

Abstract

Background

South Africa's apartheid history gave rise to settlement patterns based on racial classification. Historically and presently disadvantaged regions remain on the fringes of better-resourced urban nodes 29 years into democracy. These disadvantaged regions have varying access to services such as healthcare. This study aimed to determine the association between the sub-district of residence in Gauteng on adult residents' access to and usage of healthcare. Resident health status, encompassed in overall health status and the rate of health preventing work or socialising, was also assessed.

Methods

Data from the 2017/18 Gauteng City Region Observatory Quality of Life survey was used, and all analyses were adjusted for the complex sampling design deployed in the primary study. Choropleth maps were generated to describe sociodemographic and economic resident characteristics by sub-district. Logistic regression was used to determine the association between sub-district, healthcare usage and access, self-reported health status, and the impact of health status on work and social activities. Multiple logistic regression was used to determine the spatial effect before and after accounting for sociodemographic and economic confounders.

Results

Geographic variation in sociodemographic and economic characteristics was noted across Gauteng, with clustering of relative privilege and disadvantage in certain sub-districts. A statistically significant geographical effect on all outcomes remained after accounting for sociodemographic and economic confounders. Healthcare access and usage were significantly higher in the richest quintiles. Health preventing work and socialising was less common for the well-educated and wealthy. Adult residents who had difficulty accessing the healthcare system had a 3.3 percentage point lower rate of "excellent" health status (3.3%; 95% CI = -6.3% – -0.4%; $p < 0.05$) Having medical scheme cover and being wealthy enlarged this effect.

Conclusion

Health in Gauteng remains impacted by historic patterns of apartheid-entrenched racial residential segregation. Despite well-intentioned policy, these patterns have not been addressed. This failure has resulted in the perpetuation of infrastructure-inequality traps, where well-developed areas simply attract more development, and under-developed areas continue to languish. Healthcare access and usage, in the absence of universal healthcare coverage, has tended to the inverse care law which states that the availability of good medical care tends to vary inversely with the need of the population served. In keeping with well-established literature, socioeconomic privilege allows for greater access to better healthcare within a healthcare system that favours the wealthy. The failure to integrate residential settlements and create opportunities for structurally underdeveloped communities has formalised apartheid settlements and has direct consequences for health access, use, and status. There is a need to correct spatial dysfunction and improve healthcare delivery to underserved areas so that every South African can realise access to healthcare based on need and attain the highest possible standard of health.