Access barriers to formal health services: focus on sleeping sickness in Teso District, Western Kenya

Degree Programme: Doctor of Philosophy in Anthropology
Student Names: Wanjala, Kennedy Barasa

Abstract:
This study was designed to investigate access barriers to formal health services among communities in Teso district, one of the traditionally known human trypanosomiasis (HAT) or sleeping sickness foci in western Kenya. The focus of the study was on the National Sleeping Sickness Referral Hospital (NSSRH) based at Alupe. The study was undertaken between March and June 2010 in four divisions of Teso District, namely, Chakol, Amukura, Amagoro and Ang'urai. Three questions that centred around an establishment of people's knowledge and attitude towards sleeping sickness, treatment procedure and the hospital; the factors that influence health seeking behaviour of the people living in the research site; and whether formal health providers in the study site offered referral advice to potential sleeping sickness patients formed research questions that the study sought to answer. The overall objective of the study was to assess barriers to formal health services offered at the National Sleeping Sickness Referral Hospital. A combination of disease theory and the health belief model guided the study. Data were collected through secondary sources (journal articles, books, theses, published and unpublished reports), structured interviews, focus group discussions, key informant interviews and direct observation. The study employed purposive sampling to establish the villages where research activities were undertaken. In total, 400 respondents were interviewed and 8 focus group discussions were held. The findings indicate that there are socio-cultural and demographic barriers that may hinder access to services offered at NSSRH and formal health services in general within the district. The barriers include social stigma associated with the NSSRH, the disease and the treatment process; lack of knowledge about the epidemiology of sleeping sickness, the location and functions of NSSRH among community members; ethnicity; and the existence of a multiplicity of healthcare options, both formal and informal, within the research site. Long distance to health facilities was also indicated by respondents as a determinant of their utilization of health services. The health infrastructure also presented an access barrier to formal health service provision through centralization of the NSSRH, diagnostic and treatment procedure of sleeping sickness, and the quality of services exhibited through harassment of healthcare-seekers by providers and/or long queues of healthcare-seekers at the health centres. The study concludes that access barriers to services offered at the NSSRH and formal health services, within Teso district in general, exist. The study, therefore, recommends continuous sensitization of the community and non-HAT formal health attendants within the district about the disease and the services offered at the NSSRH to increase hospital visibility. The study also recommends capacity building of health facilities in all the divisions traditionally affected by sleeping sickness in western Kenya and beyond to aid in diagnosis of the disease. An improvement of diagnostic technologies for HAT at the NSSRH to enhance compliance and confidence of the community members for the hospital and its services is also recommended.

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