

## **Report on Coast Provincial General Hospital, Kenya**

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Prepared by Research International E. A. Ltd. for MSH, AFS project and senior management staff of Coast Provincial Hospital

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## **COAST PROVINCE GENERAL HOSPITAL REPORT**



**Prepared for MSH, AFS project and staff of  
Coast General Hospital  
By Research International East Africa Ltd.**

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## 1. EXECUTIVE SUMMARY

This research project was conducted in the community surrounding Coast Provincial General Hospital. It was designed to evaluate and understand the level of utilisation of health care services provided by this hospital. The research also aimed at investigating the consumers' attitude towards the services offered by the hospital.

A combination of research methods was used in this exercise. Focus group discussions were done among men and women in Mombasa and Kilifi, who had visited the hospital in the past. A random sample survey of households in the area also took place.

### **Level of unmet needs and demand for health care services**

The main health problems perceived to affect the community in general are malaria and upper respiratory infections. This finding was the same for health problems that are experienced in their families. The only difference was in the magnitude of these diseases, which was higher in their families than was perceived to be in the community.

There is no significant difference in the diseases that affect adult and children. Malaria and upper respiratory infections are the main health problems that affect both adults and children.

There is a clear need to create awareness and campaigns on AIDS. This is particularly so because of ignorance and lack of campaigns on this dreadful disease.

There is a need to provide affordable curative services for all diseases especially for malaria and typhoid. Lack of drugs came out as a major problem in most of the health care facilities and this calls for a provision of the same, particularly in Coast Provincial General Hospital. Coast Provincial General Hospital was singled out as the only hospital with sufficient laboratory services. Respondents expressed the need to have other hospitals with these services too.

### **Care seeking behaviour**

There is a high level of health care facilities in this area. Government facilities have the highest level of awareness with 97% of the total respondents interviewed recalling these health care facilities spontaneously. Coast Provincial General Hospital had the highest mention of awareness (62%). It also has the highest claims of visits from the respondents as compared to the other health care facilities.

The second most popular health care facilities are the private hospitals (69%) with Pandya and Aga Khan hospitals leading with the same percentage of recall (26%). Mission hospitals seem to be unpopular as they have a low recall of awareness (19%). The other health care facilities had a much lower level of awareness with few respondents claiming to have visited these facilities.

There was a marked difference in the way in which respondents claimed to treat different ailments. The qualitative survey revealed that traditional healers were widely used by respondents in Kilifi especially for the treatment of convulsions and epileptic fits. Otherwise treatment of the other diseases is basically the same with the minor ailments being treated with over the counter medicine. Medical assistance is sought when one is suffering from the more serious health problems.

The cost of health care services and quality services were said to be the most important factors that affect choice of a health care facility.

### **Overall quality and satisfaction**

Generally, respondents are not satisfied with the quality of services offered by government hospitals. The staff were distinctly mentioned as very rude to patients and unfriendly. In most cases the respondents sought these services because they had no other choice.

However, government hospitals were perceived as cheap and affordable compared to private hospitals. Government hospitals were also reputed for having highly qualified staff.

Private hospitals on the other hand were reputed for having a very personalised care when handling their patients. The staff are often very friendly and caring. Their services were also faster compared to government facilities which often had long queues.

The only problem respondent had with private facilities was that it was in most cases unaffordable such that very few respondents had access to it.

### **Willingness and ability to pay**

Respondents did not have a problem with paying for health services especially if the quality is also high. The services at the government hospital is in most cases considered cheap but does not tally with the quality of services offered.

Generally, respondents spend a lot of money on transport. Another major expense incurred in most cases is drugs.

Respondents pay for their medical bills in a variety of ways. Often, respondents who are employed pay for their bills using their salaries or wages. Those who are not employed in most cases borrow money from friends, relatives to cater for their medical costs.

Depending on how large the bill is, some respondents go as far as organising fund raisings to pay for their bills. Some of the employed people get emergency loans while those who are not employed borrow money from women groups or welfare associations.

### **Community perception of Coast Provincial General hospital**

Generally, the hospital is rated below average on most of the service attributes. The main positives about the hospital are that it is perceived to have highly qualified staff who are specialised in treating a wide range of ailments and the charges are perceived to be reasonable. The hospital is also perceived to have adequate facilities and as such is treated as a referral hospital.

The main negative responses were poor quality of services offered at its departments, long waiting time and unfriendly staff.

## **2. INTRODUCTION**

The AFS project is currently providing technical assistance to Coast Provincial General Hospital.

They identified a need to conduct a survey in the community surrounding the hospital to determine health services utilisation levels and consumers' attitude towards the services offered by the Hospital.

The findings from this survey will be used to design appropriate health services and financing packages to be offered to the hospital.

## **2.1 Background**

The Coast Provincial General Hospital is a large facility with 800 staff operating over 400 acute inpatient beds, large volume outpatient clinics, and affiliated clinical training programs for medical and nursing students. The hospital has a primary service area of Mombasa town with over 500,000 population.

The ministry of health has recently decentralized the hospital with the appointment of a local board of trustees, which is the planned precursor for the hospital to achieve autonomous status.

An assessment of the organization's performance, and a feasibility study for achieving an autonomy has recommended a need for reengineering and the subsequent development of "action plan" specifying implementation strategies necessary for improving organizational performance and quality of services.

In order to explore these issues, Research International East Africa Ltd. was contracted to conduct research in the community surrounding the hospital. This report constitutes the final document for this project.

## 2.2 Research objectives

Specifically the survey was conducted to determine the following:

### **To identify services needed**

- \* The five most important health problems of men, women and children in their area.
- \* The most important health services that people want provided to them.

### **To understand care seeking behavior and provider preference**

- \* How consumers choose a health provider when they fall sick.
- \* Which health care provider they use specifically.
- \* Where they go for deliveries, immunizations and other preventive services
- \* The criteria that people use to decide where to go for treatment (e.g., type of illness, geographic accessibility, and cost of services, availability of medicine, perceived quality).
- \* The pattern of utilization of government, NGO, private and traditional health services.
- \* Do people seek health care from several providers simultaneously or do they seek providers sequentially?
- \* Who is visited first, second and after, reasons for this.
- \* How they perceive the role of community health providers.

### **To understand overall quality and satisfaction with services offered**

- \* How people perceive the health services intended for them in terms of cost, hours, quality of service and care, and staff.
- \* Are people comfortable with the health facility's staff they currently go to.
- \* Accessibility of services.

### **To assess willingness and ability to pay.**

- \* What people pay for health care.
- \* What is paid for, including formal and informal costs.
- \* What are the people willing to pay for curative and preventive services.
- \* What are the pattern of borrowing and pawning assets for health care
- \* Whom do they borrow from.

### **To understand the community's perception of Coast Provincial General Hospital.**

- \* Reasons for going to Coast General Hospital.
- \* Perceptions about Coast General Hospital
- \* Opinion of Coast General hospital in terms of different services
- \* Attribute rating of Coast General Hospital services

## 2.3 Research methodology

### Stage I Preliminary in-house investigation

In order to become completely familiar with the specific health care services and the information needs in the hospital a preliminary in-home investigation was done by RI staff. To understand the hospital's background, a detailed briefing from hospital staff and managers of the hospital was needed.

Specifically the aims of the preliminary exercise were

- \* To assist the research team to become completely briefed on the services and products currently in place at the hospital.
- \* To obtain information from the service providers themselves on their beliefs about their consumers/patients. This was to assist in;
  - \* drawing hypotheses on which the target group discussion guide could be framed.
  - \* getting the staff input into the research process.
- \* To identify any real institutional problems, to help in designing the questionnaire and interpreting the research results. This visit took place in

### Stage II Qualitative phase

Following the in-house research, qualitative research was done among men and women in Mombasa and Kilifi districts who had used Coast Provincial General Hospital in the past. The aim of this phase was to explore the objectives outlined above. It was also to assist the research team in developing appropriate questions for the quantitative phase.

From this phase, understanding was gained on the following;-

- \* The range of behaviour in the area.
- \* The range of attitudes in the area.
- \* Reasons behind specific behaviour and attitudes which were too complex to ask about in the quantitative research and which are difficult for respondents to verbalise.

An important element of the research was the exploration of what customers look for in terms of service. The qualitative research was used to identify both the areas of service which customers notice (i.e. staff friendliness) and how they identify if the service was good in this area. These are some of the custom or service areas and levels of service that were tested in the quantitative survey.

### Sample structure for the qualitative survey

Although the group structures did not cover all the possible demographic variations, the group discussions were able to highlight all the key issues. In each group respondents had visited Coast Provincial General Hospital for their own purpose or for treatment of their family members.

The following is the composition of the groups.

| Group | Area  | Type                         | Gender | Social Economic Group | Age    | Dates   |
|-------|-------|------------------------------|--------|-----------------------|--------|---------|
| 1     | Urban | Recent users of the hospital | Female | C2                    | 30     | 8/12/98 |
| 2     | Urban | Recent users of the hospital | Male   | C1                    | 20--30 | 8/12/98 |
| 3     | Rural | Recent users of the hospital | Male   | C2                    | 30     | 9/12/98 |
| 4     | Rural | Recent users of the hospital | Female | D                     | 20-30  | 9/12/98 |

Interviewers experienced in recruiting respondents to groups and explaining the purpose of the research did recruitment for the above groups. All the respondents were randomly selected from their homes and offices in the research areas.

Following the completion of the qualitative phase, all the responses were coded and analyzed. The findings are included in this report. The qualitative discussion guide is appended.

### Stage III Quantitative Phase

This research phase was conducted in Mombasa, Kilifi and Kwale districts. The survey is representative of all households of the three districts.

