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The experiences of clients and healthcare providers regarding the provision of reproductive health services including the prevention of HIV and AIDS in an informal settlement in Tshwane

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ABSTRACT

Globally challenges regarding healthcare provision are sometimes related to a failure to estimate client numbers in peri-urban areas due to rapid population growth. About one-sixth of the world's population live in informal settlements which are mostly characterised by poor healthcare service provision. Poor access to primary healthcare may expose residents of informal settlement more to the human immunodeficiency virus (HIV) and to acquired immunodeficiency syndrome (AIDS) than their rural and urban counterparts due to a lack of access to information on prevention, early diagnosis and treatment. The objective of this study was to explore and describe the experiences of both the reproductive health services' clients and the healthcare providers with regard to the provision of reproductive health services including the prevention of HIV and AIDS in a primary healthcare setting in Tshwane. A qualitative, exploratory and contextual design using a phenomenological approach to enquire about the participants' experiences was implemented. Purposive sampling resulted in the selection of 23 clients who used the reproductive healthcare services and ten healthcare providers who were interviewed during individual and focus group interviews respectively. Tesch's method for qualitative data analysis was used. Ethical principles guided the study, and certain strategies were followed to ensure trustworthiness. The findings revealed that females who lived in informal settlements were aware of the inability of the PHC setting to provide adequate reproductive healthcare to meet their needs. The HCPs acknowledged that healthcare provision was negatively affected by policies. It was found that the community members could be taught how to coach teenagers and support each other in order to bridge staff shortages and increase health outcomes including HIV/AIDS prevention.

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1. Introduction

The provision of healthcare services is a fundamental human right entrenched in the Constitution of the Republic of South Africa and strengthened by the Batho Pele principles (Department of Public Service and Administration [DoPSA], 1997, p. 18). Health services should thus be accessible to all citizens. The population growth experienced after the first democratic elections in South Africa in 1994 resulted in some populations having limited access to health services in some parts of the country as there was influx of migrants to urban areas who settled in informal settlements thus increasing the population in these cities exponentially. These areas are populated mostly by people who are often unemployed, live in poor living conditions and who have insufficient access to health services (Taleshi, 2009, p. 1235). By mid-2013 the three provinces with the highest populations were Gauteng with 12 728 400, KwaZulu-Natal with 10 456 900, and the Western Cape with 6 016 900. The least populated of all nine provinces were the Free State with 2 753 200 and the Northern Cape with 1 162 900 (Statistics South Africa, 2013, p. 3).

In accordance with the Batho Pele principles, these residents should have free access to comprehensive primary healthcare services (PHC) including reproductive health services (Jooste, 2010, p. 33). According to Taleshi (2009, p. 1235), about one-sixth of the estimated global population lives in informal settlements. Meanwhile in South Africa, PHC services in informal settlements are already overstrained by the growing number of clients and if the demand for health services in these areas continues to rise, access to PHC services will be increasingly compromised (Van Rensburg, 2009, p. 198).

According to Kabiru, Beguy, Chrichton, and Zulu (2011, p. 2), in informal settlements one of the reproductive health problems is HIV infection, with females between 20 and 24 years being at a higher risk (7.4%) than males (1.9%) of contracting the disease. It is assumed that HIV infection in these age groups takes place during adolescence due to early sexual encounters which seems to be a common phenomenon among teenagers (Kabiru et al., 2011, p. 2). Nationally, an estimated 5 380 000 people are living with HIV and AIDS, which is calculated to be 10.6% of the national population of 53 million (Statistics South Africa, 2013, p. 5). According to Scott and Harrison (2009, pp. 9–10), the prevalence of HIV in the provinces ranges from the highest at 15.9% in KwaZulu-Natal to the lowest of 3.9% in the Western Cape. Gauteng has a prevalence rate of 12.1%. The prevalence of HIV in urban informal settlements is 20.6%, which is almost twice as high as in rural areas where the HIV prevalence rate stands at 9%. Irrespective of the HIV/AIDS statistics, the provision of health services to prevent reproductive health problems continues to exclude the involvement of communities. A study conducted on migrant workers' vulnerability to HIV indicates a failure to capture the needs through migrant worker involvement and develop appropriate health programmes for migrant workers who in most instances live in informal settlements (Vearey, 2011, p. 4). Providing the reproductive health services that do not address the clients' needs renders such health services incapable of focussing on their clients' knowledge and skills to prevent HIV and AIDS.

A further concern is that rightful access to PHC services may become even more restricted if, as the United Nations predicts, by 2100 the world population will increase to an estimated 11 billion (Bongaarts & Sinding, 2011, p. 574). In addition, Vearey (2011, p. 2) has estimated that urbanisation in Africa will increase to 50% by 2030. In sub-Saharan Africa, South Africa has already experienced one of the fastest urban population growth rates in recent years at an estimated 60% which is giving rise to the emergence of informal settlements (Vearey, 2011, p. 2). As the informal settlement populations grow, the demand for PHC services, including reproductive health services, is also increasing. Moreover, since the PHC services in these areas are already struggling to meet the needs of the people, the prevention of HIV/AIDS as part of the reproductive health service may lag behind.

The Human Resources for Health Strategy for the Health Sector South Africa (HRH Strategy for Health Sector) confirms that there has been a growth in the number of healthcare workers since 2002; however, a shortage of staff still exists when linked to the difficulties in estimating staff demand versus population growth (Department of Health [DoH], 2012, p. 20). Staff shortages may be exacerbated by a planned nurse-based healthcare approach to address the HIV/AIDS epidemic. The extended responsibilities of healthcare providers in relation to HIV and AIDS management will reduce the time that nurses can spend with the client as nurses spend one fifth of their time in training resulting in staff shortages in PHC settings (De Wet, Wouters, & Engelbrecht, 2011, p. S98).

In order to bridge staff shortages and ensure access to healthcare, Merkel, Otai, Archer, and Lynam (2008, p. 4) propose that healthcare provision in informal settlements should not only consider formal healthcare provision, but should also involve community stakeholders as they know the challenges that put the population at risk of unintended pregnancy, STIs, HIV and AIDS. Even though community involvement and participation are entrenched in the policy intent for upgrading informal settlements and in the national health plan, and need to be implemented under the leadership of local councillors as stipulated under the local councillors' role, this has not yet been realised (Department of Housing and Settlement [DoHS], 2009, pp. 12–15). Absence of community participation leaves the vulnerable groups highly susceptible to reproductive health problems and HIV/AIDS.

2. Problem statement

Clients in informal settlements are often not provided with accessible healthcare services as evidenced by the escalating number of community protests for better service delivery in South Africa (South African Broadcasting Company [SABC] News, September 2013). In the current study the clients in the informal settlement had to access the clinic that was built 15 years ago and originally intended for a population size far smaller than that of the current population. Apart from the building's constraints, healthcare services delivery is limited to only 40 h a week and the staff is unable to cope with the growing number of clients and their reproductive health needs. Moreover, the provision of the PHC services, including reproductive health and prevention of HIV/AIDS, is free which