CHALLENGES OF ACCESSING HEALTHCARE SERVICES AMONG OLDER PERSONS IN UGANDA

Nankwanga Annet (PhD)

Corresponding Address
Dr. Nankwanga Annet
Makerere University
Department of Biochemistry and Sports Science
P.O.Box 7062
Lincoln Flats Block B6
Kampala
Email: nankwangaa@gmail.com

Abstract

Millions of older people across the globe are not getting the proper healthcare they need because governments and society are not aware of the problem. Failure to address older people’s health needs today could develop into a costly problem tomorrow. This study was conducted to explore the challenges faced by older people in Uganda in accessing healthcare services, using a qualitative approach. The purpose of the study was to explore useful information that would inform decision-making in order to alleviate the situation of older persons in Uganda.

A purposively selected sample, with 64 respondents selected from urban areas and rural areas across the four regions of the country, was used. Data was collected using interviews and focus group discussions with the elderly. Other views were gathered from key informants who were knowledgeable on the phenomenon. Results were analysed using content analysis and the findings presented in narrative form.

The results showed that many older people are facing challenges with accessing healthcare facilities due to a number of barriers such as distance from health centres, cost of service, aloofness of health workers and their lack of respect for older people and absence of health workers at the health facilities, among other challenges. According to some key informants, government does not have any supportive programmes in place that could help meet the older people’s health needs and minimise the challenges described above. As a result, older persons have resorted to using herbs, prayers to God, visiting private clinics and doctors and the use of over-the-counter medicines as alternative solutions to address their challenges.

Keywords: older people, challenges, healthcare services, access, Uganda

Introduction

According to United Nations estimates, by 2025 there will be about 1.2 billion people aged 65 years worldwide (United Nations, 2002a & 2002b). Failure to address their health needs today could develop into a costly health problem tomorrow. Millions of older persons across the globe are not getting the proper health care they need because governments and society are not well informed about the problem. Older people require better access to healthcare and want to be able to look forward to a rewarding life, improved health, dignity, economic independence and a peaceful death. They cannot afford to be ill as medical treatment is expensive. Some of the health problems and common ailments that generally affect senior citizens include diabetes, cancer, high blood pressure, joint pains, backaches, depression, loneliness, HIV/AIDS, malaria, headache, skin diseases and visual and hearing impairments. Rheumatism, muscular pains, asthma, crippling arthritis, kidney disease, stroke, cataracts and a host of other biological and psychological illnesses are yet other diseases that affect older people (Silva-Smith, Theune & Spaid, 2007; Oppong, 2006; Benyamini et al., 2003; Deeg & Bath, 2003; Idler, 2003; Livingstone, 2003; Charlton & Rose, 2001; Cumming, undated). Some older
persons develop incontinence, instability, dementia, immobility and stomach ulcerations as a result of poor nutritional and dietary tendencies caused by inadequate or minimal supply of food (Barayebwa 
Barugahare, 2002; Alun 
Tumwekwashe, 2001). Once these diseases occur in older people they can take a long time to heal, due to the person's age. It is important, therefore, to get medical checkups regularly to prevent the onset of any of these health conditions and to learn how to control the conditions. Alternative herbal remedies for old age diseases are also very effective in some diseases and can be used with proper advice. New research from Eileen Crimmins, at the University of Southern California, shows that average "morbidity," or the period of life spent with serious disease or loss of functional mobility in older people, has actually increased in the last few decades. These diseases increase the likelihood of older people frequenting healthcare facilities with a view to obtaining treatment. In a study that was conducted in Uganda by the author in 2009, a number of challenges regarding access to health services/facilities were pointed out. This paper is intended to present the findings to the relevant authorities who could utilise it for action as well as advocacy.

