

THE PROVISION OF PRIMARY HEALTH CARE

IN TWO RURAL DISTRICTS OF THE EASTERN CAPE PROVINCE WITH
PARTICULAR REFERENCE TO HUMAN RESOURCES AND ACCESSIBILITY

PART 1

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ABSTRACT

The provision of Primary Health Care Services (PHC) is still a problem in developing countries like South Africa. In other countries, one finds enough human resources whilst in other countries there may be enough material resources. A both qualitative and quantitative research was conducted at Mqanduli and part of the Eastern Elliotdale districts in the Eastern Cape Province with the aim of investigating the provision of Primary health Care Services, reference was made to the availability of human resources and accessibility of PHC services.

An explorative, descriptive and contextual design was selected for the purpose of this study. It followed a two phased approach in the collection of data. Phase I consisted of a sample of 200 subjects that were drawn from the community members; whilst Phase II was made up of 20 professional nurses working in ten clinics. Interview schedules and questionnaires were used as methods of data collection, respectively .

The data were analysed by means of a computer software package called SAS, whilst content analysis of qualitative data was done by the researchers independent of each other. Part II of the article gives a full description of the results and the recommendations.

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Research

INTRODUCTION

"Health for all by the year 2000" is the slogan of the World Health Organisation, of which Primary Health Care is a vehicle (Vlok : 1991). According to van Heerdeen (1989), "Health for all by the year 2000 does not mean that disease or disability would be eliminated. It does not mean nurses and doctors will repair people's bodies.

The goal "Health for all by the year 2000" is to create the necessary infrastructure by which primary health care could be made accessible to all

the amount of health education given to the community is in fact not reflected by the people's practices. In most instances a mother will bring a child suffering from diarrhoea to the clinic or hospital, when she is asked about home-made Darrow's solution, she knows about it and how it is prepared but she has not prepared it for the child she has brought to the clinic suffering from diarrhoea.

Another observation made by the researchers was that, most people in this district are still engaged in traditional practices which affect people's lives, for instance, the application of

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people, and in this way to teach them to live healthy lives. In order to attain this goal, individuals and families need to be motivated by health education to assume responsibility for their own health. Also to respond to social and economic development in such a way that they are transformed from passive recipients into active participants" (van Heerden:1989).

Primary health care, on the other hand, is defined as "essential health care made universally accessible to individuals and families in the community, by means acceptable to them, through their full participation, and at a cost that the community and country can afford. It forms the overall social and economic development of the community" (Dennill; King, Lock & Swanepoel : 1995).

It is a fact that the ratio of the community health nurses to the community people in the Eastern sub - province of the Eastern Cape Province, that is, Transkei is minimal, (Personal experience), and is therefore not 1:500 as according to the staffing norms of the World Health Organisation (WHO : 1987). Some of the services which are necessary in the community cannot be managed by the community health nurse because of the workload and personnel shortage.

The researchers have observed that

cowdung on the newborn's umbilical cord which may result in tetanus. People are still taken to the traditional healers for haematemesis due to Pulmonary Tuberculosis and they are told to have been kicked by "impundulu".

Most babies after passing meconium are given an oral traditional medicine and an enema to treat "iplayiti" which seems to be an abdominal pain. Serious complications from this traditional medicine result in the death of the baby. The above-mentioned background led to the following problem.

PROBLEM STATEMENT

Mqanduli and Elliotdale districts are predominantly rural. Most of the people live in areas which are inaccessible by any mode of transport because of the topography of these two districts.

People in these districts suffer and die from illnesses because of shortage of primary health care centres and points. Shortage of personnel also affect the delivery of health care services.

This study attempted to answer the question: How is the provision of the primary health care services in Mqanduli and Elliotdale districts as pertaining to their accessibility and the availability of human resources affected?

STUDY PURPOSE

The main purposes of this study were to:

1. Describe the patients perceptions of the provision of P.H.C. services in two rural districts of the Eastern Cape Province;
2. To describe the nurses perception of staffing patterns in rural clinics;
3. To identify factors that affect the provision of primary health care in two rural districts of the Eastern Cape; and
4. To recommend suitable strategies for the provision of primary health care services in rural areas.

DEFINITION OF TERMS

Primary health care: See the theoretical framework.

Services: Provision for essential needs of an individual or a group of people.

Onompilo or Village Health Worker: are members of the health team who assist the individual and his/her family towards the attainment of better health. They receive training and support from the Ministry of Health.

Professional Nurse: is a registered nurse who provides " a service under Section 38A of the Nursing Act who prescribe diagnosis, treatment and care in the medical sense of the word, although they do so as nurses" (Searle, 1986).

Human Resources: are personnel appropriately trained and developed to ensure that P.H.C. services are rendered and that the services become more responsive to consumers.

The Distance: is the amount of separation in space or time between areas.

THEORETICAL FRAMEWORK

The definition of the World Health Organisation for Primary Health Care was used as a theoretical framework guiding this study.

"Primary health care is an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford in the spirit of self-reliance and determination" (MacDonald, 1993).

