HEALTH FACILITY UTILIZATION DIFFERENTIALS: A CASE OF MATHARE AND SOWETO SLUMS, NAIROBI

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Abstract

Evidence from studies carried out by KDHS (1998), UNCHS (1996), Hardoy (1990), Republic of Kenya (1988), UNICEF and WHO 1984 and AMREF (1989) indicate high levels of child mortality in Nairobi. This has been attributed to disparities in availability and utilization of health care facilities and services.

This paper, therefore, aims at examining the extent of provision and utilization of health care services, factors affecting utilization and provision of health care facilities, impact of the existing disparities in the usage and provision of health on child morbidity, indigenous medical beliefs relating to common ailments, use of traditional and bio-medical service. It also gives recommendation of how such disparities and their impact can be avoided.

Primary data collected using in-depth interviews and focus group discussion was used. The respondents were mainly caretakers of children under five years and clinical officers from private and public hospitals. Secondary data was also obtained from the KDHS (1998) and the1999 Kenya population Census.The study established that there were fewer modern health care facilities and that the rate of utilization was low. This is evident from the fact that there were more disease incidences reported in study areas compared to those found in the 1999 population Census for Nairobi province.It was recommended that the government gives small loans to slum dwellers that can be used to start income generating activities. This will in turn assist them to participate effectively in the cost-sharing expenditure in medicine. In addition, that there should be increased awareness campaigns to recognize the importance of utilizing available health care facilities.

Introduction

Kenya has registered some expansion in the provision of services in areas of health, education, transport and communication since independence (KDHS, 1989). Such a progress has had a positive result on health and standards of living of people in Kenya. This has been associated with the reduction of child morbidity and mortality in the recent past. Child mortality has, for instance, declined from a level of 202 deaths per thousand in 1960 to 89 per thousand in 1989 (UNICEF, 1993). However the reduction in child mortality has not been uniform. Some places seem to have high child mortality while others have low, for example, in the slums of Nairobi where the mortality of children has been on the increase (WHO, 1991; Brockerhoff, 1993). One of the factors that has led to uneven reduction in child mortality is the distribution and utilization of health facilities. This study, therefore, aimed at establishing the causes of disparities in the utilization of health facilities in the urban environment of Nairobi.

The Study Areas

The study areas were Mathare and Soweto slums within the city of Nairobi.

Mathare Slum

Mathare slum is one of the biggest and fastest growing of the forty-two in the city of Nairobi (Nairobi City Council, 1977, Ham 1994 and Republic of Kenya 1998).

It is situated at the edge of the northern part of Eastleigh. It borders Juja Road in the South, Outer Ring in the East, Pangani in the West, and the Thika dual carriageway in the North. This settlement stretches along the banks of Mathare and Gitathuru rivers. The people living in the Mathare slum consist of different ethnic groups, the Kikuyu being the largest (Morrison, 1972). The type of people living in the area are mainly, the small itinerant traders and/or the low income wage earners, such as greengrocers, hotel workers, messengers, watchmen and house-servants.

According to the 1969 census, the population of Mathare slum was 21,375 people. By 1972 this population had tripled indicating the highest growth rate of the entire slums in the city. According to the 1989 Census, the population of the slum was 230,000 people.Health facilities are also inadequate. There is only one Clinic run by the Nairobi City Council. Other health facilities are either NGO/Mission sponsored or private.

Soweto Slum

Soweto slum is situated in Kahawa West, which is in the north Eastern part of Nairobi. The slum is one of the smallest slums in terms of acreage. In the 1990s, the population of the area was 6,000 people. The predominant ethnic group is the Kikuyu. Most people work as housemaids, watchmen and touts. Others run groceries in the neighbourhoods of Githurai and Kahawa West markets. Health facilities are also inadequate. There is only one Clinic run by the Nairobi City Council. Other health facilities are either Mission sponsored and/or private.

Methodology

A purposive sampling technique was used to identify households with children under five-years. Two research assistants surveyed a sample of 60 households with children less than 5 years of age. A baseline survey was conducted to collect data that was used to measure coverage of child immunization and general status of availability and utilization of health facilities. Focused group discussions were held with caretakers of children under five years. The groups comprised between 5 to 8 women. A total of 6 focused group discussions were conducted. Focused group discussion was used to identify the strengths and weaknesses of health services and provided data on community attitudes towards local health issues and quality of public health services and their impact on child health.

Survey Results

Characteristics of the study population

The average length of residence was 4 years. More that a half of the study population had lived in their current area of residence for more than two years. The average level of education for the mother was primary level.

