Barriers to health care for children under five in Butere division, Western Kenya

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Background

Kenya's under-five mortality is estimated to be 115 per 1000 live births. Western Kenya is endowed with good climatic conditions and natural resources including a fair distribution of both public and private medical facilities and a fair share of traditional healers, but the under five mortality rate is even higher at 144 per 1000 live births.

Objective

The main objective was to investigate and document the barriers to access to healthcare services for children aged less than five years in Butere division of the Butere District, and to suggest ways of improving their access to health services.

Methods

This was a cross-sectional survey that utilized both quantitative and qualitative methods to collect data, between May and August 2007, from caretakers of children aged below five years. Exit interviews were carried out using systematic sampling in the selection of caretakers in the maternal and child welfare clinics in public health facilities in Butere. Focus group discussions (FGDs) were also carried out with caretakers drawn from various locations to capture the views of those not attending health facilities. In addition to these, key informant (KI) interviews were carried out with the health workers at the health facility level and the District Health Management Team (DHMT) representative.
Results

A total of 397 caretakers were interviewed as exit interviewees, and four FGDs and five KI interviews were done altogether. A majority (98%) of all the respondents were females. The median age was 25 years with a range of 10 to 51 years. 48% had not completed primary education; 24.2% were subsistence farmers, 15.8% were self-employed, while 33.7% were unemployed.

About a third (34%) of the children was not ill on the day of the interview or in the previous two weeks. 30.7% had a febrile illness while 17.8% had a respiratory tract infection. 38% of the caretakers thought that their children's illnesses were not severe while 49% and 13% thought the illnesses were severe and very severe, respectively.

About 80% of the children of the interviewed mothers had slept under a mosquito net the night before the interview, which represents a very high rate of mosquito net usage. 47.7% thought that exclusive breastfeeding of infants should be for only one month before the introduction of complementary feeding. Only 8% thought this should be done at the recommended age of six months.

The most common first response to a child's illness among the care-rakers was home-treatment with shop-bought medications in 53.1% of the cases followed by taking the sick child to a health facility in 27.8% of the cases. Only 6.3% of the caretakers consulted a traditional healer although qualitative data suggests that this practice is widespread. 86.0% of the caretakers said they were satisfied with the way they were received and/or treated at the health facilities, but 39.3% could not mention a single thing that made them feel that way.
Among the problems experienced at the health facilities, long waiting time was by far the most mentioned by 78.4% of all the respondents. Caretaker-felt barriers to accessing health care for the under fives came out most strongly among the FGDs participants with staff shortage being mentioned as a contributor to poor quality of services and the long waiting time. Also, there was a consensus that lack of drugs and health workers' negative attitudes towards the patients pushed them towards seeking the services of the traditional healers. On the other hand, health workers interviewed as key informants felt that the biggest barrier to accessing health care for the under-fives was the low educational attainment of the caretakers which contributed to serious misconceptions about some of the services offered, such as the immunizations, a fact that was corroborated during the FGDs.

**Conclusion**

This study has shown that there are both the healthcare system-related and caretaker-related barriers to healthcare for the children under the age of five years in Butere Division. Efforts to improve the health care delivery system and to empower the caretakers in early recognition and appropriate response to childhood illnesses will go a long way in reducing the under-five mortality in Butere and other rural areas countrywide.