Methodology
The study was conducted in districts. These included Jinja, Budaka and Pallisa from Eastern region; Luwero and Kampala from Central region; Lira and Nebi from the Northern region while Mbarara and Kamwenge were selected from the Western region. Sixty four older people were purposively selected from the rural and urban areas of these districts to participate in the study according to their knowledge and experience of the phenomenon. The candidates were 60 years and older, plus a few key informants who work in ministries dealing with issues around older persons. The ministries included Ministry of Gender Labour and Social Development and Ministry of Health, plus some non-governmental organisations dealing with older people, such as Uganda Reach the Aged Association (URAA).

A combination of in-depth interviews and focus-group discussion methods were used in data collection.

Regarding in-depth interviews, each interview session was conducted in a highly informal, conversational and face-to-face style at the respondent's home or office. After seeking written consent, the researcher would first ask the older person whether he/she preferred to use English or the local language. If the older person agreed to be interviewed in English, the researcher would then proceed with the interview. If the selected older person was not in a position to answer the questions in English, the principal researcher would switch to the local language. The interviews lasted approximately one-and-a-half hours. The sessions were facilitated by interview guidelines that were consulted during the interviewing process and the interviews continued until all the information possible was elicited. A total of about 7 respondents were interviewed from each region of the country to provide the in-depth information that fulfilled the objectives of the study.

Subsequent to the individual interviews, focus group discussions of 8-10 respondents were held from each region of the country in order to complement the information received from the individual interviews. In total, four focus group discussions were held. Of these, two were held with older persons selected from urban settings and the other two were carried out with older persons selected from rural settings. The interviews were held in convenient places such as the community leaders' offices; if a room was not available the interviews took place in a private, quiet place under the trees. Each focus group session lasted between one-and-a-half to two hours. Skills such as paraphrasing and questioning were helpful in obtaining clarity and further information from the respondents respectively.

All respondents were given the assurance that their responses would be kept confidential and that their participation was voluntary and that they were free to withdraw from the study at any time, if they so wished. There was no risk of harm to the participants in the study but, if any emotional reaction by a respondent arose during the interviewing process, arrangements for the provision of social services and counselling had been made. In addition, permission to use a tape recorder during the interview was obtained. Ethical approval for the study was granted by the University of the Western Cape, South Africa, and the Uganda National Research Council of Science and Technology. The issues that were
looked at included personal health status of older people, healthcare support by government to older people, barriers to accessing healthcare services among older people and, finally, the coping mechanisms these people used to cope with their situations. The researcher was honest in reporting the methodology and analysis of the data to ensure that what was reported were the true results of the respondents' replies. The analysis also involved use of an independent, second person to ensure that the results of the analysis reflected a true picture of the data.

Data analysis began in the field and continued after data collection. Content analysis technique was used to analyse data from both in-depth interviews and focus group discussions. Analysis of data from in-depth interviews involved reading, categorising and coding pieces of data and grouping them into the predetermined themes. Data from the focus group discussion was analysed in a similar way, but after verbatim transcription had taken place. In addition, field notes were used to corroborate the themes and to assist in the interpretation of findings and, where possible, descriptions using actual words of the respondents were used for verification. It is vital to note that some of the responses from the interviews and focus groups were incorporated verbatim into the text of the study, with minor editing where need arose. The responses were incorporated according to the different categories of themes in order to avoid losing the original meaning.
Results

Personal health status of older persons in Uganda

The general personal health status of Uganda’s older persons was established through the interviews and focus group discussions held with them. Specifically, older persons were asked to describe their general health status in terms of how they felt at the time of their being interviewed. Content analysis of their responses revealed that their descriptions of how they felt formed a continuum ranging from ‘well’ through to ‘not so well’, ‘sick,’ to ‘very sick’. The ‘not so well’ feeling described the general health of almost all the older male and female persons interviewed, in both rural and urban areas and across all regions of Uganda. This implies that the overwhelming majority of these persons were essentially not in good health.

