Abstracts of the WCMSR

ACCESSIBILITY, TYPES OF CARE SOUGHT AND BARRIERS INFLUENCING MEDICAL CARE SEEKING BEHAVIOUR AMONG IDPS DURING WAR

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BACKGROUND: Developing countries like Sudan face severe limitations in accessing primary healthcare. Since April 2023, an armed conflict has broken out in Sudan. This ongoing crisis has severely compromised healthcare access, especially for internally displaced persons, but the barriers influencing their healthcare-seeking behavior remain poorly understood. This study aimed to examine the accessibility of healthcare services, types of medical care sought, and barriers influencing healthcare-seeking behavior among internally displaced persons in Sudan in 2025, and to identify social, economic, and geographical factors affecting their healthcare decisions.

METHODS: A descriptive cross-sectional study was conducted among 944 internally displaced persons from Sudan, using convenience sampling, between September and October 2025. Data were gathered using an online structured self-administered questionnaire collecting data on sociodemographic characteristics; healthcare accessibility using the nearest health facility scale; health status; and barriers to healthcare-seeking behavior to evaluate accessibility, types of care sought, and barriers influencing healthcare-seeking behavior among internally displaced persons during armed conflict in Sudan. Data were analyzed using descriptive statistics, the Kruskal–Wallis test, and multivariable logistic regression, with adjusted odds ratios and 95% confidence intervals reported at $p < 0.05$.

RESULTS: Among 944 participants, approximately half (52.3%) lived within 2 km of a health facility, with a mean travel time of 21.5 minutes, and 57.6% reached care by walking. Clinics were the most commonly reported nearest facilities (48.9%), followed by hospitals (33.8%). The main challenges in accessing care included lack of specific services (28.3%) and long waiting times (16.7%), with financial barriers constituting a key barrier to access (62.5%). Multiple barrier variables emerged as the strongest predictors of reported challenges at health facilities, including access barriers ($\chi^2 = 75.51$, $p < .001$), perceived discrimination ($\chi^2 = 56.95$, $p < .001$), and barriers related to patient ($\chi^2 = 45.32$, $p < .001$) and healthcare providers ($\chi^2 = 56.00$, $p < .001$). Interestingly, higher income was associated with increased reporting of challenges (OR = 1.78, 95% CI [1.13, 2.80], $p = 0.012$).

CONCLUSION: This study demonstrates that a significant proportion of internally displaced persons experienced difficulties accessing healthcare, largely due to financial, provider-related, and service provision barriers. Addressing these barriers is essential to improve equitable access to health services.

Key Words:

Figure or Table: