ACCESS TO AND UTILISATION OF HEALTH CARE AMONG PEOPLE LIVING WITH HIV/AIDS IN MANKWENG/POLOKWANE AREA

BY

MODIBA MANTWA WELHEMINA

THIS DISSERTATION IS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR A MASTER’S DEGREE IN CLINICAL PSYCHOLOGY, FACULTY OF HUMANITIES

UNIVERSITY OF LIMPOPO (TURFLOOP CAMPUS)
PRIVATE BAG X 1106
SOVenga
0727

2009

SUPERVISOR: PROF E.S. EDIMUDIA
DECLARATION

I MODIBA MANTWA WELHEMINA declare that the dissertation hereby submitted to the University of Limpopo (Turfloop Campus) for a Master’s of Arts in clinical psychology has not been submitted by me for a degree at this or any other university, that it is my own work in design and in execution, and that all material contained therein has been duly acknowledged.

______________________

MODIBA M.W.
ACKNOWLEDGEMENTS

My sincere thanks to the participants who took part in this study. To Bopape Morongwa and Magdeline Makhuthudise, who helped in data collection I know it was not an easy task, thank you. My special thanks also go to Ms R. Olwagen and Professor A. Meyer for their valuable contribution in statistical analysis of the data. Lastly, I would like to express my sincere thanks and gratitude to my supervisor, Professor E.S. Idemudia for all the support he gave me throughout.
ABSTRACT

Aims: The aims of the study was to investigate if people living with HIV/AIDS (PLWHA) have access to health care, to determine utilisation patterns and to investigate how gender differences, socioeconomic, geographic location, and cultural beliefs influence access to and the utilisation of health care among PLWHA. Methods: This was a quantitative study based on a cross-sectional design. The study comprised of 200 participants (45% males and 55% females), of which 71% were unemployed. Twenty-eight (28%) survive by the disability grant due to the illness as well as child support grants. Sixty eight (68%) were diagnosed with HIV/AIDS for the duration of 3-5 years. Descriptives, frequencies and ANOVA were employed to analyse data. Results: Participants were found to have access to and to utilise health care services. There was no gender differences found with regard to access to and utilisation of health care, but there was however a significant (p<.05) difference in gender and educational level interaction. Educational level and geographical location were found not to influence the actual access and utilisation rather, it determined the type of health care service utilised. Participants with higher educational levels, and those who reside in urban areas were significantly (p<.05) found to utilise private health care services than primary health care. Cultural beliefs were found not to influence access to and utilise of health care services. Conclusion: Barriers outlined for non-use of primary health care services need immediate attention in order to maximise access to and utilisation of primary health care services by PLWHA.
# TABLE OF CONTENTS

## CHAPTER ONE . . . . . . . . . . . . . 1

1. INTRODUCTION . . . . . . . . . . . . . 1
   1.1 Background of the Study . . . . . . . . . . . . . 1
   1.2 Problem Statement . . . . . . . . . . . . . 2
   1.3 Aim of the Study . . . . . . . . . . . . . 5
   1.4 Objectives of the Study . . . . . . . . . . . . . 5
   1.5 Research Questions . . . . . . . . . . . . . 5
   1.6 Rationale of the Study . . . . . . . . . . . . . 5
   1.7 Significance of the Study . . . . . . . . . . . . . 6
   1.8 Operational Definition of terms . . . . . . . . . . . 6

## CHAPTER TWO . . . . . . . . . . . . . 7

2. THEORETICAL AND CONCEPTUAL FRAMEWORK . . . 7
   2.1 The Health Belief Model (HBM) . . . . . . . . . . . 7
   2.2 Behavioral Model of Utilisation (BMU) . . . . . . . . . 9
3. LITERATURE REVIEW . . . . . . 12

3.1 Factors That Influence Access To And Utilisation Of Health Care Services . . . . . . 12

3.1.1 Stigma . . . . . . . . . . . . . 12

3.1.2 The Socioeconomic Determinants . . . . 15

3.1.3 Geographical Location . . . . . . 16

3.1.4 Gender . . . . . . . . . . . 16

3.1.5 Traditional Medicine Use: Cultural Norms Versus Western Standards . . . . . . 17

3.1.6 The Government as a Barrier to ART . . . . 20

3.1.7 Distrust . . . . . . . . . . . . 21

3.2 The Constitutional Right to Access to Health Care Services . . . 22

3.2.1 Health Rights in the Constitution . . . . 23

3.3 Provision of Antiretroviral Therapy In South Africa . . . 24

3.3.1 ARV Roll-out . . . . . . . . . . . 24

3.3.2 Challenges of Provision of Antiretroviral Therapy in South Africa . . . . . . 25

3.3.3 Pediatric HIV Care and Treatment in South Africa . 27

3.3.4 Integration of ARV with Primary Health Care . 27
CHAPTER FOUR . . . . . . . .  29

4. METHODOLOGY . . . . . . . .  29
   4.1 Characteristics of the Study Population . . . .  29
   4.2 Study Design . . . . . . . .  31
   4.3 Sampling Method . . . . . . . .  31
   4.4 Procedure . . . . . . . .  31
   4.5 Data Collection Tools . . . . . . . .  31
   4.6 Data Analysis . . . . . . . .  32

CHAPTER FIVE . . . . . . . . . .  33
5. PRESENTATION OF RESULTS . . . . . . . .  33

CHAPTER SIX . . . . . . . . . . . .  41
6. DISSCUSSION OF RESULTS . . . . . . . .  41
   6.1 Access to Health Care Services . . . . . . . .  41
   6.2 Utilization of Health Care Services . . . . . . . .  43
      6.2.1 Gender and Utilisation . . . . . . . .  43
      6.2.2 Cultural beliefs, access to and utilisation
      Health Care Services . . . . . . . . . . . . . . .  44
      6.2.3 Socioeconomic Factors and Health Care Utilization .  45
      6.2.4 Geographical Location and Health Care Utilization .  46
   6.3 Conclusion . . . . . . . . . .  47
   6.4 Recommendations . . . . . . . . . .  47
   6.5 Limitations of the Study . . . . . . . .  47
   6.6 Implications for Future Research . . . . . . . .  48
LIST OF ABBREVIATIONS

HIV - Human Immunodeficiency Virus 6
AIDS - Acquired Immune Deficiency Syndrome 6
PLWHA - People Living with HIV/AIDS 6
VCCT - Voluntary Confidential Counselling and Testing 6
ARV - Antiretroviral 25
ART - Antiretroviral Therapy 6
PHC - Primary Health Care 6
ANC - Antenatal Clinic 6
PMTCT - Prevention of Mother-to-Child Transmission 6
MTCTP - Mother-to-Child Transmission Prevention 6
HBM - Health Belief Model 6
BMU - Behavioral Model of Utilisation 6

REFERENCES 49

APPENDIX