### Sample Selection

The sample was randomly selected down to the household level. The sub-locations were randomly selected proportionate to population size and within sub-locations, sampling points were chosen using maps. Interviewers followed random routes using the left-hand rule and interviewed every fifth household. At the household level the head of household or person responsible for decision making in the household was selected to be interviewed. Interviewers made up to three visits to the household to attempt to interview the selected person. If this person was not available for interview the respondent was then substituted with a respondent of the same gender, social economic group and similar age along the random route.

### Sample size

A representative sample size of 1000 respondents was selected from the three districts.

## Sample Structure for the quantitative survey

The following table gives a breakdown of the structure of sample

|                | Total sample | Area    |        |       | SOCIAL ECONOMIC GROUP |     |     |     |    | Gender |        | Age   |       |       |     |
|----------------|--------------|---------|--------|-------|-----------------------|-----|-----|-----|----|--------|--------|-------|-------|-------|-----|
|                |              | Mombasa | Kilifi | Kwale | AB                    | C1  | C2  | D   | E  | Male   | Female | 15-19 | 20-29 | 30-39 | 40+ |
| Percentage (%) | 100%         | 52      | 23     | 25    | 3                     | 24  | 37  | 30  | 6  | 50     | 50     | 24    | 35    | 20    | 22  |
| Numbers        | 1000         | 524     | 227    | 249   | 25                    | 236 | 374 | 300 | 65 | 500    | 500    | 235   | 350   | 196   | 219 |

### Social-economic group summary descriptions

The social-economic group has a strong correlation with the income. It is based on the occupation of the head of household as follows:-

**AB:** Owner of large farms, fully qualified professional, senior manager, senior government officer, professor/lecturer/graduate and secondary teacher

**C1:** Owner or manager of medium- sized farm, junior/middle manager, foreman, senior clerk, senior supervisor, qualified technicians e.g. laboratory, nursing, non-graduate (P1 and S1) teacher.

**C2:** Owner of small farm, skilled manual worker, (e.g. mechanic, carpenter, etc:) part time qualified technician, (e.g. laboratory, nursing, etc) non-graduate (P2, P3 or untrained teacher) junior clerk.

**D:** Owner of small plot selling some produce, semi skilled/part time trained manual worker (e.g. apprentice or learner mechanic, etc) house servant, waiter/steward, shop assistant, forestry worker, game scout

**E:** Subsistence farmer (may own small plot but sells very little or no produce). rural unskilled (e.g. laborer, casual, rural watchman, sweeper etc.)

## Universe concerned

The population covered is 645,082 adults in Mombasa, 826,906 adults in Kilifi and 535,136 adults in Kwale. These figures have been projected using the population census of 1989.

This is illustrated in the table below.

| Area         | Gender         |                | Total            | Projected population |
|--------------|----------------|----------------|------------------|----------------------|
|              | Male           | Female         |                  |                      |
| Mombasa      | 256,674        | 205,079        | <b>461,753</b>   | <b>645,082</b>       |
| Kilifi       | 282,382        | 309,521        | <b>591,903</b>   | <b>826,906</b>       |
| Kwale        | 185,945        | 197,108        | <b>383,053</b>   | <b>535,136</b>       |
| <b>Total</b> | <b>725,001</b> | <b>711,708</b> | <b>1,436,709</b> | <b>2,007,124</b>     |

## Questionnaire Design

Following the qualitative phase, the questionnaire was designed. Experience from other customer service, and pricing studies was used. The questionnaire covered both the general objectives and the specific issues for Coast General Hospital. It was translated to Kiswahili for ease of interviewing.

Selected field interviewers were trained on the questionnaire and a pilot study was done in Nairobi using the trained interviewers. The pilot study was done to test the questionnaire, improve the design and to check any interviewing problems. Following the pilot interviews the questionnaire was modified.

## Field Control

While in the field, interviewers were accompanied by team supervisors who back-checked at random 15% of the interviews. Supervisors also checked all questionnaires while at the sampling points to correct any errors by revisiting the respondent.

### 3. LEVEL OF UNMET NEEDS FOR SERVICES/DEMAND FOR SERVICES

In this section, respondents' perceptions of health problems that affect children, women and men in their community were sought.

#### 3.1 Perceptions of health problems

##### *Qualitative findings*

In the qualitative research, the main health problems respondents perceive to affect people in the community were; malaria, coughs and cold, diarrhoea and vomiting, typhoid, cholera outbreaks tuberculosis and STIs including HIV/ AIDS.

##### **Malaria:**

*Malaria* was cited as one of the health problems that were prevalent. This was thought to be brought about by people living in unhygienic living conditions such as living near stagnant water and long grass that are breeding places for mosquitoes. Lack of mosquito nets at the hospitals and improper treatment when one is suffering from malaria were also mentioned as causes for increase in malaria.

***“Mosquitoes are more because of dirt. Lack of equipment for example nets. You are treated today for malaria and have to go back soon after.” ( Female, D, Kilifi)***

##### **Coughs and common cold:**

Climatic variations were perceived to be a major cause for coughs and common colds.

##### **Diarrhoea and Vomiting:**

This disease was felt to be common mainly because of the untreated tap water people were using. Unhygienic living conditions were also seen to contribute to this disease.

##### **Cholera:**

Cholera was also thought to be caused by unhygienic conditions, particularly drinking dirty water.

##### **Typhoid:**

The respondents also expressed their concern on the fresh fruit juices and food sold along the streets and the untreated water they use in their homes for domestic purposes. They strongly felt that these were major causes for typhoid and *diarrhoea*. The environment in which the juice and food are sold was said to be unclean as the streets are normally dusty and the water used to make the juice is not treated.

**STIs (including AIDS):**

In Mombasa the incidents of STIs including HIV/AIDS were felt to be on the increase. Unfaithfulness among the couples was seen to be one of the reasons for this.

***“ People are not faithful to their partners and this is causing AIDS” (Female, 30+, C2, Mombasa.)***

Low levels of awareness and ignorance on safe sex were also seen to contribute to the increase of AIDS. Also, Mombasa is a town that is frequented by tourists and there was concern about two things:

***“ The foreigners are the ones who bring AIDS because most of the ones who come are here for leisure and so are bound to spread it. Also here we do not do a medical examination on foreigners to test if they are HIV positive”  
( Male, 20-30, C1 Mombasa)***

Foreigners suffering from AIDS are being let in the country freely and young girls between the age of 10-15 years who are engaging in prostitution as a livelihood.

Both adults and children are being exposed to pornographic movies and respondents felt that this has encouraged promiscuity among the adults and prostitution among young children.

The Kilifi respondents did not think that AIDS was common in their area. In both groups done in Kilifi AIDS was not spontaneously mentioned as one of the health problems suffered by the people. It was only after probing that they mentioned it. The males thought it was not a common problem.

***“It’s there but its not a common illness.” (Male, 30+, C2, Kilifi)***

***“It is but it’s not easy to tell who is infected, even in women. Again people don’t talk about it. It is a secret disease.”(Female, 20-30, D, Kilifi when asked whether AIDS was common in Kilifi)***

However they did not rule out its existence.

***“There is the possibility that AIDS is there because it takes time for it to be symptomatic. Often if an individual has died of AIDS people will not mention that he has actually died of AIDS.” (Male, 30+, C2, Kilifi)***

Other diseases mentioned included tetanus and mumps, but these diseases were not felt to be common.

## Health problems affecting Children under five years in the community

### *Qualitative findings*

Problems that adults thought were common among children in their community were: pneumonia, skin diseases, epileptic fits, coughs, diarrhea and vomiting, worms, common cold, asthma, typhoid, jiggers, boils, measles, and tonsillitis. Polio was also mentioned by a few respondents in Mombasa but did not come out as a very common problem. In Kilifi, whooping cough was also mentioned.

Among the above- mentioned ailments, epileptic/ convulsion cases were very common among children and were mentioned in all the groups but were discussed most in Kilifi. Some thought fits are caused by evil spirits.

***“Mostly people think that it is caused by an animal which they don’t know. There is a big bird that when a child sees he/she falls.” (Female, 20-30, D, Kilifi)***

The *jiggers* and *boils* were said to be common during the hot, dry season.

### *Quantitative findings*

The diseases mentioned in the focus groups were almost the same as those mentioned in the quantitative research (except for a few ) as is indicated in the table below. The only difference is in the magnitude of the diseases that were thought to be common in the different areas.

In the quantitative survey, respondents were asked to list the health problems that affect children under five years, men and women in the community and their families. This tells us their perception on health problems in their community. The question generated many responses that were coded into different categories namely, malaria, upper respiratory infections, lower respiratory infections, diarrhoea diseases, skin infections, measles and others. The list of the diseases and the way they were coded is appended.

The table below shows a summary of health problems perceived to affect children under five years, as a percentage of all responses given.

**Table 1(Q. 1a): Health problems perceived to affect children under five years in the Community**

|                              | Total | Area    |        |       | Gender |        | Social economic group |      |      |      |     |
|------------------------------|-------|---------|--------|-------|--------|--------|-----------------------|------|------|------|-----|
|                              |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1   | C2   | D    | E   |
| <b>Total no of responses</b> | 4380  | 2156    | 1083   | 1141  | 2178   | 2202   | 113                   | 1000 | 1634 | 1328 | 305 |
| <b>Percentages</b>           | %     | %       | %      | %     | %      | %      | %                     | %    | %    | %    | %   |
| Malaria                      | 21    | 21      | 21     | 21    | 21     | 21     | 19                    | 21   | 21   | 21   | 21  |
| Upper respiratory infection  | 20    | 20      | 19     | 20    | 19     | 20     | 18                    | 20   | 20   | 19   | 21  |
| Lower respiratory infection  | 15    | 14      | 15     | 16    | 15     | 15     | 15                    | 15   | 14   | 15   | 16  |
| Diarrhoea disease            | 11    | 11      | 13     | 10    | 11     | 11     | 15                    | 11   | 10   | 12   | 12  |
| Skin infections              | 9     | 8       | 10     | 10    | 9      | 9      | 10                    | 8    | 9    | 9    | 9   |
| Measles                      | 3     | 4       | 3      | N     | 3      | 3      | 4                     | 4    | 3    | 2    | 1   |
| Others                       | 22    | 23      | 21     | 22    | 22     | 22     | 20                    | 22   | 22   | 22   | 21  |

There was no significant difference in the mention of diseases across the different areas and social economic groups.