Efforts made to establish the specific sicknesses that affected the health of individual older persons revealed that the following were the ailments: malaria, high blood pressure, joint pains, dental defects, loss of sight, short-sightedness, long-sightedness, paralysis of the limbs, diabetes, stomach pains, headache and cataracts. Other ailments included finger abscesses, intestinal obstruction, heart problems, skin disease, asthma, tumours, chest pain, coughs, flu and HIV/AIDS. It was established that diabetes and ulcers affected mostly urban-based older persons, while malaria and joint pains affected mainly those in rural areas. Other diseases affected older persons irrespective of where they lived. Thematic analysis revealed that the leading diseases were malaria, diabetes, joint pains and dental defects. Some of the older persons were affected by multiple illnesses as summarised in Chart 1:

Chart 1: Descriptions Showing Multiple Illnesses suffered by Older Persons in Uganda

"I worked for a long time as a farmer in Kawolo; so now whenever I sit down, I feel I don’t want to stand up again. I have constant joint pains and malaria, I cannot hear very well, and my sight is not very clear, especially when the things are about five metres away" (Female, 100 years, Lira district).

“My major sicknesses include malaria and ulcers. Ulcers have disturbed me for years” (Female, 70 years, Kasana, Luweero district, central region).

“My sicknesses are many. I have joint and back pains, pressure, diabetes, and I often get malaria. A disease often attacks me and I fall unconscious on the ground, thereby losing my memory” (Male, 74 years, Nakawa, Kampala).

“I have been suffering from the HIV/AIDS epidemic for over 8 years now since my husband died. This has worsened the high blood pressure and joint pains that I already had” (Female, 69 years, Jinja).

From the above findings many of the older people complained of malaria and joint pains.

Healthcare Support for Older Persons by Government

Regarding healthcare support to older people from government, key informants were asked to indicate whether government extended any assistance to the elderly in the form of free medical services, assistive devices, information about their health and cataract treatment, as well as free checkups for cancer and other chronic diseases. The results showed that the majority of the key informants did not approve of the government provision of health support to older persons, implying that government did not support the majority of these people as far as their health conditions were concerned.
Barriers to access of health care services

Older persons were asked if they had encountered any barriers regarding accessing healthcare services provided by health facilities... many of them reported affirmatively, while only a few reported having no challenges. Following the response of those who answered affirmatively, they were asked to mention the barriers that they thought hindered them from accessing healthcare services. Thematic analysis of the interview responses obtained from older persons revealed a number of barriers as summarized below:

- Long distances to health centers: this response was mainly reported by those from rural areas. This indicates that distances to health facilities are still a challenge for elderly people, as some indicated that they walked for over five kilometers to reach a health facility. By the time they reached the health care facility they were exhausted, especially taking into account their weak bodies and painful joints. (FGD 4)

- Inadequacy or absence of health workers at the health centers when needed: many of the older people reported the absence of a health worker as a demoralizing factor in accessing government health facilities, especially those that are rural based, as revealed by one of the excerpts:

  *You can imagine when you are in pain and you spend all the effort walking to a health centre and you don't find anybody to work on you. Actually when I think of that situation... when I am sick, I would rather stay at home and take my herbs than going to a health facility where you will not get anybody to work on you* (respondent 33 from Luwero).

- Health workers' aloofness and lack of respect for the older persons:

  *Some of these young children of today who join medical fields do not have respect for us old people. They shout at you, some of them use abusive language, saying we are suffering from old age as if it is a crime to be old* (respondent 15 from Budaka).

- Bribery and corruption at health centers:

  *Some nurses and doctors cannot work on you when you have not given them money. They will always call upon the young ones, who give them money and serve them first. Then they leave you to stand in the line until you collapse or decide to go away* (Respondent 26 from Pallisa).

