

**MOBILE CLINIC USERS' OPINIONS ON HEALTH CARE SERVICE
PROVISION IN THE MULDERSDRIFT AREA, GAUTENG PROVINCE**

Amme Mardulate Tshabalala

Research report submitted to the Faculty of Health Sciences, University of the
Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the degree
of
Master in Public Health
Johannesburg, 2005

DECLARATION

I Amme Mardulate Tshabalala declare that this research report is my own work. It is being submitted in part fulfillment for the degree of Master of Public Health in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other University.

Amme Mardulate Tshabalala

10th Day of May 2005

DEDICATION

To Almighty God, Jehovah, who supplied me with strength, courage and support to complete the research project.

ABSTRACT

The use of the mobile clinics for rendering health care services in South Africa is part of the services rendered according to the Primary Health Care Service Package that was officially published in 2001. Mobile clinics have been found to be instrumental in rendering of health care especially in the rural and semi- rural areas. In the majority of these areas, the mobile clinic is the only source of health care provision at community level. Lack of well developed infrastructure and poor roads contribute to inaccessibility of health care services in rural and semi-rural areas. Health programmes are often of poor quality or offer incomplete services. Factors such as lack of knowledge of available health care services, satisfaction with the quality and range of services provided, and unavailability of the mobile clinic service when there is a health need, can result in the mobile health care clinic being less utilized.

The purpose of the study was to address the following question: What are mobile clinic users' opinions on health care service provision in the Muldersdrift area Gauteng Province? To answer the question three research objectives were formulated. These were to: describe the mobile clinic users' level of service utilization, to assess their level of knowledge of available health care services and to determine their level of satisfaction with the services provided.

To achieve the study objectives, an exploratory, descriptive survey was used as the research design. Three sampling techniques were used in this study. Cluster sampling was used for developing sampling framework for the 35 mobile points.

Stratified sampling used to stratification of the mobile points. A non- probability convenience sampling was then used for final selection of the nine mobile clinic points and for selection of a sample size of 94 mobile clinic users' to be included in the study. Data were analysed using the Statistical Package 7.0.

The results show that the mobile clinic service was optimally utilized, 59% had used the service more than thrice within a period of six months. The majority of participants (89.3%) had knowledge of all the services being offered on the mobile clinic.

Very few respondents (19.5%) were aware of the availability of HIV and AIDS counseling and testing on the mobile clinic. All most all the respondents (98.9%) were satisfied the range of services offered on the mobile clinic. Almost half (48.9%) were not satisfied with the service being offered once a month, (4.4%) with the attitude of the staff, (5.3%) with treatment of common ailments and (2%) said the mobile clinic service was bad.

ACKNOWLEDGEMENTS

I wish to acknowledge and thank all the people who contributed towards completion of this research report especially:

My supervisors, Ms M. Hlungwani and Prof J. Bruce for their guidance, encouragement, patience and support during the course of this study.

The West Rand District Council Area managers, Ms N Mekgwe and Ms Mazubuko for granting permission for the study.

The mobile clinic staff, Ms W Matipile and Ms D Mabuza for facilitation and support during the data collection phase.

Ms Paulie Toona, the Muldersdrift Health Care Clinic health promoter for assistance with selection of research assistants and direction during the data collection phase.

Mr Benjamin Mogorosi and Nkele Tselani for their assistance with data collection

Dr P Becker, at the Medical research council, for providing statistical assistance

My daughter Lungile Tshabalala for her encouragement and support throughout the years of my study.

TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENT	vi
LIST OF FIGURES	x
LIST OF TABLES	xi
LIST OF APPENDICES	xii

CHAPTER ONE: ORIENTATION TO THE STUDY

1.0	INTRODUCTION	1
1.1	Background	4
1.2	Problem Statement	5
1.3	Study Purpose	6
1.4	Objectives	6
1.5	Significance of the Study	7
1.6	Operational Definitions	7
1.7	Conclusion	8

CHAPTER TWO: LITERATURE REVIEW

2.0	INTRODUCTION	9
2.1.	Primary Health Care (PHC)	9
2.2.	Development of PHC in South Africa	11
2.2.1	Primary Health Care delivery	13
2.3.1.1	The district-based PHC system	13
2.3.1.2	The PHC service package for PHC facilities	14

