Center of Make Research and Researchers, Publication No. 2: Cag Publishers, 1985.
10. Gwatkin DR. Health Inequalities and the Health of the Poor: what do we know? what can we do? *Bull World Health Organ* 2000;78:3-18.
11. Province Health Directorate of Edirne. Statistics of Edirne 2000.
12. State Institute of Statistics, Prime Ministry of Republic of Turkey. Census of Population: Social and Economic Characteristics of Population. Ankara, 1990.
13. Pala K, Aytekin N, Aytekin H. Utilisation of Gemlik Primary Health Care Unit by Gemlik (Bursa) District Residents. *Community and Physician. Journal of Turkish Medical Association* 1997;12:10-25.
14. Ministry of Health, Health Project Gen. Cord. Unit. Health Services Utilisation Survey in Turkey. Ankara, 1995.
15. Erdem M. Evaluation of utilisation of Kızılırmak Primary Health Care Unit by peoples. Third National Public Health Congress, Abstract Book, p.67, Ankara, 1995.
16. Çetinkaya F, Gün İ, Öztürk Y. Evaluation of primary, secondary and tertiary health care units services in Kayseri from the point of view referral chain. *Community and Physician. Journal of Turkish Medical Association* 1994;9:6-9.
17. Kılıç B. To apply Gölbaşı Primary Health Care Unit for health services and associated factors. *Community and Physician. Journal of Turkish Medical Association*, 1996;11:2-10.
18. Özcebe H. Utilisation of secondary care services at Etimesgut Primary Health Care Unit and associated factors. Thesis of PhD, Hacettepe University Medical Faculty, Department of Public Health. Ankara, 1999.
19. WHO. Health 21. The Health for all policy frameworks for the WHO European Region. European Health for all series No. 6. WHO-Regional Office for Europe, Copenhagen.