Malaria and upper respiratory infections were perceived to be the most common health problems in the three areas. These are followed by diseases fitting into the categories of upper or lower respiratory infections.

To further understand the actual problems suffered by children, women and men, the above question was addressed to respondents only this time in the context of problems suffered by their family members. Problems affecting those in their families is a closer indicator of the actual problems affecting them.

**Table 2 (Q. 1b): Health problems affecting Children under five years in their families**

|                              | Total | Area    |        |       | Gender |        | Social economic group |     |     |     |     |
|------------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|-----|-----|-----|
|                              |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2  | D   | E   |
| <b>Total no of responses</b> | 2335  | 969     | 665    | 701   | 1073   | 1262   | 45                    | 530 | 890 | 704 | 166 |
| <b>Percentages</b>           | %     | %       | %      | %     | %      | %      | %                     | %   | %   | %   | %   |
| Malaria                      | 31    | 33      | 30     | 28    | 32     | 30     | 27                    | 32  | 31  | 30  | 30  |
| Upper respiratory infection  | 28    | 30      | 26     | 26    | 27     | 28     | 29                    | 28  | 28  | 26  | 26  |
| Lower respiratory infection  | 15    | 12      | 16     | 18    | 16     | 15     | 16                    | 14  | 14  | 17  | 17  |
| Diarrhoea disease            | 4     | 4       | 3      | 4     | 3      | 4      | 7                     | 5   | 3   | 4   | 2   |
| Skin infections              | 6     | 4       | 8      | 7     | 6      | 6      | 4                     | 5   | 6   | 7   | 9   |
| Measles                      | 1     | 2       | 1      | N     | 1      | 1      | -                     | 2   | 1   | 1   | 1   |
| Others                       | 16    | 14      | 17     | 17    | 15     | 16     | 18                    | 14  | 17  | 15  | 15  |

Some of the health problems that affect children in their families had a higher percentage than those *perceived* to affect them generally in the community. These include problems like malaria and upper respiratory infection. Malaria, for example, had a higher mention in the families across the different areas and social economic groups than in the community.

The percentages for the lower respiratory diseases and measles are more or less the same in the community and respondents' families.

There was a claimed incidence of diarrhoea diseases in their own families than in the community.

Generally, the implication is that malaria is much more serious in children than was generally perceived by the respondents. On the other hand diarrhoea diseases are not as important as the respondents thought.

## **Health Problems Perceived To Affect Women In The Community**

### *Qualitative findings*

Among women, the main health problems mentioned in the focus groups were pregnancy related such as high blood pressure, backaches, lower abdominal pains and nausea, swollen legs and complications in child birth.

Pregnancy related problems are seen to be common in both areas Kilifi and Mombasa. Kilifi respondents particularly felt this was a major problem and they attributed this to lack of antenatal care in/near their areas which was a problem as most women lack transport to go to hospital and hence end up not going for this service.

Poor maternity care at public hospitals was also seen to discourage mothers from seeking this service. Male respondents in particular were concerned about mothers being delivered by traditional midwives who are seen to be lacking in times of complications. This was the cause for high mortality rates among mothers in the area.

Respondents also said that pregnant mothers eat a lot of soil during pregnancy and therefore exposing them to other ailments like worms and bloated stomachs.

Other problems respondents mentioned were STIs, AIDS, Tuberculosis and diseases affecting the reproductive organs.

Problems brought about by stress included Ulcers, High blood pressure and depression but these were not thought to be very common.

*Quantitative findings*

The table below shows a summary of health problems perceived to affect women in the community.

**Table 3 (Q.1ab): Main health problems faced by Women in the community**

|                              | Total | Area    |        |       | Gender |        | Social economic group |     |      |      |     |
|------------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|------|------|-----|
|                              |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2   | D    | E   |
| <b>Total no of responses</b> | 3980  | 1884    | 967    | 1129  | 1985   | 1995   | 94                    | 903 | 1483 | 1197 | 303 |
| <b>Percentages</b>           | %     | %       | %      | %     | %      | %      | %                     | %   | %    | %    | %   |
| Malaria                      | 24    | 26      | 23     | 22    | 24     | 24     | 26                    | 24  | 24   | 24   | 21  |
| Upper respiratory infection  | 20    | 19      | 21     | 20    | 19     | 20     | 17                    | 19  | 21   | 19   | 21  |
| Lower respiratory infection  | 12    | 10      | 12     | 15    | 12     | 12     | 11                    | 12  | 12   | 12   | 15  |
| Diarrhoea disease            | 13    | 13      | 13     | 13    | 13     | 13     | 14                    | 13  | 13   | 13   | 14  |
| Skin infections              | 7     | 6       | 8      | 7     | 8      | 6      | 7                     | 6   | 7    | 7    | 8   |
| Others                       | 24    | 26      | 23     | 22    | 24     | 24     | 26                    | 25  | 24   | 24   | 20  |

Respondents in the different sub groups interviewed felt that malaria is the most common health problem affecting women in the community

Upper respiratory infection is also perceived to be a common problem among women.

The quantitative survey also revealed that women suffer from other health problems and this could be the ones discussed in the focus groups such as high blood pressure, backaches, lower abdominal pains and nausea, swollen legs and complications in child birth.

**Table 4 (Q.1b2): Main health problems faced by women in their own families**

|                              | Total | Area    |        |       | Gender |        | Social economic group |     |     |     |     |
|------------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|-----|-----|-----|
|                              |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2  | D   | E   |
| <b>Total no of responses</b> | 2577  | 1058    | 679    | 840   | 1211   | 1366   | 54                    | 564 | 968 | 789 | 202 |
| <b>Percentages</b>           | %     | %       | %      | %     | %      | %      | %                     | %   | %   | %   | %   |
| Malaria                      | 32    | 37      | 29     | 29    | 33     | 32     | 33                    | 33  | 32  | 32  | 30  |
| Upper respiratory infection  | 25    | 24      | 25     | 25    | 25     | 25     | 22                    | 26  | 25  | 24  | 27  |
| Lower respiratory infection  | 10    | 6       | 11     | 15    | 11     | 10     | 7                     | 9   | 10  | 11  | 13  |
| Diarrhoea disease            | 4     | 3       | 4      | 4     | 4      | 4      | 6                     | 3   | 4   | 4   | 5   |
| Skin infections              | 5     | 4       | 6      | 5     | 6      | 5      | 6                     | 5   | 5   | 6   | 6   |
| Others                       | 24    | 25      | 24     | 22    | 22     | 25     | 26                    | 24  | 25  | 24  | 18  |

Overall malaria is seen to be a more serious health problem among women and this is reflected in the responses given for families as compared to the degree of perception of the same problem in the community.

There is no substantial difference between the other problems perceived to affect women in the community and the responses given for problems that women actually suffer from in their families.

### **Health Problems Perceived To Affect Men In The Community**

#### *Qualitative findings*

The main ailments suffered by men that were mentioned in the qualitative survey included: tuberculosis, stress related diseases like stomach ulcers, migraine headaches, body aches and high blood pressure. STIs were also mentioned and this includes AIDS. Eating coconut dishes and drinking madafu (coconut juice) were seen to bring about prostate diseases common among the indigenous Coast people.

***“Prostate is very common. People say it is due to drinking of mnazi. (coconut juice) It is usually with the indigenous people.” (Male 20-30, C1, Mombasa.)***

***“T.B. (Tuberculosis) This I witnessed in Kisauni where the men suffering from TB were so many.” (Male 20-30, C1, Mombasa)***

Tuberculosis was felt to be common among men in Mombasa due to poor working conditions especially at Bamburi cement factory and the harbours.

*Quantitative findings*

Similarly in the quantitative research respondents were asked to name the health problems perceived to affect men.

The table below shows a summary of health problems perceived to affect men

**Table 5 (Q.1ac): Main health problems faced by Men in the Community**

|                              | Total | Area    |        |       | Gender |        | Social economic group |     |      |      |     |
|------------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|------|------|-----|
|                              |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2   | D    | E   |
| <b>Total no of responses</b> | 3887  | 1813    | 959    | 1115  | 2004   | 1883   | 91                    | 868 | 1440 | 1186 | 302 |
| <b>Percentages</b>           | %     | %       | %      | %     | %      | %      | %                     | %   | %    | %    | %   |
| Malaria                      | 24    | 26      | 23     | 22    | 24     | 25     | 25                    | 25  | 24   | 24   | 22  |
| Upper respiratory infection  | 20    | 19      | 20     | 21    | 19     | 20     | 15                    | 19  | 20   | 20   | 21  |
| Lower respiratory infection  | 12    | 10      | 11     | 15    | 12     | 11     | 11                    | 12  | 12   | 11   | 13  |
| Diarrhoea disease            | 13    | 12      | 14     | 13    | 13     | 12     | 16                    | 13  | 12   | 13   | 15  |
| Skin infections              | 7     | 7       | 9      | 7     | 8      | 7      | 5                     | 7   | 7    | 8    | 8   |
| Others                       | 24    | 25      | 23     | 22    | 24     | 24     | 26                    | 25  | 24   | 24   | 22  |

Like in women and children, malaria and upper respiratory infections are perceived to be the most common health problems in men.

There were no marked differences in the percentages of the health problems mentioned across the different sub groups of respondents interviewed.

