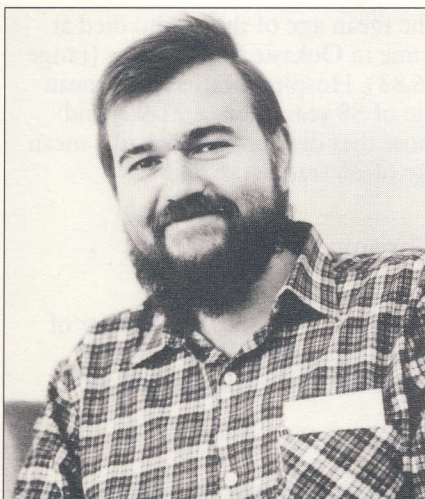


Some Aspects of Primary Health Care in Oukasie – Ferrinho P; Barron P; Buch E; Gear J; Morris A; Orkin M; Bekker S; Jeffrey A



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Curriculum vitae

Paulo Ferrinho had his school education in Mocambique and then went on to the University of Cape Town to obtain the MBChB in 1980. He did his internship at the Groote Schuur hospital in Cape Town and then worked at the Gelukspan Community Hospital from 1982 to 1986. After that he became a registrar in Community Health at the University of the Witwatersrand. At the moment he is the Clinic Manager of the Alexander Health Centre and University Clinic. He is an enthusiastic researcher and vitally interested in primary health care and health care delivery systems.

Summary

As part of a series of surveys on health and related factors in Oukasie, a sizable, stable black township near Brits, the findings indicate that the health care facilities for this community are totally inadequate.

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Abstract

As part of a series of surveys on health and related factors in Oukasie, we collected information on some indicators of the utilization and cost of health care.

Two hundred household heads were interviewed. The response rate was 100%.

Forty seven per cent (47%) of 137 children under five years of age were born in Ga-Rankuwa Hospital and about 20% were born at home. Nine percent (9%) were born in Oukasie Clinic and 20% elsewhere.

A total of 31 households were identified as having had at least one death over the past 5 years. Twelve of these deaths took place at home, 12 in Ga-Rankuwa hospital and 7 elsewhere.

Of the 55 persons in the study who had chronic illnesses only 42% were having treatment on a regular basis. The cost of treatment was given as a reason for non-compliance by 16% of these chronically ill.

Of 95 patients with acute illness thirty nine patients felt that one of several factors delayed them in getting medical care. Cost was again a most important factor.

Our findings are discussed and recommendations advanced.

Introduction

In South Africa there is limited data on the utilization of health care facilities.^{1,2} Oukasie is a "black" township of 7 000 inhabitants, 2 km outside Brits. The only public health services available to the community in the immediate vicinity are those

... PHC in Oukasie

provided by a day clinic working five days per week. The clinic provides preventive and promotive care. No curative care is available locally.

As part of a series of surveys on health and related factors in the township of Oukasie^{3,4,5} we collected information on some indicators of utilization and cost of health services and care. We assessed site of birth, site of death, care for chronic illnesses, and care for acute illnesses.

Methodology

A questionnaire was drafted, piloted and adapted.

The questions were written in English in the way they were to be asked from the client and with indications to the interviewer on where to probe. There was a balance of open-ended questions and questions with restricted answer categories. The interviews were conducted in English, Tswana, or other African language in which both the interviewer and the client were fluent.

The interviewers were professionals employed by a market research company. Each of the 20 interviewers conducted 10 interviews over the 2

No curative care is available locally

days of the first weekend in August 1987. Each working day was preceded by an explanatory session. A more detailed methodology on the sampling technique is described elsewhere.³

Results

Two hundred household heads were interviewed. The response rate was 100%. The respondents were mostly females (m/f=0,32, 47 males and 153 females). Forty one (21%) had less than 4 years of schooling, 42 (21%) had no formal schooling whatsoever and 3 (2%) had 12 years of schooling. Overall the level of education of respondents was poor.

