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Mobile clinic users' opinions on health care service provision in the Muldersdrift area,Gauteng province

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CHAPTER ONE: ORIENTATION TO THE STUDY

This chapter provides an orientation to and background information of the study.

1.0 INTRODUCTION

Health services in South Africa have been inequitably distributed in the past as a result of the apartheid policy and poor planning. According to Ross, Lerer and Nxumalo (1996:68) the inaccessibility and remoteness of some areas and artificial boundaries have hampered rural health care provision. This is particularly true for people living in the Muldersdrift semi-rural area, who have borne the brunt of inequitable planning, poor access to health services, and limited development.

Muldersdrift community is situated in the Gauteng Province, 40km North West of Johannesburg. The Gauteng Province, for administrative purposes is divided into three main regions: Region A - Central Wits, Johannesburg and West Rand District Council; Region B - Pretoria and Region C - Vaal respectively. Within the West Rand District Council there are four subdistricts namely: Randfontein, Westonaria, Carltonville (Merafong) and Mogale City, which were previously known as Krugersdorp. Muldersdrift is one of the regions of Mogale City. The area is semi-rural and is estimated to be about 16km/sq with approximately 3291 households. According to the Population Census Central Statistical Services in 1996 population was estimated to be 6,042: 1,626 Whites, 67 Coloureds, 10 Indians, 4,302 Blacks

and 37 others (http://www.dermacation.org.za/demarcprocess/wards). It is estimated that 28% are children, the young account for 30%, adults account for 27% and the elderly 15% of the population.

Muldersdrift is classified as an economically rich area due to the big businesses in the form of conference facilities, hotels, and wedding venues, fruit and vegetables agricultural business. Though it is classified as being economically rich, the majority of people are poor. The Black community lives in informal housing built with corrugated iron, woven sticks and mud. Most of the people have no access to electricity and the only water available is mainly from the farmer's boreholes. Unemployment is rife and the majority of employed people are in the ranks of unskilled labour and thus are either farm labourers or domestic workers.

In this community, socio-economic disadvantage is a powerful barrier for the receipt of appropriate health services; 75% of the people in this area utilize the Muldersdrift Health Care Clinic (MHCC). It is estimated that more that 50% of the community reside more than 5km from the MHCC. There is no public transport in some areas. Therefore people walk long distances to get to the clinic. In areas where there are taxis, utilization depends on whether people can afford the taxi fee or not.

The MHCC was established in 1973 by a group of medical students of the University of the Witwatersrand (WITS). In the initial stages health services were provided under a tree once a week, on a Saturday. In May 1988 the medical students succeeded in securing funding from the Swedish Government to purchase land that was used for a

more permanent clinic structure. The WITS Department of Nursing took over management of the clinic from 1995 to 1998 due to lack of donor funding and commitment.

The restructuring of health care following 1994 provided for an opportunity of partnership between the Gauteng Department of Health, the Muldersdrift community and the University of the Witwatersrand. The partnership initiative was instrumental in supporting and sustaining the initiated Primary Health Care (PHC) service and the result of all the painstaking meetings became evident in August 2002 with the official launch of the renovated clinic.

According to the Primary Health Care (PHC) core package, norms and standards for South Africa, a clinic should render a comprehensive integrated PHC services using a one stop approach for at least eight (8) hours a day, five (5) days a week (Department of Health, 1997). To fulfill this requirement the Muldersdrift Health Care Clinic is open for eight (8) hours per day and on Saturday's for six (6) hours. The (PHC) service package include ante-natal, post-natal, well-baby clinic, family planning, management of common ailments, treatment of communicable and non-communicable diseases, health promotion, emergency services, HIV/AIDS and termination of pregnancy counselling. A joint committee manages the clinic with equal representation from all the stakeholders that is the Community, University of the Witwatersrand and the Gauteng Province Health Department. Despite all this efforts and infrastructure, accessibility to health care services in this community is still a problem for community members furthest away from the clinic. According to Avis, Bond and Arthur

(1995:316) factors such as costs, distance, consultation hours and attitude of health personnel can be a barrier to accessibility to health care services and community members deriving satisfaction from the service provided.