Figure 1: Health facilities available in Mathare and Soweto slums

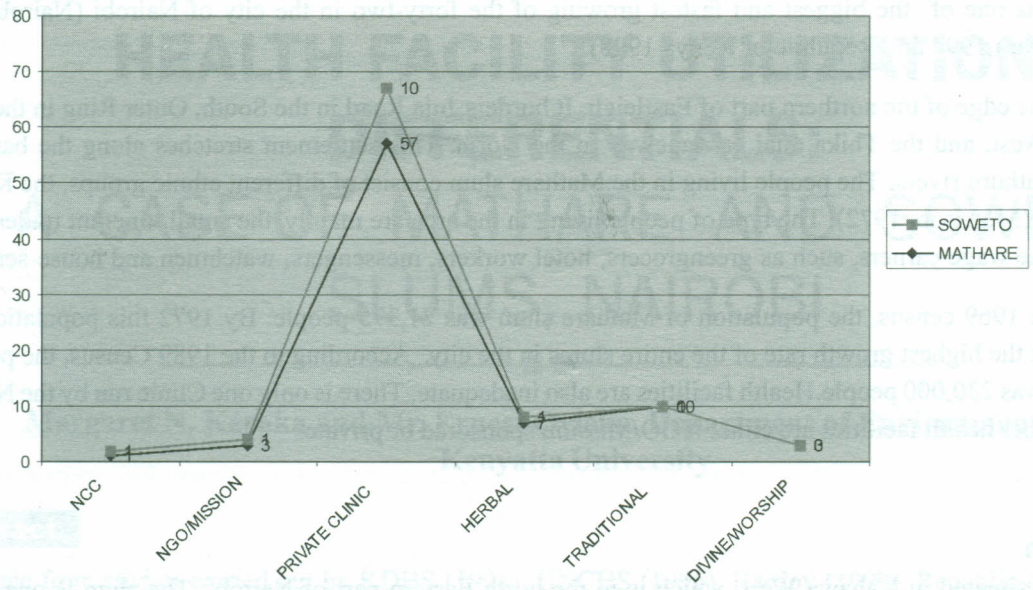

Figure 1 shows that in Mathare, the private clinics are the majority (57 clinics). It also shows that, there are more health facilities in Mathare than in Soweto slum. There is no private hospital in the two study areas. Only clinics that are least developed to offer laboratory and consultation services are dominant. Traditional medicine men exist but operate strictly under cover. Herbal facilities only exist in Mathare slum but there is significant numbers of visiting/ mobile herbal clinics that do not have particular working premises in Soweto slum.

Table 1a. Average Number of Staff – Soweto Slum

	Doctors	Clinical Officer	MTC	Private Training	Laboratory Training
NCC	1	1	-	-	2
Mission	1	1	-	3 nurses	2
Clinics	-	-	1	1	1

Most private clinics are owned by some of the staff members working at Nairobi City Council (NCC) hospitals who have employed their relatives or friends. Suc employees have training from private hospitals or otherwise. NCC hospitals are highly understaffed hence they cannot admit patients to wards and the laboratories do not function well. Thus the Mission hospital remains undisputedly well staffed with good facilities (Table 1a and 1b).

Table 1b. Average Number of Staff – Mathare Slum

	Doctors	Clinical Officer	MTC	Private Training	Counselors	Laboratory Training
NCC	1	1	-	-	-	2
NGO	4 (visiting)	1	5	-	2	1
Private	1	-	-	2	-	1

Health facility utilization

Sixty percent of the respondents in Mathare slum went to the NCC clinics while those who used such clinics in Soweto Slum were 40%. In Soweto Slum, 40% of the residents used private clinics while 20% used NGOs clinics. The main reason for this distribution is that there are very few NGO clinics and all the residents cannot access the only one that is available. In addition, the NGO clinics required that the patients pay certain amount of money before they were attended to. This made this facility inaccessible to those who could not afford. In Mathare slum, the residents who chose the NCC clinics were the majority (60%). A merely 5% went to the private clinics while 35% went to traditional healers. In both study areas, mothers who chose NCC clinics and traditional healers tended to be less educated than those who chose NGOs and private facilities are.

First Action Taken When The Child Became Sick

Most of the respondents (70%) in Soweto slum reported that when their children felt sick, they took them to the clinic, 20% indicated that they gave the children medication from the doctor while 10% indicated that they left the illness to heal on its own. In Mathare slum, 60 % of the respondents went to the clinic, 20% gave their children medication from a professional doctor and 20% left the illness to cure.