**Table 6 (Q.1b3): Main health problems faced by men in their own families**

|                              | Total | Area    |        |       | Gender |        | Social economic group |     |     |     |     |
|------------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|-----|-----|-----|
|                              |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2  | D   | E   |
| <b>Total no of responses</b> | 2573  | 1082    | 675    | 816   |        |        |                       |     |     |     |     |
| <b>Percentages</b>           | (%)   | (%)     | (%)    | (%)   | (%)    | (%)    | (%)                   | (%) | (%) | (%) | (%) |
| Malaria                      | 33    | 38      | 30     | 28    | 32     | 34     | 38                    | 35  | 33  | 32  | 30  |
| Upper respiratory infection  | 26    | 25      | 26     | 25    | 25     | 26     | 21                    | 27  | 25  | 25  | 26  |
| Lower respiratory infection  | 10    | 7       | 10     | 14    | 10     | 10     | 6                     | 9   | 10  | 10  | 15  |
| Diarrhoea disease            | 4     | 4       | 4      | 4     | 5      | 4      | 9                     | 4   | 4   | 4   | 5   |
| Skin infections              | 5     | 4       | 6      | 6     | 5      | 5      | 4                     | 4   | 4   | 6   | 6   |
| Others                       | 22    | 22      | 24     | 22    | 23     | 22     | 23                    | 22  | 23  | 23  | 18  |

Malaria is once again seen to affect men more in the families than earlier indicated from the respondents' general perception. It however remains more prevalent in Mombasa (38%) than in Kilifi (30%) and Kwale (28%).

The percentages for upper respiratory infection are also slightly higher in the responses given for the families than for the general perception in the community. This implies that the incidence of these diseases are more common among men than is perceived.

There is no significant difference observed in the perception of the other diseases as compared to what men actually suffer from in the respondents' families.

### **Comparison Between Health Problems Affecting Men And Women**

In the quantitative survey, no significant differences were observed as regards the different health problems that are perceived to affect men and women. The mention for the diseases was more or less the same. Both men and women are perceived to suffer in the same level from malaria, upper respiratory diseases, diarrhoea diseases and skin infections among other minor diseases mentioned.

### **Comparison Of Health Problems Perceived To Affect Children And Adults**

The table below is a summary of the health problems perceived to affect children and adults.

**Table 7**

| Health problem               | Men  | Women | Children under five |
|------------------------------|------|-------|---------------------|
| <b>Total no of responses</b> | 3887 | 3980  | 4380                |
| <b>Percentages</b>           | %    | %     | %                   |
| Malaria                      | 24   | 24    | 21                  |
| Upper respiratory infection  | 20   | 20    | 20                  |
| Lower respiratory infection  | 12   | 12    | 15                  |
| Diarrhoea disease            | 13   | 13    | 11                  |
| Skin infections              | 7    | 7     | 9                   |
| Others                       | 24   | 24    | 22                  |

In general the diseases most widely perceived to affect children and adults are similar.

## **Five Most Common Health Problems**

### *Quantitative findings*

Respondents were also asked to select the five most common ailments in the community and in their families.

**Table 8 (Q.1c): Five most common health problems in the community**

|                             | Total | Area    |        |       | Gender |        | Social economic group |     |      |      |     |
|-----------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|------|------|-----|
|                             |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2   | D    | E   |
| <b>Total responses</b>      | 3887  | 1813    | 959    | 1115  | 2004   | 1883   | 91                    | 868 | 1440 | 1186 | 302 |
| <b>Percentages</b>          |       |         |        |       |        |        |                       |     |      |      |     |
| Malaria                     | 24    | 26      | 23     | 22    | 24     | 25     | 25                    | 25  | 24   | 24   | 22  |
| Upper respiratory infection | 20    | 19      | 20     | 21    | 19     | 20     | 15                    | 19  | 20   | 20   | 21  |
| Diarrhoea disease           | 13    | 12      | 14     | 13    | 13     | 12     | 16                    | 13  | 12   | 13   | 15  |
| Lower respiratory infection | 12    | 10      | 11     | 15    | 12     | 11     | 11                    | 12  | 12   | 11   | 13  |
| Skin infections             | 7     | 7       | 9      | 7     | 8      | 7      | 5                     | 7   | 7    | 8    | 8   |
| Others                      | 24    | 25      | 23     | 22    | 24     | 24     | 26                    | 25  | 24   | 24   | 22  |

The diseases indicated above were perceived to be the most common health problems in the community. There is no significant difference across the different areas and social economic groups for all the health problems. This is also the case among males and females. The mention was very similar for both.

**Table 9 (Q.1c 1): Five most common health problems faced by their own families**

|                             | Total | Area    |        |       | Gender |        | Social economic group |     |      |     |     |
|-----------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|------|-----|-----|
|                             |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2   | D   | E   |
| <b>Total responses</b>      | 2948  | 1383    | 738    | 827   | 1457   | 1491   | 64                    | 666 | 1103 | 904 | 211 |
| <b>Percentages</b>          |       |         |        |       |        |        |                       |     |      |     |     |
| Malaria                     | 31    | 34      | 30     | 29    | 32     | 31     | 39                    | 32  | 31   | 31  | 30  |
| Upper respiratory infection | 26    | 26      | 26     | 26    | 25     | 26     | 20                    | 26  | 26   | 25  | 27  |
| Diarrhoea disease           | 11    | 4       | 4      | 4     | 5      | 4      | 3                     | 5   | 5    | 4   | 3   |
| Lower respiratory infection | 5     | 9       | 11     | 13    | 10     | 11     | 6                     | 10  | 10   | 11  | 14  |
| Skin infections             | 4     | 4       | 6      | 6     | 5      | 5      | 3                     | 4   | 5    | 6   | 6   |
| Measles                     | 1     | 1       | n      | n     | 1      | 1      | -                     | 1   | 1    | 1   | n   |
| Others                      | 22    | 22      | 23     | 22    | 21     | 23     | 28                    | 22  | 22   | 23  | 19  |

As can be observed from tables 8 and 9 above, malaria is suffered more in their families than was perceived in the community.

Upper respiratory diseases also have a higher mention in the families (26%) than in the community (20%). This could imply that these diseases are indeed more important than the respondents perceived generally. Otherwise, most of the other health problems discussed had more or less the same mention.

## Claimed incidences of diseases

### Quantitative findings

In this section respondents' experience with the different ailments was sought.

The following table gives a summary of the top five diseases respondents claimed they had suffered from in the past.

**Table 18 Q.2**

|                          | TOTAL | AREA    |        |       | GENDER |        | SOCIAL ECONOMIC GROUP |     |     |     |    |
|--------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|-----|-----|----|
|                          |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2  | D   | E  |
| Total no. of respondents | 1000  | 524     | 227    | 249   | 500    | 500    | 25                    | 236 | 374 | 300 | 65 |
| Percentages              | %     | %       | %      | %     | %      | %      | %                     | %   | %   | %   | %  |
| Malaria                  | 78    | 45      | 27     | 28    | 51     | 49     | 2                     | 23  | 37  | 31  | 7  |
| Cough/flu/common cold    | 74    | 67      | 82     | 82    | 74     | 75     | 56                    | 74  | 74  | 75  | 82 |
| Diarrhoea                | 21    | 17      | 19     | 32    | 20     | 22     | 12                    | 22  | 4   | 22  | 23 |
| Backache                 | 8     | 9       | 9      | 6     | 8      | 9      | 8                     | 10  | 7   | 8   | 8  |

The health problems with the highest mentions among respondents are Malaria and coughs and flu. This findings tie in with the results from their perception of health problems affecting the community.

## 4. CARE SEEKING BEHAVIOUR AND PROVIDER PREFERENCE

### Quantitative findings

#### 4.1 The Pattern of utilisation of health care facilities

In this section the aim was to find out awareness of the different health care facilities in the area and whether they are used. Respondents were asked the health care facilities they were aware of and whether they had ever used these facilities. The health care facilities where health care was sought from the last visit was also asked in the view of finding out what health care facilities are really being used and for what reasons.

##### 4.1.1 Spontaneous awareness of healthcare facilities

In this section, respondents' awareness of health care facilities was sought. Awareness of health care facilities is an indication of the facilities' success in creating a high profile in the community. Spontaneous awareness is the proportion of respondents who are able to mention a facility without prompting from the interviewer.

The table below is a summary of spontaneous awareness of health care facilities in the area.