2.3.1.3	Services rendered under the PHC package	14
2.3	Utilization of Mobile Health Care Services in Urban, Rural and Semi-rural Communities	15
2.4	Affordability and Efficiency of Using Mobile Health Clinic	17
2.5	Factors Influencing Utilization of Mobile Health Services	19
2.5.1.	Accessibility of health care services	19
2.5.1.1	Geographical accessibility	20
2.5.1.2	Financial accessibility	21
2.5.1.3	Functional accessibility	21
2.5.2	Acceptability of mobile health care services	22
2.5.3	Knowledge of available services	26
2.6	Mobile clinic users' level of satisfaction	27
2.6.1	Level of satisfaction with the services	27
2.6.2	Attitude of the staff	28
2.8	Conclusion	30

CHAPTER THREE: RESEARCH METHODOLOGY

3.0	INTRODUCTION	31
3.1	Research Design	31
3.2	Study Population	32
3.2.1	Research setting	32
3.2.2	Target population	34
3.3	Study sample and sampling methods	35
3.3.1	Mobile points	35
3.3.2	Mobile clinic users	37
3.4	Data Collection	38
3.5.1	Data collection methods	38
3.5.2	Data collection tool	39
3.5	The Pilot Study	39

3.6	Reliability and Validity	41
3.7	Ethical Consideration	42
3.8	Conclusion	43

CHAPTER FOUR: RESULTS OF THE STUDY

4.0	INTRODUCTION	44
4.1.	Data Analysis Approach	45
4.2.	Discussion and Findings	45
4.2.1	Section A: Demographic data	45
4.2.1.1	Age and sex distribution	46
4.2.1.2	Employment status	47
4.2.1.3	Level of education	47
4.2.2	Section B: Utilization of the mobile clinic service and other resources	49
4.2.2.1	Frequency of clinic visits	49
4.2.2.2	Reasons for not using the mobile clinic service	51
4.2.2.3	Alternate source of treatment	52
4.2.3	Section C: Mobile clinic users' knowledge of available services	54
4.2.3.1	Knowledge of mobile clinic services	54
4.2.3.2	Knowledge of the type of services	55
4.2.3.3	Additional services needed	58
4.2.4	Section D: Satisfaction with the mobile clinic	59
4.2.4.1	Level of satisfaction with the services	59
4.2.4.2	Level of satisfaction with the service times	61
4.2.4.3	Attitude of the staff	63
4.2.4.4	Satisfaction with management of health problems	64
4.3	Conclusion	65

CHAPTER FIVE: SUMMARY, MAIN FINDINGS, RECOMMENDATIONS LIMITATIONS AND CONCLUSION

5.0	INTRODUCTION	66
5.1	Study Summary	66
5.1.1	Purpose and objectives of the study	66
5.2.2	Methodology	67
5.2.3	Population and sample	67
5.2	Main Findings	68
5.2.1	Demographic data	68
5.2.2	Mobile clinic service utilization	68
5.2.3	Level of knowledge of available services	68
5.2.4	Level of satisfaction with services	70
5.3	Conclusion	71
5.4	Limitations of the Study	73
5.5	Recommendations	74
5.5.1	Community-based clinical practice	74
5.5.2	Education	76
5.5.3	Research	77
	REFERENCES	79

LIST OF FIGURES

Figure 4.1	Muldersdrift mobile clinic points and number of service users interviewed	44
Figure 4.2	Level of mobile clinic service utilization	50
Figure 4.3	Number of clinic visits preferred by mobile users	62
Figure 4.4	Attitude of staff	63

LIST OF TABLES

Table 3.1	Description of mobile clinic points	33
Table 3.2	Sampling framework used for selecting mobile points	36
Table 4.1	Age and sex distribution of the respondents	44
Table 4.2	Categories of workers interviewed	50
Table 4.3	Education level of respondents	62
Table 4.4	Description of relationship between sex and clinic visits	50
Table 4.5	Alternate sources of treatment	52
Table 4.6	Knowledge of type of services	55
Table 4.7	Relationship between knowledge of services and clinic utilization	56
Table 4.8	Services most satisfied with	60
Table 4.9	Services least satisfied with	61

LIST OF APPENDICES

- Appendix A: Muldersdrift map
- Appendix B: Interview schedule
- Appendix C: Approval from Post graduate committee
- Appendix D: Clearance certificate from Committee for Research on Human
Subjects
- Appendix E: Letter to West Rand District Council Area, Gauteng
- Appendix F: Approval from West rand District Council Area, Gauteng
- Appendix G: Information letter
- Appendix H: Consent form