Immunization completion

Both coverage and adequacy were used to analyze immunization status. Coverage measures the percentage of children who have received the full schedule of a particular vaccine and are thus considered to be immunized. Only the children who are old enough to have received all appropriate doses are considered when assessing coverage.

An adequacy measure refers to whether or not vaccination has been given at appropriate age and interval. It is also considered from service delivery perspective, that is, was the health system timely in its delivery and vaccinated children at the right time. In Soweto slum, the coverage for BCG, DPT and Polio (3 doses) was over 80% while for Mathare slum it was 60%. Measles coverage was on average, 70% for Kahawa West while for Mathare slum it was 40%. The adequacy for the measles vaccination was 70% for Soweto slum while for Mathare slum it was 40%. This suggests that the majority of the children in Soweto slum were vaccinated with appropriate age interval as opposed to Mathare Slum. The possible reason for this finding is that Soweto slum tends to be more accessible to the NCC clinic compared to Mathare slum.

In both study areas, the coverage of DPT and Polio seemed to vary, yet these vaccines are meant to be administered simultaneously. This implies that there must have been poor supply of the vaccines or there was a clinical error in the registration of the doses received.

Motivations for Health Provision by Health Providers

Results of the study indicated that the health services were provided by city council with the aim of providing health for all. The mission's health services aimed at improving health and assist the poor. Accordingly, the private clinics were interested in business and creation of employment for relatives. Since the NCC's motive is to provide health for all, it was on the other hand seen to have cultivated the syndrome of routine by most of its staff making them less committed to health-care delivery. This led to less utilization of their facilities in both cases. Herbal clinics believed that they provided the best medicine while the traditional healers practiced because their medicine was handed over to them learned from their traditions and was affordable. Those who believed in prayer healing did so because they believed that they were inspired and that prayers heal. They also believed in prayers as a result of being influenced by their neigbours who practiced the same.

People's Attitudes towards Provision of Health Care Services

All the people interviewed in both study areas consented that the NCC dispensaries did not have enough facilities and that the mission hospitals offered the best health services and that their facilities are better equipped. There was a general connotation that private clinics are handy though in Soweto slum, there was an expression of the need to reduce the numbers to those with visiting Doctors only. In Mathare Slum, people feel that herbal medicine may be accepted with better packaging and that traditional and divine worship should be done away with.

Why People Prefer using particular health facilities in Mathare slum

Nairobi City council facilities are used because they are affordable and have free VCT available. MISSION/NGO facilities are used because they offer Community Based Health-care, home based care (doctors visiting the sick), there are free feeding programmes and ambulance services. They also have more qualified doctors, drugs, good facilities, free treatment and are near their residential houses. On the other hand, private clinics are preferred

because they are clean, less congested, give personalised and confidential consultation services. The clinics are preferred because they are near homes, can offer services on credit, have negotiable prices and the consultation has no costs.

Herbal medicine is preferred because when used one heals faster and treats diseases that can not be treated in the hospital. Some prefer them because of the family background. Those who go for traditional medicine observed that they use it because they have inherited this mode of treatment from their parents.

Most of the people in both study areas agree to the affordability of the NCC hospitals. However, they prefer the services offered by the Mission hospitals, not withstanding the fact that they sometimes treat the poor for free.

The clinics are preferred by a better majority because of their proximity to the residential areas and that their prices are often negotiable. On the other hand, in Mathare slum, herbal medicine was preferred to traditional and divine that is more based on the family backgrounds. Divine worship was least known though individuals still visit them on spiritual grounds.Patients from all such facilities are referred to Kenyatta National Hospital (KNH) or to private hospitals according to the patient's request. However, NCC always referred the patients to KNH only. Most of the practitioners confer to the quality of the KNH and its affordability to the patients and subsequently become their first option for referral cases.

Table 2a: Average daily attendants of 0-5 years at each facility for the last one-week 31st –7th August 2003 in Soweto slum.

	NCC	MISSION	CLINIC
Monday	13	43	3
Tuesday	15	37	2
Wednesday	24	48	1
Thursday	19	33	3
Friday	21	53	2
Saturday	21	28	3
Sunday	-	16	-

Table 2b: Average daily attendants of 0-5 years at each facility for the last one-week 31st – 7th August 2003 in Soweto slum.

	NCC	MISSION/ NGO	PRIVATE	CLINICS	HERBAL	TRADITIONAL	DIVINE/WORSHIP
Monday	28	90	3	4	3	2	1
Tuesday	19	97	7	7	7	4	1
Wednesday	34	92	6	5	3	7	2
Thursday	24	66	5	3	5	2	• 1
Friday	53	105	7	10	10	4	2
Saturday	-	-	6	13	18	10	2
Sunday	-	-	4	16	16	8	1

The NGO dispensaries recorded very high number of attendants, almost over half of those related in all other centers/facilities (Table 2a&2b).