In this study, the investigators are interested in examining the accessibility of the health service and the availability of the health personnel to render these services.

LITERATURE REVIEW

The provision of Primary Health Care is a world-wide concern. The World Health Organisation has seen Primary Health Care as the vehicle towards achieving "Health for All by the year 2000" (WHO, 1978).

Extensive research on Primary Health Care has been done internationally. The literature reviewed revealed that although the countries in the world were aware of the concept, they did not fully engage themselves in practising it with the exception of a few countries. Attention was still given to curative health service than to preventive health. (Mellish, 1990 and Morley, 1985).

The literature reviewed also revealed that nationally, some research had been conducted and the issues of the apartheid era were exposed. Since these issues were exposed during the apartheid era they were not adequately addressed.

During the Reconstruction and Development era, in South Africa, very little literature was found on the provision of Primary Health Care Services. Although the objectives of the Government are very positive on health of the South Africans, very little had been implemented by the time of the literature review for this study.

The literature review of this study comes in two broad sub-headings i.e. an international and a national perspective.

AN INTERNATIONAL PERSPECTIVE

The evolution of PHC throughout the world

Before one actually starts embarking on a very great task, that is, to assess how the concept of primary health care came into being, it is necessary to describe the reason why the whole world started looking at health from this perspective.

One of the objectives of the Alma-Ata Conference on Primary Health Care held in 1978, was to assess the present health and health care situation throughout the world, then, and to see how it could be improved by Primary Health Care.

Following this objective the conference recognised the special needs of those who were least able, for geographical, political, social or financial reasons to take the initiative in seeking health care. The great concern was expressed for those who were the most vulnerable or at least greatest risk. Recognition of the development depended on the attitudes and capacities of all health workers and also on a health system that was designed to support the frontline workers (WHO, 1978).

The utilization of health services in the whole world

The lack of health services is a striking issue throughout the world. This was addressed by a study conducted in Columbia in 1987 about the risks which affected the child survival and the importance of the road to health. A large gap between the resources and knowledge of the people as well as what had been achieved was identified (Galwan, Wolff & Sturgis, 1987). The results revealed that the lack of available health services to address local needs impeded the survival of the child.

It was also noted that, in spite of the technically available health services, inaccessibility of services to those people who could afford them or reach the hospitals was marked.

Evaluation of problems and progress in pursuing health for all

Once a specific health strategy has been implemented, it is important for one to evaluate its impact. Ten years after Alma-Ata Conference the question of the problems and progress in pursuing Health for all was addressed. This question was applied to six continents, more than 160 countries and countless cultures and communities. This question had social, economic, ecological, political, biomedical and organisational aspects. Bryant (1988) pointed out that Primary Health Care is not "... medical care; not only first contact medical or health care; ... it is intended to reach to the home and family level and not be limited to health facilities; it is intended to involve a continuing relationship with persons and families" Bryant (1988).

The health problems of the urban poor were identified in this conference as ineffective health services which had the mixture of high technology care for those who could afford; and a few or no service designed to reach the needy communities.

Inadequately prepared health personnel to function effectively in community-based health service was another problem. In this review of literature it is clear that rural areas were overlooked. This led to a review of available literature within South Africa.

THE SOUTH AFRICAN EXPERIENCE

Since, this study was carried out during the period of change within South Africa, the review of literature took into consideration both the apartheid as well as the reconstruction and development era, respectively in the following manner:

During the apartheid era

Due to the shortage of health human resources in South Africa, South Africa has embarked on the training of health personnel to render Primary Health Care Services, this however is insufficient. Evian, Waugh & Buch

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(1984) compared the ratio of the superspecialists, specialists, general practitioners and Primary Health Care Nurses in South Africa.

They noted that there are very few supergeneralists and many Primary Health Care Nurses. They discovered that the Primary Health Care Nurses are a crisis intervention in the shortage of health personnel to render Primary Health Care Services.

DURING RESTRUCTURING AND DEVELOPMENT ERA

Redressing the effects of apartheid in health

The Government of National Unity in South Africa committed itself in redressing the effects of apartheid in the delivery of health services. Objectives for meeting the needs of the communities who were disadvantaged pertaining to health delivery were documented by the government. Complete transformation of the National Health Care delivery System and all relevant institutions was in the governments' plan (A.N.C., 1994).

More emphasis on health than medical care

The concern of the South African government of today is to see that the goals of the National Health Plan are attained. The goals are to ensure that the emphasis is more on health than medical care. The government encourages the development to comprehensive health care practices that are in line with the international norms, ethics and standards. The government also ensures that mechanisms are created for effective community participation and involvement, the control, the reduction of the burden and risk of diseases affecting the health of all South Africans. (ANC, 1994).

RESEARCH DESIGN

An explorative, descriptive and contextual survey was chosen by the researchers as a research design for this study. A survey is a "type of non-experimental research that focuses on obtaining information regarding the status quo of some situation, often via direct questioning of a sample of respondents (Polit & Hungler, 1991).