**Table 10 Q.4av): Spontaneous awareness of health care facilities**

|                              | TOTAL | AREA  |       | SOCIAL ECONOMIC GROUP |     |     |     |    | GENDER |        |
|------------------------------|-------|-------|-------|-----------------------|-----|-----|-----|----|--------|--------|
|                              |       | Urban | Rural | AB                    | C1  | C2  | D   | E  | Male   | Female |
| <b>Total respondents</b>     | 1000  | 540   | 460   | 25                    | 236 | 374 | 300 | 65 | 500    | 500    |
| <b>Percentages</b>           | %     | %     | %     | %                     | %   | %   | %   | %  | %      | %      |
| <b>Government hospitals</b>  | 97    | 52    | 45    | 2                     | 23  | 36  | 29  | 6  | 46     | 48     |
| Coast General hospital       | 62    | 73    | 49    | 72                    | 74  | 65  | 52  | 43 | 64     | 60     |
| Msambweni                    | 21    | 2     | 42    | 4                     | 11  | 22  | 24  | 42 | 21     | 21     |
| Kilifi Hospital              | 20    | 8     | 34    | 8                     | 10  | 16  | 28  | 40 | 20     | 19     |
| Kwale hospital               | 15    | 4     | 28    | 4                     | 11  | 18  | 13  | 26 | 16     | 14     |
| <b>Mission Hospitals</b>     | 19    | 9     | 9     | 1                     | 4   | 8   | 5   | 1  | 9      | 10     |
| St Luke's                    | 4     | 5     | 3     | 8                     | 5   | 4   | 4   | 2  | 4      | 4      |
| Kikambara                    | 3     | -     | 7     | -                     | 1   | 3   | 5   | 2  | 3      | 3      |
| Catholic Clinic              | 2     | 3     | 2     | -                     | 3   | 3   | 2   | 2  | 2      | 3      |
| <b>Private Hospitals</b>     | 69    | 44    | 25    | 2                     | 19  | 27  | 19  | 31 | 34     | 34     |
| Pandya                       | 26    | 38    | 12    | 40                    | 38  | 26  | 18  | 12 | 24     | 28     |
| Aga Khan                     | 26    | 30    | 20    | 52                    | 33  | 26  | 18  | 23 | 28     | 23     |
| Mombasa Hospital             | 17    | 23    | 11    | 32                    | 27  | 15  | 13  | 12 | 20     | 15     |
| Bakarani                     | 8     | 14    | 1     | 4                     | 11  | 10  | 5   | -  | 9      | 7      |
| Makupa Nursing               | 6     | 6     | 5     | -                     | 5   | 7   | 5   | 3  | 7      | 4      |
| <b>Company Dispensary</b>    | 14    | 8     | 5     | 1                     | 4   | 5   | 4   | 1  | 7      | 6      |
| KPA Dispensary               | 6     | 9     | 2     | 8                     | 9   | 5   | 4   | -  | 5      | 6      |
| <b>Private Doctor/clinic</b> | 7     | 3     | 3     | -                     | 1   | 3   | 2   | 1  | 3      | 3      |
| Pwani clinic                 | 3     | 3     | 2     | 4                     | 2   | 3   | 4   | 3  | 3      | 2      |
| Umoja clinic                 | 3     | -     | 5     | 4                     | 1   | 3   | 2   | 6  | 2      | 3      |
| Bakarani                     | 2     | 4     | -     | 8                     | 3   | 1   | 2   | -  | 3      | 1      |
| Mkamani clinic               | 2     | 1     | 2     | -                     | 2   | 2   | 2   | 3  | 3      | 1      |
| <b>Traditional healer</b>    | 13    | 4     | 8     | n                     | 2   | 5   | 4   | 1  | 6      | 7      |
| Mwachala                     | 1     | -     | 2     | -                     | -   | 2   | 7   | 1  | 1      | 1      |
| Kwa Juma                     | 1     | 1     | 1     | -                     | 1   | 1   | 1   | -  | 1      | 1      |

### **Government Hospitals**

Out of the total respondents interviewed 97% were aware of government hospitals, including (67%) aware of Coast Provincial General Hospital which is better known than the other government hospitals.

Coast Provincial General Hospital was better known in urban areas than rural areas. Kilifi emerged as the second most well known hospital in urban while Msambweni was second in the rural areas. Kwale was the least popular hospital both in rural and urban.

### **Mission Hospitals**

Despite their being a good number of mission hospitals in Coast province, most respondents were not aware of them.

### **Private Hospitals**

The best known private hospitals are Pandya and Aga Khan. They are well known among the urban residents (38%) as compared to the rural residents (12%). This hospital is not so popular among the lower class E (12%) as it is one of the very expensive private hospitals and hence they would not be familiar with it.

### **Company Dispensaries**

Among the company dispensaries, KPA is the only dispensary with a significant percentage of awareness. This is expected as not many people would be aware of a company dispensary unless they are working for it. The significant percentage for KPA could be explained by the fact that Kenya Ports Authority is a company that is widely and well known and hence one does not need to be working for this company to know about their dispensary. It is also more popular in urban as it is situated in urban. Otherwise there is no significant difference across the different age groups and social economic groups.

### **Private Doctor/Clinics**

Although many private clinics were mentioned each had very few mentions. Many clinics were named but none was particularly popular. Out of the total respondents interviewed, only 7% were aware of any private doctors or clinics. The few that were mentioned had a recall of 1% or 3% - generally less than 10%. Pwani clinic and Umoja clinic seemed to be popular in this category.

### **Traditional Healers**

As is expected, very few ABs were aware of traditional healers as they mostly seek medical care from hospitals. For most of the traditional healers mentioned, there was no mention among AB and some C1s social economic groups. Most of those who knew any traditional healers were from CD and D social economic groups. These health care providers were also more popular in the rural areas than urban.

### **Community health workers**

Out of the total respondents interviewed most (99%) were not aware of community health workers at all.

#### 4.1.2 Health Care Facilities Ever Visited

##### Quantitative findings

The table below shows the different health care facilities that respondents claimed to have ever visited

**Table 11 Q. 4bv): Health care facilities ever visited**

|                                 | TOTAL | AREA    |        |       | GENDER |         | SOCIAL ECONOMIC GROUP |     |     |     |    |
|---------------------------------|-------|---------|--------|-------|--------|---------|-----------------------|-----|-----|-----|----|
|                                 |       | Mombasa | Kilifi | Kwale | Males  | Females | AB                    | C1  | C2  | D   | E  |
| <b>Total respondents</b>        | 1000  | 524     | 227    | 249   | 500    | 500     | 25                    | 236 | 374 | 300 | 65 |
| <b>Percentages</b>              | %     | %       | %      | %     | %      | %       | %                     | %   | %   | %   | %  |
| <b>Government hospitals</b>     | 82    | 40      | 20     | 22    | 41     | 42      | 2                     | 18  | 31  | 26  | 6  |
| Coast General hospital          | 40    | 57      | 26     | 16    | 39     | 40      | 64                    | 49  | 43  | 32  | 17 |
| Msambweni                       | 15    | 1       | n      | 58    | 16     | 14      | 4                     | 8   | 17  | 17  | 29 |
| Kilifi Hospital                 | 15    | 1       | 63     | n     | 15     | 15      | 8                     | 7   | 12  | 23  | 28 |
| Kwale hospital                  | 5     | 1       | -      | 18    | 5      | 6       | 4                     | 3   | 6   | 5   | 9  |
| <b>Mission Hospitals</b>        | 8     | 4       | 4      | n     | 4      | 4       | n                     | 2   | 3   | 3   | 1  |
| Kikambara                       | 2     | n       | 10     | -     | 3      | 2       | -                     | 1   | 2   | 4   | 3  |
| St Luke's                       | 2     | 2       | 4      | n     | 2      | 2       | 4                     | 2   | 2   | 3   | 2  |
| Catholic Clinic                 | 1     | 1       | n      | n     | 1      | 1       | -                     | 2   | 1   | n   | 2  |
| <b>Private Hospitals</b>        | 45    | 21      | 14     | 11    | 23     | 22      | 12                    | 96  | 174 | 135 | 31 |
| Pandya                          | 8     | 15      | -      | 1     | 6      | 10      | 20                    | 16  | 6   | 4   | 2  |
| Aga Khan                        | 6     | 10      | 2      | 1     | 6      | 6       | 32                    | 13  | 3   | 3   | -  |
| Mombasa Hospital                | 6     | 10      | -      | -     | 6      | 5       | 16                    | 13  | 4   | 2   | -  |
| Bakarani                        | 5     | 9       | -      | -     | 5      | 5       | 4                     | 6   | 7   | 3   | -  |
| Makupa Nursing                  | 2     | 3       | -      | -     | 2      | 2       | -                     | 3   | 2   | 2   | -  |
| <b>Company Dispensary</b>       |       |         |        |       |        |         |                       |     |     |     |    |
| KPA Dispensary                  | 24    | 4       | -      | -     | 2      | 3       | 4                     | 6   | 2   | -   | -  |
| <b>Private Doctor/clinic</b>    |       |         |        |       |        |         |                       |     |     |     |    |
| Pwani clinic                    | 2     | n       | 6      | -     | 2      | 1       | 4                     | n   | 2   | 2   | -  |
| Umoja clinic                    | 2     | -       | -      | 9     | 2      | 2       | 4                     | 1   | 2   | 2   | 6  |
| Bakarani                        | 1     | 2       | n      | -     | 1      | 1       | 4                     | 1   | 1   | 1   | -  |
| Mkamani clinic                  | 1     | 2       | n      | -     | 1      | 1       | -                     | 1   | 2   | 1   | 3  |
| <b>Traditional healer</b>       | 18    | 15      | 1      | 2     | 14     | 4       | -                     | 4   | 9   | 5   | -  |
| Mzee Yusuf                      | n     | -       | -      | -     | n      | -       | -                     | n   | -   | -   | -  |
| Salim Mbega                     | n     | n       | -      | -     | -      | n       | -                     | -   | n   | -   | -  |
| <b>Community Health workers</b> | 5     | 5       | -      | 2     | 3      | -       | -                     | -   | -   | -   | -  |
| Bamako Comm. worker             | 2     | n       | -      | -     | 3      | 2       | -                     | 3   | 1   | 1   | -  |
| Baya                            | 1     | n       | -      | -     | -      | n       | -                     | -   | -   | -   | -  |
| Kabunda                         | 1     | -       | -      | -     | -      | -       | -                     | -   | -   | -   | -  |

**Government hospitals**

The government hospitals had the highest mention of those who had ever visited the health care facilities. More respondents had visited Coast Provincial General Hospital than any other government hospitals (40%). Those who had ever visited Coast general hospital were mainly from Mombasa (57% of Mombasa respondents).

**Private hospitals**

More upper class respondents than lower class had visited the private hospitals. Aga Khan hospital was most visited by the AB social economic group respondents (32%) as compared to 20% AB respondents who had ever been to Pandya.

**Mission hospitals**

Since most respondents did not know the existence of mission hospitals (from table 4bv above) these health care facilities had a very low mention when respondents were asked whether they had ever visited any of them. However a few Kilifi respondents (10%) had been to Kikambaro mission hospital.

**Company dispensaries**

Most of the respondents, even those employed in an organization, had not visited any company dispensary. 95% out of the total respondents have never been to a company dispensary. This could imply that most of the companies and organizations do not have their own dispensaries for their employees.

**Private doctor or clinic**

These health care facilities had a very low mention among those who had ever visited their services. Umoja and Pwani clinics were the private clinics that had ever been used. Though more AB social economic group respondents had visited these two clinics (4% for both) there was no significant difference among the other social economic groups.