1.1 Background to the Study

According to the World Health Organisation (1988), Primary Health Care (PHC) service provision should include an attempt to make health care services to be the first level of contact of individuals, the family and the community with the National Health System, bringing health care as close as possible to where people live and work. One of the main concepts of PHC is that it ought to be accessible (Gogorcena, Castillo, Casajuana & Jove, 1992:33). To fulfill this requirement in the West Rand District Council, five mobile clinics are utilized to reach community members furthest away from health care services. According to the Assistant Director in charge of the mobile services, budget allocation for 2002/2003 per mobile clinic is R1, 596.934. In the Muldersdrift area the mobile clinic operates from the MHCC. There are 35 designated areas in the Muldersdrift area where once a month, the mobile clinic stops at these points to render a health care service. The mobile clinic stops at schools, shops, residential areas and at employment-based mobile points.

On several occasions when the researcher has accompanied nursing students to the Muldersdrift clinic, it was observed that the majority of patients present themselves late in terms of the time for consultation and also in terms of the progression of severity of their ailment. Some of the patients come from areas that are serviced by

the mobile clinic. The usual reasons given for this are the travelling distance and the money for transport not being available. Patients travel long distances to access health care services despite the fact that there are 35 mobile health care points in the community. According to van Vuuren and de Klerk (1996:19), accessibility could be hampered by factors such as distance from the user's residence, time elapsed before consultation takes place, the attitude of the staff, service satisfaction, times at which services are offered and the effect the service has on health. The importance of patient satisfaction with the care that they receive is well documented. Satisfaction with the service has an influence on whether the patient maintains the patient practitioner relationship, seeks medical advice and complies with treatment (Hill, 1997:348). It is therefore important to establish the mobile clinic users' opinion on the health care service provided in the area.

1.2 Problem Statement

The Muldersdrift community is a semi-rural community. The majority of the people who utilize the Muldersdrift Health Care Clinic facility are disadvantaged people from this community. Most places of employment in this area are more than 5 km from the main clinic. To reach out to community members furthest away from the clinic, mobile clinics are used. Mobile health services are available in specified areas at specific times. Lack of knowledge of the available services on the mobile clinic, lack of satisfaction with the available services and attitude of the staff can result in the mobile health care service being inaccessible, unacceptable and underutilized. According to the core norms as stated in the PHC Package for South Africa, annual evaluation of

the provision of the PHC services is necessary to reduce the gap between needs and service provision. In addition, community perception of services should be tested at least twice a year. The researcher anticipates that through an exploratory and descriptive survey of the mobile clinic users' opinions regarding health care service provision in this area, the above norm will be ascribed to.

This study therefore, addressed the following question: What is the mobile clinic users' opinion regarding health care service provision in the Muldersdrift area?

1.3 Study Purpose

The purpose of the study was to explore and describe the mobile clinic users' opinions on health care service provision in the Muldersdrift area, Gauteng Province.

1.4 Objectives

The objectives of this study were to:

- Describe the mobile clinic users' level of service utilization and preferred services.
- Assess mobile clinic users' level of knowledge of the available services.
- Determine mobile clinic users' level of satisfaction with the services provided.

1.5 Significance of the study

It was anticipated that the study will provide all the stakeholders in this partnership with feedback on knowledge of community members with regards to the services provided, the level of service utilization, satisfaction with the services provided and the attitude of the staff. The policy makers will be presented with information on areas that needs to be prioritized for increasing the accessibility and the quality of health care services provided on the mobile. The research findings will also add to the growing body of knowledge of utilization of mobile clinics.

1.6 Operational Definitions

Mobile clinic:

A vehicle assembled and furnished with diagnostic equipment and medication, transporting health workers from a source facility to designated mobile points in the community for provision of a health care service

Mobile point:

A mobile point is a designated area in the community where the mobile clinic makes a stop once a month for service provision.

Mobile clinic users:

Refers to community members that had utilized the mobile clinic services rendered at the designated mobile points nearer to their homes between January to March 2003.

Utilization:

Refers to the number of times the mobile health clinic users' had used to their benefit the health care service rendered once a month.

Knowledge:

Mobile clinic users level of awareness and understanding of the available services on the mobile clinic.

Satisfaction:

Refers to the level that that the mobile clinic users expectations are met with regards to availability of the mobile clinic service, the services that are provided and the attitude of the staff.

Accessibility:

The continuing and organized supply of an equitable level of health care that is within reach of all citizens geographically, functionally, financially and culturally.

1.7 Conclusion

In this chapter the background to this research has been described. The problem statement, study purpose, objectives and the significance of the study have been discussed. Terms used have been identified and defined. In the next chapter the literature review will be presented.