- Inadequate diagnosis from health workers:

  *Some doctors just prescribe us Panadol and tell you to go home... they will always say that you are suffering from old age and old age does [has no] not cure. Actually nobody seems to understand what we suffer from because we don't have doctors who specifically specialise in treating us. These young doctors end up doing guess work and sometimes they end up making wrong diagnosis, hence giving you even wrong drugs* (Respondent 40 from Luwero).

- Doctors' lack of responsiveness to patients' concerns

- Lack of medicine and drugs at health centres:

  *Each time you go to hospital the doctors just write the medicine and tell you to go and buy because there is no medicine in the hospital. And you wonder whether you came to hospital only to pick up a prescription. For me, sometimes when I don't have money and they give me their papers I just go and keep them under my pillow and they pile up from there. What to do if you cannot afford to buy the drugs? All I do is to go and look for herbs from the forest and use those ones until I get relief... even the ARV that are supposed to be supplied to us who are sick from AIDS - sometimes you find they are not available, then you wonder...*
what one should do to survive (respondent 23 from Budaka district).

Over-waiting in long patient queues;

What annoys me is to go to hospital very early in the morning and you stay in a queue until when the sun sets and yet sometimes you come from there with no medicines. Some of us who are diabetic and hypertensive over-stand in queues and end up being more sick than when you went (Respondent 14 from Kamwenge).

Unaffordable medical costs; sometimes the medicine that is prescribed is so expensive that older people cannot afford to buy. “Can you imagine ... you go to hospital and after the doctor finishes seeing you, he tells you to go and buy the medicine where do I get money to buy such medicine? The medicine is expensive, who is going to give me the money to buy the medicine?” (Respondent 31, from Nebi).

Others, because of old age, wished not to waste their children's money. “...eh... me i am old, my son has many children to take care of and to school, including his sisters. Why should he spend money on me who is dying tomorrow?” (Respondent 3 from Lira).

Mechanisms to cope with healthcare barriers
Older persons were asked to say more on how they coped with the healthcare challenges that they faced and their responses are summarized in Box 1:

**Box 1: Verbatim responses on coping mechanisms:**

Going to the nearest private clinics or dispensaries: “uuhh don’t tell me about government hospitals... instead of going to the government hospitals to suffer from there by lining up the whole day without eating anything and even [then] you may not get the medicine.... I would rather go to the private clinic where you are attended to quickly and you go back to your home early enough” (Respondent 10 from Jinja).

Visiting traditional healers/herbalists: Because of the difficulties experienced at health centres and the costs involved in accessing them, many of the older people have resorted to using herbs and also consulting traditional healers as an alternative to accessing health facilities for healthcare services. In addition, many of them get herbs from wilderness/garden since they know some of these herbs. (FGD 1)

Others resorted to self medication (medicine bought from pharmacies or drug shops). Some of them reported that they send their grandchildren to the drug shops to buy them some “painkillers” to treat their joint pains (FGD 2).

Others have moved closer to their God through praying to God for healing, rather than facing the challenges of accessing hospital facilities. This was reported by one of the respondents who said “for me I trust my God, so when I fall sick I just go to my pastor in the church and he prays for me then I get better” (Respondent 6 from Luwero).

Some people send for personal doctors to come to their homes and provide the necessary treatment and pay them a fee which they may agree upon. However these were few, mainly from those who were previously employed or those who had children to look after them (FGD 3).
DISCUSSION
The foregoing findings indicate that the older persons in Uganda suffer from various curable and chronic illnesses. The findings are therefore consistent with the observations made by Kruylitch (2006), Deeg & Bath (2003), Paola (2003), and Hanahan & Weinberg (2000). Each of these scholars had discovered that most of the older persons tend to suffer from a number of diseases, most of which tend to be chronic. A close comparison of the findings obtained from elderly persons revealed that the illness from which most of the elderly in Uganda suffered, was malaria. This suggests that most of the older persons in Uganda suffer from preventable and curable diseases. Malaria is not only preventable but also curable.

