

# **Patterns of health care utilization and barriers to child health care services in low-income urban South African settings**

## **Abstract**

Improving access to quality health care can contribute to reducing childhood mortality. Thus, this study examined patterns of child healthcare utilization (CHU) and barriers to CHU in two low-income urban South African settings—Soweto and Orange Farm. Data for the study came from CHU survey conducted in 2015. Information was collected on 531 under-five children and their caregivers from randomly selected households. Data were analysed using descriptive and inferential statistics. Barriers to CHU were reported for more than half of the sampled children (52.0%), and long queues at health facility (HF), poor attitude of healthcare workers, lack of medicine in HF and distance to HF constitute the major barriers. These findings were re-echoed in multivariable analysis, as distance to HF (Odds ratio (OR):2.01:CI:1.04-3.89,p<0.05) was a strong predictor of barriers to CHU. This study underscored the need for improved access to adequate healthcare in the selected locations in South Africa.

## **Extended abstract**

## **Introduction**

Quality healthcare access holds great potential for survival of under-five children and their mothers (Adedini *et al.*, 2014; Bayham *et al.*, 2017; Lungu *et al.*, 2016; Rutherford *et al.*, 2010), nevertheless healthcare use remains limited in sub-Saharan Africa (Gage, 2007; Ononokpono *et al.*, 2014). This contributes to more than half of the global 5.9 million deaths of under-five children occurring in sub-Saharan Africa (Yaya *et al.*, 2019). Two-thirds of these deaths could be prevented through adequate access to proven health care interventions (O'Donnell, 2007). Improving access to quality health care can contribute to reducing childhood mortality. Thus, understanding patterns of health care utilization for common childhood conditions as well as barriers to health care utilisation is important for designing appropriate public health programmes and interventions. Therefore this study examined patterns of childhealth care uptake and barriers to healthcare utilization in two low-income urban South African settings.

## **Method**

Data for the study came from health care utilization survey conducted between April and September 2015, using a cross-sectional study design. Information was collected on 531 children and their caregivers from 503 randomly selected households in two selected townships in South Africa—Soweto and Orange Farm. The outcome variable analysed in this paper was barrier to health care use, defined as having any form of barriers to utilization of modern medical services for treatment of children aged 0-59 months. Data were analysed using descriptive and inferential statistics.

## **Key findings**

As presented in Table 1, results showed that Baragwanath Academic Hospital was reported as place of delivery for almost half (48.4%) of the sampled children. It was reported that 81.9% preferred clinic as first choice while 84.2% indicated hospital as their second point of call. Around 5% of caregivers preferred faith-based/traditional healers as second point of call.

Barriers to health care were reported for more than half of the sampled children (52.0%), and long queues at health facility (HF), poor attitude of health care workers, lack of medicine in HF and distance to HF constitute the major barriers. These findings were re-echoed in multivariable analysis. For instance, distance to HF (Odds ratio (OR):2.01: CI: 1.04-3.89,  $p<0.05$ ) was a strong predictor of barriers to quality child health care services. Significant barriers to child health care were reported in the study settings.

## Conclusion

Considering the benefits of unrestricted access to quality care for positive maternal and newborn outcomes, this study underscored the need for improved access to adequate health care in the selected locations and other similar settings in South Africa.

## References

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**Table 1: Bivariate relationship between child health care utilization and selected characteristics**

Characteristics	Access to child health care		Chi-square
	Experienced barriers (%)	Experienced no barriers (%)	
<b>Child's sex</b>			0.004
Male	47.9	52.1	
Female	48.2	51.9	
<b>Child's age (in months)</b>			2.38
0-11	54.1	46.0	
12-23	47.6	52.5	
24-35	44.0	56.0	
36+	48.4	51.6	
<b>Caregiver's level of education</b>			2.13
None	42.9	57.1	
Primary	57.1	42.9	
Secondary	47.7	52.3	
Post-secondary	40.0	60.0	
<b>Religion</b>			9.84**
Christian	44.8	55.2	
African tradition/others	62.5	37.5	
<b>Ethnicity</b>			48.6***
Zulu	58.8	41.2	
Xhosa	50.0	50.0	
Sotho	51.5	48.5	
Tswana	50.0	50.0	
Venda	14.3	85.7	
Others	50.0	50.0	
<b>Type of housing materials</b>			34.2***
Brick	42.1	57.9	
Metal sheet/others	75.0	25.0	
<b>Access to drinkable water</b>			0.2
Indoor	48.7	51.3	
Outdoor	46.7	53.3	
<b>Access to toilet facility</b>			3.4
Indoor	44.6	55.4	
Outdoor	52.6	47.4	
<b>Distance to facility (in km)</b>			15.6***
<2 km	40.6	59.4	
2+	57.9	42.1	

\*\*p<0.01, \*\*\*p<0.001