Over half (53%, 105) were tenants at the residential site. Ninety five (47%) were plot holders.

We assessed site of birth, site of death, care for chronic illnesses and care for acute illnesses.

Site of Birth

Sites of birth were analysed for all the surveyed children under 5 years of age (n=137). About half (47%) of the children were born in Ga-Rankuwa hospital and about 20% were born at home. Nine percent were born in Oukasie Clinic and 20% elsewhere. There was no data on 3 cases.

Site of Death and Mortality Data

A total of 31 households were identified as having had at least one death over the past 5 years. There was no data for 11 households and there were no deaths in 158 households. Thirteen (42%) of the reported deaths were 60 years of age or more; 12 (39%) were between 30 and 59 years; 5 (16%) were below 29 years; age was unknown in one case.

Twelve deaths took place at home, 12 in Ga-Rankuwa Hospital, and 7 elsewhere; none of these occurred at Oukasie Clinic.

The mean age of those who died at home in Oukasie was 60 years (range 26-83). Hospital deaths had a mean age of 55 years (range 21-90) and those that died elsewhere had a mean age of 35 (range 0-62).

Chronic Illness

The youngest person in the household with any of a number of chronic illnesses (Table I) was identified. If that person had more

Many could not get the health care when they needed it because of costs involved

than one chronic illness, the illness highest on the list was chosen for analysis. Fifty five of the 60 (92%) with a chronic illness had their illness diagnosed by a doctor. Of these 55, 38 (69%) said that they were taking the medication prescribed by the doctor on a regular basis; of the 38, 23 had collected medication in the past month, 4 had collected medication more than one month ago and 11 more than 2 months ago.

Table I. Chronic Diseases Investigated

Type	Number of People with the Disease
Epilepsy/Fits	6
Hypertension	27
Heart Problems	12
Diabetes mellitus	2
Arthritis/Pain and stiffness in the joints	13
	<u>60</u>

... PHC in Oukasie

Medication was usually collected from doctors in Brits (22/38, 58%), from Ga-Rankuwa hospital in 11 (29%) of cases, from elsewhere in 4 (11%) of cases and from the clinic in Oukasie only in 1 case (3%).

Of the 55 with an illness diagnosed by a doctor 17 (31%) said that they were not taking the prescribed medicine on a regular basis. These 17 together with the 15 who had not collected medication for more than one month gave a proportion of 58% of patients with a chronic illness who were not taking regular treatment for their illness.

When the 17, who acknowledged not taking treatment on a regular basis, were asked about the reasons, 9 (53%) mentioned they could not afford the medicine, 1 (6%) felt they had recovered from the illness, 2 (12%) did not answer and 5 (29%) did not give a clear answer.

Acute Illness

Data on the most recent acute illness (as defined by the interviewee and decided upon by one of the medical authors) was obtained by identifying the person in the household who had

Care is only available 30km away

recently been sick and who had already recovered at the time of the survey. Information was obtained on 167 people. When asked "When did the illness start?" the answers ranged from 1 week ago to more than 113 weeks earlier. Sixty seven percent (67%) had started within the 4 weeks preceding the survey. The mode was

1 week. The most common illnesses mentioned were related to the respiratory (71%) and gastrointestinal (11%) systems. Of these 167 patients 58 (35%) did not receive professional treatment (professional includes doctors, nurses, and traditional healers). The reasons given for not receiving professional treatment fall into 4 major groups. Self treatment or treatment obtained through a chemist accounted for 25/58 (43%) of persons that did not go for professional help.

Cost of treatment was an important factor in 20 cases (34%). Perception of the illness as not serious accounted for 11 (19%) of the reasons; other reasons were given by 3 respondents (5%).