Challenges Facing the Government in the Provision of Health Facilities

In Soweto slum, respondents observed that the government is charged with the role of supplying more staff and equipment to the NCC hospitals. The government should also improve the infrastructure by building roads so as to increase access to the health facilities. As far as the mission hospitals are concerned, the government should create favourable environment for other related charitable organizations to invest in health, improve roads and security and to work in collaboration wit such organizations.

On the other, the government should censure existing clinics to create secure environments for the provision of health services. It should train herbal practitioners so that they can use the right herb for a certain ailment. In Mathare slum the respondents indicated that the government should regulate the cost of medicine in private clinics, reduce harassment when issuing permits. They also observed that the herbalists should be trained and that the traditional medical practitioners should be licensed.

Focus Group Discussion Results

Access to Facilities

Most members of the focused group discussions indicated that they went to the nearest facilities on foot, although sometimes they covered a distance of 3 to 4 Kms. Some participants took a *matatu* to some of the far-away facilities. Some participants in both soweto and Mathare slums indicated that they would rather pay more money to private clinic than travel across the City to use a public facility. They indicated that they were sure of getting the services at a private facility rather than travelling to a public facility and not getting the treatment they sought.

Provision of services

Members of the focused group discussions noted that services were provided 5 days a week. There are no services open at their communities on weekends or holidays. Most facilities were reported open between 8 a.m. to 4 p.m. Few facilities offer services over the lunch hour and some do not operate during tea time. The discussants complained that they had to wait an extra hour while the staff took their morning tea. All community members in both Mathare and Soweto slums reported that they would like to see their local facilities open in the evening and seven days a week including public holidays. This would minimize the visits to the private hospitals.

Waiting Time

When asked how long it took for the patients to be attended to in the NCC clinics, some respondents indicated that they would wait for 4 -7 hours while others said they waited between 1-3 hours. This was noted to have been due to congestion in the facilities and too many people waiting to be attended to by the facility. It was also reported that some staff members came at 8am and started working an hour later in both Mathare and Soweto slums.

Delay in treatment at the health facility was also explained to have been due to too few health care providers and laxity on the part of the staff. They were also given prescriptions for medicine that was not available hence they would go and buy and for those who would not afford, they left the sickness to cure by itself.

Provision of other Services

All focus group discussions indicated that the clinic lacked essential facilities for example X-Ray, laboratory, ENT and ambulance services. This also made them to travel long distances to KNH to seek treatment that requires these facilities.

Attitude of Health Care Providers

Most staff members at the clinic just followed routine with no consideration of the patients. This was one of the reasons why they did not use the clinics most of the time when there was need.Most participants reported that they did not get the services in the hospital when they last visited the clinic.

When they went to the private clinic, the same doctor who was at the NCC is the one who was attending to them at the private clinic. Some patients were surprised to find that the same doctor who told them that there is no medicine in the private clinic is the same one who was treating them at the private clinic. It is possible that such a doctor may have told the patients that there is no medicine in the NCC clinic so that they could go to his/her clinic for treatment.

NGO Facilities

NGO facilities in Mathare slum are available although quite few to accommodate the numbers seeking treatment. In Soweto Slum, the only one available is at the neighbourhood, Kahawa West (St. Joseph's Mukasa Mission Hospital). This facility is however limited in use due to the high charges involved for immunization.

How to Improve the Services

All members of groups felt that services would only be improved if drugs and medicine were available. They would also be improved if services such as laboratory and X-ray are available and that curative services be provided during evening hours and operate 7 days a week. Since they have to buy drugs due to cost sharing, the services should be available all the time they are required.

The Way forward

- There is a general feeling among the people interviewed that the NCC facilities need to be improved and expanded by the government and that the government should involve more organizations who should work in collaboration in order to provide better services to the people. Mosley (1983) had observed that improved health care can reduce infant and child mortality.
- The Mission and NGOs should built more dispensaries and encourage others to invest in health care in the Slum areas. Volunteer Organisations should also come up with mobile clinics to improve health services provision. These hospitals should try to reach out to many people who cannot be able to access them.
- The charges of the private hospitals should be lowered so as to make them affordable to many people.
- The existing clinics should be expanded to offer more services and that the government should improve security to enable patients visit them at night.
- Herbal medicine should be encouraged only if they are better packaged. They should also be licensed to avoid quack practitioners.
- Divine worship remains a debatable subject.

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