Accordingly, the findings suggest that the quality of health of most of the older persons in Uganda can be easily improved by preventing, curing or eliminating malaria by developing health programmes to deal with these diseases. The programmes may include focusing on prevention of malaria by maintaining a clean environment free of breeding grounds for plasmodium-carrying mosquitoes, bushes and stagnant water, and provision of mosquito nets to the elderly. Other programmes may include: promotion of health insurance and free access to screening, diagnosis and treatment of malaria. These programmes are particularly important in light of the barriers that prevented older persons from accessing healthcare.

The difficulties identified by older persons in accessing health services are consistent with those appearing in the scholarly works of Kanyamurwa (2008), Kanyemibwa (2007), Fitzpatrick (2004), Njumba-Mulindwa (2004), HelpAge International (2001), McGarry (1996), and Coe (1985). Qualitative analysis of the barriers according to settings revealed that aloofness and rudeness of health workers, lack of medicines and lack of money, prevented older persons across the rural and urban areas in all the regions of Uganda from accessing healthcare. However, other barriers, such as lack of medicine at the health centres, featured more prominently in urban areas, while others such as long distances to health centres, were more prevalent in rural areas.

Generally, as Kanyamurwa (2008) and Kanyemibwa (2007) observed, the barriers suggest that the provision of health services required by older persons has largely declined in Uganda. The lack of or inadequacy of healthcare resources such as medicines or human resource, among others, leads to inadequacy in the medical treatment, physiotherapy, psychological therapy and other forms of curative and preventive services needed by older people. The situation is worsened by the fact that some older persons fail to access the healthcare services due to the long distances to the facilities, while those who manage to access the services find it difficult to pay for them due to the high cost involved. (Mapule-Ramashala, 2008; Knodel, 2008; Ntale-Lwanga & Kimberley, 2003). There is therefore a need for government to fulfill its obligation of providing free healthcare services and bringing them closer to older persons.

According to Human Rights Education Associates (HREA) (2003), Oloka-Onyango (2009) & Kollapan (2008), older persons are entitled to respect and care from other members of society. This is also recognised in many international conventions and national constitutions, including the Constitution of Uganda (1995); the 1982 Vienna International Plan of Action on Ageing; the 1991 United Nations Principles for Older Persons that were reinforced in 2002 through the Madrid International Plan of Action on Ageing at the global level; and the African Union Policy Framework and Plan of Action on Ageing at the regional level. By not respecting older persons and remaining aloof to them when they attend health centres, and keeping them waiting in long patient queues, the health workers are in effect violating the rights of these people in Uganda. Therefore, health workers need to be made aware of their responsibility to show respect and care to the elderly persons who attend health centres for health services.

Another barrier was the unavailability of health workers to attend to the elderly at health centres. In addition, when these workers did attend to the older persons the elderly received inadequate diagnoses or the workers demanded a bribe before attending to them. Administering an inadequate diagnosis implies that health workers are not able to identify the exact diseases affecting the elderly patient. This exposes the older persons to far reaching risks, including incorrect diagnosis and possibly
CONCLUSION

Many older people were found to be chronically ill with varying and multiple diseases such as diabetes, joint pains, hypertension, malaria, cancer and dental problems, among others. Despite the health problems, they were also found to be facing a number of challenges with accessing health facilities due to barriers such as long distances between health facilities and their residential homes, cost of treatment and transport, aloofness of health workers and their lack of respect for older people and absence of health workers at the health facilities, which was discouraging when elderly people had struggled to reach the facility. Other barriers included long queues at the hospitals, many hours of waiting, corruption at health facilities, inadequate diagnoses made by doctors and lack of medicines at the health facilities. Government does not have any specific supportive programmes to provide for older people’s health needs, which could help minimise such challenges. As a result, older persons have resorted to using herbs, visiting traditional healers, praying in church, use of private clinics and doctors, and use of over-the-counter medicines as coping mechanisms to address their challenges.

References