**Traditional healers**

98% of the total respondents had never been to a traditional healer. These results differ significantly from the qualitative findings in that there were cases of respondents who had and do visit traditional healers. Most of them take their children to such healers especially for epileptic and convulsions.

**Community health workers**

Most respondents have never benefited from the services of community health workers.

## What suffered from last and where sought for medical assistance

### *Qualitative findings*

#### **Males:**

Most males from both areas in the qualitative research mentioned malaria. This was mostly treated in private hospitals or clinics such as *Mlaleo* medical centre in Mombasa. Other diseases mentioned were Pneumonia, coughs and which were said to be treated at the Coast General Hospital.

They thought that private hospitals charged almost the same as Coast General Hospital and that the difference was minimal if not insignificant considering the good treatment one was given in private hospitals. For treatment of malaria most paid Ksh 200 at private clinics. This was inclusive of consultation fee and drugs except at *Mlaleo* where total payment for treatment was Ksh 540.

***“The private hospitals are a bit more expensive but one does receive better treatment.”***

***(Males, 20-30, C1, Mombasa)***

#### **Females:**

Most females seem to suffer from stomach problems and not malaria as was revealed in the quantitative survey. This was the most common problem that the female respondents claimed to have suffered from recently. Respondents visited Coast Provincial General Hospital for this problem from both areas. This could be because it is cheap and has the facilities that are not found in the other public hospitals, such as laboratories. Respondents who had visited this hospital for inpatient services (as a result of suffering from malaria) paid Ksh 530 for three days.

Other problems suffered by women were malaria, diarrhoea and vomiting. A few had visited private hospitals to get treatment for malaria such as Bethsheba and paid Ksh 250. Otherwise majority went for treatment at Coast General Hospital.

***“I was taken to Makadara. I had stomach problems.” (Female, D, Kilifi )***

***“I had taken my housegirl to Coast General Hospital, she was complaining of stomachache.” (Female, C2, 30, Mombasa)***

#### **Children:**

For those who had taken their children to hospital recently, coughs, stomachache and diarrhoea were the most common problems that were suffered. Most respondents claimed to have taken their children to Coast General Hospital. A few who had to be admitted because of diarrhoea paid Ksh. 540. This compliments the reasons given for going to Coast General being that the doctors here were the best especially for children's' problems.

It is also important to note that Mombasa respondents took their children suffering from epilepsy and fits to Coast General Hospital as opposed to their Kilifi counterparts who would treat them traditionally as they believed that it was not an illness that could be treated by modern medicine. The amount paid for this treatment is Ksh 500 for inpatient services (inclusive drugs) This is an indication that Mombasa residents would use health care facilities more than Kilifi residents who hold strong traditional beliefs.

***“I had taken a kid of my sister who has a disease of falling. I took the kid to Coast General. He was treated and given medicine but even before we left the hospital he had started falling again and the doctor said that he should be admitted. He was admitted for three days and now he is o.k and goes for treatment to the clinic by himself.” (Female, 30, C2, Mombasa)***

In Kilifi a few respondents claimed to have gone to private doctors. Doctor Apondo was one of the doctors seen for children suffering from colds and the total amount paid to him was Ksh. 750.

Respondents who had gone to private clinics like Bethsheba (in Mombasa) paid Ksh. 300 for treatment of stomach and diarrhoea.

Otherwise most respondents seem to be using Coast Provincial General Hospital for treatment especially children and females. This could imply that the doctors here are very good in problems affecting women and children as was claimed by the respondents in the focus groups. Another reason for this is that it is cheap and since most women are probably financially supported by their husbands then they would prefer going to cheaper health care facilities. On the other hand men are more in-charge of how household income is spent since in most cases they tend to be the head of household and would therefore use their income for the best services.

Respondents said that they first get medicine over the counter from shops or chemists when they have a minor health problem such as a headache, cold and flu, or coughs. However, when the symptoms persist they seek health care from hospitals or traditional healers.

Most respondents seek healthcare from the available health care facilities.

### 4.1.3 Health care facilities last visited

#### Quantitative findings

The table below shows a summary of the health care facilities respondents visited last

**Table 12 (Q. 4bvi): Health care facilities last visited**

|                                 | TOTAL | AREA    |        |       | GENDER |         | SOCIAL ECONOMIC GROUP |     |     |     |    |
|---------------------------------|-------|---------|--------|-------|--------|---------|-----------------------|-----|-----|-----|----|
|                                 |       | Mombasa | Kilifi | Kwale | Males  | Females | AB                    | C1  | C2  | D   | E  |
| <b>Total respondents</b>        | 1000  | 524     | 227    | 249   | 500    | 500     | 25                    | 236 | 374 | 300 | 65 |
| <b>Percentages</b>              | %     | %       | %      | %     | %      | %       | %                     | %   | %   | %   | %  |
| <b>Government hospitals</b>     | 36    | 32      | 39     | 43    | 35     | 37      | 16                    | 31  | 37  | 44  | 46 |
| Coast General hospital          | 11    | 18      | 5      | 2     | 6      | 10      | -                     | 8   | 9   | 9   | 2  |
| Msambweni                       | 6     | 1       | n      | 24    | 6      | 4       | -                     | 2   | 6   | 6   | 9  |
| Kilifi Hospital                 | 7     | n       | 30     | n     | 3      | 4       | 4                     | 1   | 3   | 6   | 6  |
| <b>Mission Hospitals</b>        | 2     | 2       | 6      | 1     | 2      | 2       | 4                     | 3   | 3   | 2   | 3  |
| Kikambara                       | 1     | -       | 3      | -     | 1      | 1       | -                     | -   | 1   | n   | 2  |
| St Luke's                       | 1     | -       | 3      | -     | 1      | 1       | -                     | -   | 1   | 1   | -  |
| Catholic Clinic                 | n     | n       | n      | n     | n      | n       | -                     | n   | n   | -   | 2  |
| <b>Private Hospitals</b>        | 13    | 22      | 4      | 2     | 15     | 11      | 36                    | 19  | 14  | 7   | 3  |
| Pandya                          | 1     | 2       | -      | -     | 1      | 1       | -                     | 3   | n   | n   | -  |
| Aga Khan                        | 1     | 1       | n      | -     | n      | 1       | 12                    | 1   | -   | -   | -  |
| Mombasa Hospital                | 1     | 2       | -      | -     | 1      | 1       | -                     | 2   | 1   | -   | -  |
| Bakarani                        | 2     | 4       | -      | -     | 3      | 2       | 4                     | 3   | 2   | 1   | -  |
| Makupa Nursing                  | 1     | 1       | -      | -     |        |         |                       |     |     |     |    |
| <b>Company Dispensary</b>       | 2     | 3       | 1      | -     | 2      | 2       | -                     | 3   | 2   | 1   | 3  |
| KPA Dispensary                  | 1     | 2       | -      | n     | 1      | 2       | -                     | 3   | 2   | -   | -  |
| <b>Private Doctor/clinic</b>    | 21    | 25      | 20     | 13    | 20     | 22      | 28                    | 25  | 19  | 18  | 15 |
| Pwani clinic                    | n     | n       | 1      | -     | n      | n       | -                     | -   | 1   | n   | -  |
| Bakarani                        | n     | 1       | -      | -     | n      | 1       | -                     | 1   | 1   | 1   | -  |
| Mkamani clinic                  | n     | 2       | -      | -     | 1      | 1       | -                     | 1   | 1   | 1   | -  |
| <b>Government dispensary</b>    | 13    | 2       | 13     | 18    | 11     | 11      | -                     | 6   | 11  | 15  | 17 |
| Mariakani                       | 3     | -       | 11     | n     | 2      | 3       | -                     | 1   | 3   | 2   | 8  |
| Vipingo                         | 2     | -       | 7      | -     | 1      | 2       | -                     | 1   | 1   | 13  | 2  |
| Kikoneni                        | 2     | -       | -      | 6     | 1      | 2       | -                     | 1   | 1   | 3   | 2  |
| <b>Community Health workers</b> | 1     |         |        |       |        |         |                       |     |     |     |    |
| Bamako Comm. worker             | n     |         |        |       |        |         |                       |     |     |     |    |
| <b>Traditional healer</b>       | -     | -       | -      | -     | -      | -       | -                     | -   | -   | -   | -  |

**Government hospitals**

Generally, government hospitals were the most last visited with 325 of the total respondents claiming to have gone there. As can be observed from table 12 above, the government hospitals were visited in regards to whether they were near/in the respondents' area of residence. Coast Provincial General Hospital was visited mostly by respondents from Mombasa, Msabweni hospital by Kwale respondents and Kilifi hospital by respondents from Kilifi.

C1 and C2 social economic group respondents are seen to be the ones who visited Coast Provincial General Hospital last more than the other sub groups. AB social economic groups had not visited this health care facility at all in their last visit.

**Government Dispensary**

A few Kilifi respondents claimed to have visited government facilities. Mariakani and Vipingo dispensaries were the health care facilities in these category that were visited by these respondents. Otherwise these facilities were not popular among the respondents.

**Private hospitals**

Most respondents had not gone to these health care facilities in their last visit. However, a few AB social class respondents claimed to have used visited private hospitals in their last visit.

**Others**

The other health care facilities were hardly visited by the respondents. Very few respondents (21%) had gone to private doctors and clinics in their last visit. However, there was no particular clinic or doctor that had a significant number of respondents visiting them.

Since most of the respondents were not even aware of the mission hospitals in the area, no one had been to these health care facilities.

All respondents claimed that they had not gone to the traditional healers for treatment in their last visit.

## Reasons for the choice of health care facility visited last

### Quantitative findings

The table below shows a summary of the reasons given by respondents for choosing the health care facility visited last.