Population and sample

In this study, two different population sets were used. There is a population of professional nurses working in the clinics and clients served by the same clinics. A population is the "the total possible membership of the group being studied (Wilson, 1889:124), whereas a sample on the other hand is "a subset of a population selected to participate in a research study" (Polit & Hungler, 1991).

The population for this study was 267,803, and this total number constitutes all the localities which are served by the ten clinics of Mqanduli and the Eastern area of Elliodale districts.

A sample of two hundred people was drawn from patients attending at ten different clinics and twenty patients were selected from each clinic by means of purposive sampling technique. Whilst all the professional nurses working in these clinics, that is twenty nurses, constituted the population for the study i.e. each clinic was represented by two professional nurses.

METHODS OF DATA COLLECTION

A interview schedule and a questionnaire were used as methods of data collection, respectively.

A structured interview schedules was administered to 200 community members attending at the clinics and the questionnaires were handed to 20 professional nurses staffing these clinics. Twenty community members were interviewed by the researcher in each clinic whilst, only two professional nurses participated from ten clinics.

Interview schedule

The interview schedules were used to elicit information from the community members attending the clinics understudy.

The interview schedule was divided into six components, addressing the different aspects as follows:

- * **Component A:**
The distance of the clients' homes from the clinics.
- * **Component B:**
Frequency of the clinic visits by clients.

- * **Component C:**
Mode of transport used to visit the clinics.
- * **Component D:**
Other places of treatment utilised by the clients.
- * **Component E:**
Home visits by people preferred by the clients.

The interview schedules were used among subjects by the researchers themselves, for clarity of those subjects who did not understand English. The interview schedule contained both open and closed ended questions. This method was chosen because of its response rate and the face-to-face interaction it promotes between the interviewer and the interviewee (Polit & Hungler, 1991)

The questionnaire

Structured questionnaires were used to collect data from the professional nurses working at the ten clinics.

The questionnaire had the following four components:

- * **Component A:**
Demographic data.
- * **Component B:**
Staffing and workload.
- * **Component C:**
Community attitudes as perceived by the nurses
- * **Component D:**
Communities served

Validity and reliability

The researchers developed a questionnaire and interview schedule, taking into consideration the linkage of both questionnaire and interview schedule to the theoretical framework. Furthermore, the role of the researchers as the co-supervisors of the clinic was identified.

In order to ensure validity and reliability, the tools were further tested (Ten questionnaires were completed in different clinics).

The interview schedules were used among the patients by the researchers themselves so that clarity was made for clients who did not understand English. These tools were further handed over to the researchers to identify if all the aspects of Primary

Health Care provision pertaining to the topic were addressed; this was found to correspond.

ETHICAL CONSIDERATION

An informed consent was obtained from all the respondents who participated in interviews. A covering letter was also addressed to all professional nurses who participated in this study. Each letter explained the purpose of the study. Further to this, consent was obtained from chiefs and headmen of the localities under study as means of involving them.

Anonymity was guaranteed by the researchers in that their names were not going to be revealed. Confidentiality of information was also ensured by allocating alphabetical letters to questionnaires sent to ten clinics. Privacy during interviews was ensured.

METHODS OF DATA ANALYSIS

In this research study, data were analysed by means of a computer software package called SAS.

CONCLUSION

In this article, an introduction, problem statement, literature review and research methods have been detailed. In part two of this article, the researchers will present findings, discussion of results and recommendations with the aim of ensuring appropriate delivery of primary health care in rural areas.

REFERENCES

- ANC** : Reconstruction and Development Programme, 1994. Umanyano Publications.
- Bryant, J.H., 1988** : Ten years after Alma - Ata, world health Organisation: Geneva
- Denwill, K., King, L., Lock, M. and Swanepoel, T., 1995.** Aspects of Primary Health Care. Halfway House : Southern Books.
- Evian, C., Waugh, R., Buch, E., 1992.** Are Primary Health Care Nurses in South Africa crisis intervention or progressive step?. University of Witwatersrand Medical School : Department of Community Health.
- MacDonald, J. J., 1993.** Primary Health Care. London: Earth Scan Publications LTD.
- Mellish, J.M., 1990.** Introduction Community Health For all. Toronto : Oxford University Press.
- Morley, D; 1985.** The child's name is today. Proceedings of a Conference held at the University of Natal, Durban.
- Polit, D.F. & Hungler, B.P. 1991** : Nursing Research. Philadelphia : J.B. Lippincott Co.
- Searle C. 1986.** Professional Practice : A South African Nursing Perspective. Durban : Butterworths.
- Searle, C. & Brink, H.I.L. 1984.** Aspects of Community Health. Cape Town : Ding Edward VII Trust.
- Van Heerden, A. 1989.** Primary Health Care. Pretoria : University of South Africa.
- Vlok M.E. 1991** : Manual of Community Nursing and Communicable Diseases. Kenywn : Juta and Co. LTD.
- Wilson, H.S. 1989.** Research in Nursing. California : Addison-Wesley Publication Co.
- World Health Organisation, 1978.** Primary Health Care, The Alma- Ata Conference, Geneva.
- World Health Organisation, 1981.** World Health Forum, Health For All :From Words to Deeds. 8, 164-177.