Of all the acute illnesses 109 (65%) received initial professional treatment (doctor in 106 cases, traditional healers in 2 cases and a nurse in 1 case). The illness was first treated at Brits in 86 cases (79%), at Ga-Rankuwa Hospital in 10 cases (9%) at Oukasie Clinic in 9 cases (8%) and elsewhere in 4 cases (4%).

Table II. Cost of First Treatment (Including Charge for Consultation and Cost of Medicine)

Rands	Frequency
0-9	12 (11%)
10-19	55 (50%)
20-29	22 (20%)
30-39	1 (1%)
40-49	3 (3%)
50-59	1 (1%)
60-69	1 (1%)
unknown/medical aid	14 (13%)
	109 (100%)

Table III. Interval in Days Between Onset of Illness and Day when Treatment was First Obtained

Day	Frequency
0	6 (6%)
1	26 (24%)
2	31 (29%)
3	14 (13%)
4	5 (5%)
5	6 (6%)
6	1 (1%)
7+	19 (17%)
Don't Know	1 (1%)
	109 (100%)

Apart from travel, the cost of first treatment (including charge for consultation and cost of medicines) for 95 cases is presented in Table II. Fourteen cases (13%) did not know the costs as they charged their medical aids. The cost distribution was bimodal (R15,00 in 15 cases and R20,00 in 16 cases) (Table II).

The duration of the illness before treatment was first obtained is given in days in Table III. Seventy people (64%) believed that nothing delayed them in seeking treatment when they wanted it. Thirty nine people (36%) felt they were delayed for one of several reasons (Table IV). Cost was again a most important factor.

The first treatment received was perceived as satisfactory in 96 cases (88%) and unsatisfactory in 13 cases (12%). The reason why treatment was perceived as unsatisfactory was that the patient did not improve (no better in 8 cases, admitted to hospital in 3 cases and unspecified reasons in 2 cases).

... PHC in Oukasie

Table IV. Reasons for Delaying Seeking Professional Treatment

Reason	Frequency
No money	19 (49%)
Thought disease was not serious	9 (23%)
Self treatment or over-the-counter treatment	4 (10%)
Transport Problems	2 (5%)
Company Dr not available	2 (5%)
Could not take time off work	1 (3%)
Other	2 (5%)
	39 (100%)

Of those who perceived the first treatment as satisfactory, only 6/96 (6%) went for a second professional consultation, versus 4/13 (31%) of those who perceived the first treatment as unsatisfactory. This second visit was to a doctor in 5 cases, to a traditional healer in 3 cases, to a nurse in one case and others in one case. Three of these consultations took place in Brits, 2 in Ga-Rankuwa Hospital and one in Oukasie Clinic. Four took place elsewhere.

Discussion

It is apparent that Oukasie is dependent on health care resources in Brits, 2km away, and in Ga-Rankuwa Hospital, 30km away for delivery of babies and for treatment of both acute and chronic illnesses. It is also apparent from this survey that the cost of health care (transport excluded) excludes a large section of

the population from obtaining health care when they feel the need for it.

It is of concern that 20% of the births take place at home and 10% take place at Oukasie Clinic. The clinic does not have facilities to care for women in labour.

It is also a concern that 39% of all deaths take place at home, especially as many of these deaths occurred in people under 60 years of age.

The community is a community with restricted choice of health care outlets. Health care is unavailable at Oukasie on a 24 hour basis. When available, it provides a restricted range of care. Care of a more comprehensive nature is available only 30 km away in Ga-Rankuwa. The nearest outlet for curative care, GPs in Brits, is too expensive to many.

The significant proportion of home deliveries and deaths could and should be prevented by adequate communication and ambulance services.

As recognised in the National Plan for Health Services Facilities,⁶ a

A high % of deaths could be prevented by better communication and ambulance services

township of the size of Oukasie should be served by a Community Health Centre rendering health care of a more comprehensive nature, including a labour unit, on a 24 hour basis. The health needs of this well established and stable community³

should be addressed by properly constituted health authorities.

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