**Table 13 (Q.8a): Reasons for the choice of health care facility visited last by self**

|                               | TOTAL | AREA    |        |       | GENDER |         | SOCIAL ECONOMIC GROUP |     |     |     |    |
|-------------------------------|-------|---------|--------|-------|--------|---------|-----------------------|-----|-----|-----|----|
|                               |       | Mombasa | Kilifi | Kwale | Males  | Females | AB                    | C1  | C2  | D   | E  |
| <b>Total respondents</b>      | 1000  | 524     | 227    | 249   | 500    | 500     | 25                    | 236 | 374 | 300 | 65 |
| Effective treatment           | 30    | 5       | 1      | 3     | 3      | 4       | 12                    | 4   | 3   | 3   | 3  |
| Referred by a doctor          | 30    | 3       | 4      | 3     | 2      | 4       | -                     | 2   | 4   | 2   | 5  |
| Offer right medication        | 20    | 2       | 2      | 3     | 3      | 1       | -                     | 3   | 1   | 3   | -  |
| To see someone                | 20    | 4       | -      | n     | 2      | 2       | -                     | 5   | 2   | 1   | -  |
| Better service were available | 20    | 2       | n      | 2     | 2      | 2       | -                     | 5   | 2   | 1   | -  |

As can be observed from the table above, effective treatment and doctor referral are the most important factors that are used to determine where one will go for treatment. This is an important factor especially among the social economic group AB.

As was mentioned in the focus groups, a good number of patients are normally referred to the hospitals they go to especially Coast Provincial General Hospital. This is ranked second and is an indication that some health care facilities are not well equipped to handle certain medical cases. As a result these facilities refer their patients to higher health care facilities.

Other important reasons cited for choosing a specific health care facility are right medication and good services.

## Health care provider they use specifically

### **Qualitative findings**

In the qualitative research phase, respondents were asked where they go for treatment when they experience different ailments.

### **Traditional Healers/ Herbs**

In Kilifi, respondents said that people tend to go to traditional healers when they get ailments like fainting, epilepsy, and convulsions in children. They also use traditional herbs. *Muarubaini* (Neem tree) is an example of traditional medicine used by some respondents in Kilifi to treat Malaria.

***“Muarubaini is used by many people because it can treat many diseases.”  
(Males, 30+, C2, Kilifi)***

Apart from the fact that it treats malaria, it is also easily available and is cheaper than drugs, hence its use.

Whilst undergoing treatment some would combine it with prayers. This is believed to quicken one's recovery. On the other hand should the treatment used fail then prayers would act as a backup

For some particular diseases (e.g. epilepsy and fits) especially in children traditional medicine is sought. Epilepsy, fainting and fits are diseases that are treated traditionally. Traditional treatment involves taking traditional herbs or seeking advice from witch doctors. Some would approach the latter even before seeking for modern medicine.

***“Anything considered evil spirit especially affecting children like epilepsy”  
(Female, D, Kilifi when asked what ailment is mostly taken to the witch doctors)***

### **Government hospitals**

In Mombasa, Coast Provincial General Hospital came out as the most favourite health care facility especially for treatment of children's ailments, as they felt it had more experienced and qualified health care providers for children's ailments than other facilities. It was therefore a frequented and preferred hospital for children especially for those who reside near it. Otherwise those who live far from the hospital prefer to take their children to government hospitals in their areas.

A few respondents mentioned Port Reitz as one of the government hospitals that had been used for psychiatric treatment but it was a not a popular hospital.

### **Pharmacy/chemist**

Most respondents said they would first buy medicine from the shops or chemists especially if it is not a serious ailment like headaches, colds and flu.

Over the counter medicine is also administered as a first aid for relieving pain and fever among children. However, due to their delicate nature, medical attention is sought as soon as possible from the nearest health care facility when the medicine bought over the counter does not relieve the pain or discomfort.

Generally people would go to a hospital when over the counter medicine does not help especially those in Mombasa as compared to Kilifi where traditional medicine is used in most cases even before going to a hospital. In remote areas, respondents said people rely more on traditional herbs than to go to hospital. Respondents also felt that medical care was quite expensive for most people and as such they would prefer using over the counter medicine or the free traditional herbs that are easily available.

***“You could be nursing someone at home and consult the local medicine men. People normally consult the medicine men before taking a patient to hospital.” (Females, D, Kilifi)***

***“If the sickness does not look serious, we first buy medicine and if it gets worse or persists then we go to hospital.” (Females, C2, 30+ Mombasa)***

Though government hospitals are generally perceived to be of low standard in terms of services rendered, they are still popular among most people because of their qualified doctors and the cheap services they give to their patients.

Respondents from all social economic groups go to government hospitals for treatment. The most preferred government hospital is Coast Provincial General Hospital, as it is perceived to have quality staff, affordable services, and good treatment for children..

Private hospitals were not as popular among the respondents in the quantitative survey. However in the focus groups respondents claimed to be using private clinics and or doctors. This was so especially among the males who said they use private clinics/doctors more than government hospitals because of their better services (short waiting time and friendly staff).

Though traditional healers were mentioned in the qualitative surveys in Mombasa and Kilifi but mostly in Kilifi, they had a very low mention in the quantitative survey. This could be because of the nature of focus groups that encourages respondents to talk freely and to give a better insight of the subject in discussion.

The most utilized health care facilities are the government hospitals.

## 4.2 Factors affecting choice of health care facility

In the qualitative research various reasons were given by respondents which they claimed to use when choosing a health care facility.

### **Cost:**

The most important factor considered by the respondents when choosing a health care facility is the cost of the service. Credit facilities and flexibility on the charges were said to facilitate this such that the patients can negotiate with the doctors the amount of money they are able to pay.

***“Sometimes one is forced to go to a given Health care facility because of lack of money.” (Male, C2, 30+, Kilifi)***

Though for the majority cost was an important factor, for some the cost was incomparable to health. They felt that health is more important than money.

***“Money is not a big issue as regards healthcare. In the general hospitals people die in the queues so people would rather spend on health and get well.”(Male,2, 30+, Kilifi)***

Though from the quantitative data most of the respondents from Kilifi seem to be seeking traditional health care more than formal health care, qualitative research revealed that there are a few who would go to hospitals and as seen from the above quote some do not really mind paying much for their health care services.

### **Quality Services:**

Services provided in the hospital have to meet the patients' needs. Quality services are important as patients remember the kind of treatment they were given the last time they visited a particular hospital, and revisit the same place if the service was satisfactory. This would give them the assurance that good care will be given to them to enhance their quick recovery contrary to deteriorating their health due to carelessness from the hospital staff or lack of expertise.

### **Qualified Staff:**

Quality service from qualified staff and professional doctors was another factor that was said to attract people for treatment in a hospital. While it is good to have qualified staff attending to the patients, it is equally important for the staff to create a rapport with the patients such that the relationship between the two is a friendly one.

For some respondents the hospital staff would also influence one's choice of a particular health care facility. This was important to the respondents particularly for children.

***“I also look at the staff. They should be friendly and gentle especially when it comes to children.” (Male,C1, 20-30, Mombasa)***

***“Availability of a variety of doctors in a hospital like Coast general Hospital instead of going to the private hospitals that do not have the different types of doctors.” (Female,C2, Mombasa)***

### **Waiting Time:**

Others choose a hospital because of the time it takes for them to be seen by the doctor. If the staff in a particular hospital are relaxed and reluctant to serve the patients then such a hospital would not be favoured

***“One may also choose depending on how long it takes to be attended to. You could go to either a private hospital or to a medicineman. They are quicker than big hospitals.” (Female, D, Kilifi)***

The waiting time should be as short as possible as patients tend to lack patience as they wait to see a doctor. If they are made to wait for so long it gives them a very bad impression of the health care facility as they would feel that the hospital staff do not care about the patients.

### **Cleanliness:**

One of the many attributes that gives a hospital a good name is cleanliness of the facility and equipment and hence patients look for this when choosing a health care facility. Most of the public hospitals were said to be dirty and patients would rather go to a clean hospital, if they have the money.

### **In-patient Services:**

In -patient facilities are also important as they would enable patients who are seriously ill to be under the constant care of the doctors and nurses. Hospitals without such services (mostly private) inconvenience those who are required to be admitted as they are forced to look for another hospital with such facilities.

### **Accessibility**

Easy accessibility to the hospital was said to be an important factor especially for delivery and emergency cases. Therefore the location of the hospital has to be in a place where one would not have to travel for long to get there or which lacks public means of taking the patient there.

***“ I consider the nearness of the hospital.” (Female, C2, 30+ Mombasa)***

**Reputation:**

People would also go to well-known hospitals that have a good reputation. This came out as an important factor as respondents claimed to go to such hospitals despite the fact that they were not easily accessible.

**Patients' Confidentiality:**

Respondents were quick to point out that they have a right to their privacy when undergoing treatment. They therefore felt that it is the responsibility of the staff in the health facility to ensure that the patients have their confidence and assurance on this. This is important especially when a patient is suffering from a terminal disease and does not wish for anyone to know; even the family members. Such a patient would not have to worry about information of his/her illness leaking out if the health facility he/she is visiting keep patients' information as confidential.

**Medical Cover:**

The medical cover one has also determines the health care facility one will visit. At times one is given a choice of health care facilities to go to while in other cases there is restriction as to the health facility one is allowed to be treated from. The kind of cover will also affect the choice one has especially if the cover allows for one to produce an identification card at the suggested health care facility or if the requirement is for one to go to a health care facility using his/her money that will be reimbursed later on submission of receipts as proof.

In the focus groups most respondents prefer going to health care facilities that are near their residential areas. The cost is also an important factor that determines where one would seek medical care. Respondents go to Coast Provincial General Hospital not because they prefer it to other hospitals but mainly because their services are cheap.

They would also go for facilities with good treatment and specialized doctors or professionals. Other reasons given include; adequate facilities, availability of drugs, friendly staff, quick services and cleanliness among others.

### **4.3 What they do when suffering from specific ailments**

In this section, respondents' care seeking behaviour was sought to find out how they seek treatment for the different illnesses they suffer from. In this respect, the five most common health problems suffered in the community are discussed below.

#### **Malaria:**

78% of the respondents interviewed said they had suffered from malaria in the past. *Malaria* being one of the most prevalent diseases suffered, medical assistance is sought by most of those who suffer from malaria. The Government hospital is the most frequented facility for treatment of this illness. 53% of the total respondents said they visit the government hospital. Some (43%) out of the total respondents would visit Private hospitals while only 12% would visit a private doctor or clinic.

Most respondents from social economic group AB (50%) said they preferred going to a private hospital and none of them said they would go to a government hospital for treatment of malaria. However, those from the lower social economic group who suffer from malaria claimed to go to the government hospital for treatment.

#### **Cough/flu common cold:**

36% of the total respondents who claimed to suffer from common colds said they go to government hospitals while 35% buy drugs from local drug sellers and 29% would buy drugs from a pharmacy or chemist. Very few would go to a Company dispensary or private doctor when suffering from common cold. There is no significant difference between those who go to the Government hospital and those who buy drugs. This could be because it is not a serious problem and hence one can easily buy drugs over the counter and self-administer.

#### **Diarrhoea:**

Most respondents claimed to visit (52%) a government hospital when suffering from diarrhoea. 32% of them said they visit a company dispensary, while 25% visit a private doctor or clinic. Some respondents (20%) opted to buy drugs from a local drug seller or visit a private hospital.

#### **Backache**

40% of all those who suffer from backaches visit the Government hospitals. 22% seek medical attention from private doctors and clinics while 18% and 12% buy drugs from pharmacy/chemist or from a local drug seller.

While more males (44%) who suffer from backaches than females (36%) seek medical attention from government hospitals, more females (30%) than males (23%) visit private doctors or clinics.

## **Where they go for Ante-natal, Post-natal and Delivery care**

### **Ante Natal :**

For those who live near the Coast provincial general hospital their preference for antenatal care is at this hospital. This is required of them if they want to deliver in the same hospital. Most of them preferred to deliver here hence went for the antenatal clinics in this hospital. This hospital is also preferred by women from Kilifi for this service. This is because they feel it is the best for such services and it is the cheapest, despite the staff being rude and unfriendly.

### **Delivery:**

As mentioned above those living near Coast General Hospital would deliver at the hospital. However this is not the case for most. Some Mombasa residents said they prefer going to private hospitals as they find Coast General hospital very dirty and lacking in good care. They prefer going to private hospitals such as Mary Immaculate hospital (Mission hospital) where one is charged Ksh 1,500 for a normal delivery and a stay for two days. Most of the small private hospitals do not offer caesarian services. This is a major disadvantage considering that anything can happen in the delivery room that will call for an operation.

A few claimed to go to Aga Khan & Pandya hospitals because these facilities were said to be quite expensive.

***“We do go but you know they are more expensive since they are more expensive. They charge Ksh 20,000 to 30,000. So we would rather go to cheap ones that charge around Ksh 2,000 to 3,000.” (Females, C2, 30+ Mombasa when asked whether they go to Aga Khan or Pandya hospitals.***

Otherwise those living far from Coast provincial general hospital would go to other government hospitals near them.

Those in Kilifi said they preferred going to private hospitals such as *Njiri* and *Msenangu* because the government hospital in Kilifi is dirty. They also disliked the way expectant mothers were treated; they were expected to tidy up after delivery and are not provided with all the necessities for delivery.

***“Sometimes if you don’t have linen, you deliver on your sweater, rest for a while then you are asked to leave. You clean your blood.”(Female, D, Kilifi )***

### **Post Natal:**

Most respondents confessed that they do not go for this service as they felt it was not very important. They would only go for a checkup if there was any cause for alarm. For the few who would go, they would visit the Government hospitals such as Coast provincial general hospital because they are cheap. Another reason given as to why post-natal care is not taken seriously is lack of encouragement from the nurses/doctors after delivery.

**Child Welfare:**

Since this service is free at the Government hospitals most of the respondents claimed to go here. Most said they go to Coast general hospital as it was believed to have the best doctors for children.

**“Good doctors” (Female, 30+, C2 Mombasa when asked why they like taking their children to Coast General Hospital)**

**Family Planning:**

For those who live in Mombasa family planning services are mainly sought at the Coast provincial general Hospital. Respondents from Kilifi said they go to private clinics for these services.

## 5. WILLINGNESS AND ABILITY TO PAY

In this section, respondents' experience with payment for health care services was sought in order to understand their sensitivity to price.

### 5.1 What services respondents paid for the last time they visited a health care facility

**Base:** All visiting Health care facility for treatment – 342

**Table 18 (Q.20) Expenses incurred last time went to a health care facility**

| Services                       | Total | Area    |        |       | Gender |        | Social economic group |    |     |    |    |
|--------------------------------|-------|---------|--------|-------|--------|--------|-----------------------|----|-----|----|----|
|                                |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1 | C2  | D  | E  |
| <b>Base</b>                    | 342   | 168     | 83     | 91    | 168    | 174    | 8                     | 81 | 134 | 94 | 25 |
| <b>Percentages</b>             | %     | %       | %      | %     | %      | %      | %                     | %  | %   | %  | %  |
| Transport to get there         | 94    | 93      | 94     | 93    | 95     | 93     | 100                   | 91 | 96  | 91 | 92 |
| Drugs                          | 79    | 74      | 88     | 79    | 85     | 73     | 88                    | 77 | 78  | 78 | 92 |
|                                |       |         |        |       |        |        |                       |    |     |    |    |
| Injections                     | 62    | 54      | 70     | 71    | 66     | 59     | 88                    | 54 | 61  | 67 | 68 |
| Card                           | 29    | 43      | 20     | 9     | 30     | 27     | 38                    | 33 | 30  | 27 | 12 |
| Laboratory tests               | 24    | 23      | 31     | 18    | 21     | 26     | 25                    | 21 | 23  | 22 | 40 |
| Supplies(Syringes, gloves etc) | 11    | 6       | 8      | 23    | 10     | 12     | -                     | 9  | 10  | 15 | 12 |
| Overnight                      | 4     | 4       | 5      | 3     | 4      | 4      | -                     | 4  | 5   | 3  | 4  |
| X-ray                          | 2     | 3       | -      | 2     | 3      | 1      | -                     | 5  | 1   | 1  | -  |

Most respondents spent on transport and this is seen to have been the case across the different sub groups. Drugs are the second most expense that was incurred by the respondents. More Respondents from Kilifi spent on drugs ((88%) than in Mombasa (74%) and Kwale (79%).

Generally, drugs and transport are seen to be the major contributors to health care costs incurred by the respondents.

**Table 18 (Q.17): Average amount paid for different services**

| Services            | Total | Area (Mean) |        |       | Social Economic Group (Mean) |     |      |     |     | Income Bracket (Mean) |          |           |            |             |             |
|---------------------|-------|-------------|--------|-------|------------------------------|-----|------|-----|-----|-----------------------|----------|-----------|------------|-------------|-------------|
|                     |       | Mbs         | Kilifi | Kwale | AB                           | C1  | C2   | D   | E   | 301-500               | 501-1000 | 1001-5000 | 5001-10000 | 10001-15000 | Above 15000 |
| Blood transfusions  | 530   | 900         | -      | 160   | -                            | 900 | -    | -   | 160 | -                     | 160      | -         | -          | 900         | -           |
| Drugs               | 397   | 480         | 411    | 229   | 586                          | 456 | 430  | 328 | 240 | 244                   | 200      | 359       | 412        | 481         | -           |
| Stitches            | 255   | 20          | 333    |       |                              | 200 | 400  | 210 |     |                       |          | 210       |            |             | 300         |
| Blood tests         | 75    | 101         | 39     | 30    | 150                          | 57  | 124  | 40  | 20  | 100                   | 45       | 42        | 113        | 72          | 86          |
| Injections          | 113   | 142         | 120    | 63    | 150                          | 156 | 112  | 96  | 51  | 40                    | 44       | 97        | 131        | 123         | 139         |
| Wound dressing      | 106   | 180         | 90     | 80    | -                            | -   | 153  | 20  | 50  | -                     | -        | 35        | 130        | 200         | -           |
| X- Ray              | 294   | 350         | -      | 200   | -                            | 375 | 175  | 250 | 250 | -                     | 250      | 100       | 433        | 150         | -           |
| Intravenous fluids  | 183   | 350         | -      | 16    | -                            | -   | -    | 183 | -   | -                     | -        | 16        | 350        | -           | -           |
| Operation           | 1167  | -           | 1167   | -     | -                            | 300 | 3000 | -   | 200 | -                     | -        | 200       | -          | -           | 1650        |
| One night admission | 150   | 100         | 200    | -     | -                            | 100 | -    | 200 | -   | -                     | -        | 200       | -          | -           | -           |
| Stool test          | 39    | 40          | 43     | 30    | -                            | 10  | 52   | 30  | -   | -                     | -        | 33        | 40         | 50          | -           |

The table above shows that drugs are the highest contributors to health care costs among all the respondents. However Mombasa has the highest average amount paid for drugs compared to Kilifi and Kwale. This is probably because more respondents in Mombasa are visiting private facilities where drugs are more expensive as compared to those in Kwale who are visiting government hospital more where drugs are much cheaper.

Respondents in the AB and C1 social economic group spent more on drugs than the others presumably because they are visiting private facilities more.

The other service paid for is blood transfusions which is highest in Mombasa and this could be as a result of accidents in this area as opposed to the other areas where respondents did not pay for this service at all (Kilifi) or paid less (Kwale).

## 5.2 What respondents are willing to pay for health care services

In the qualitative survey, respondents opinion about paying for health care facilities There was a willingness among some of the respondents to pay more for medical services if the increase will be reflected by a significant change in quality of services. They said they would not mind paying more if they are given effective drugs for their ailments and also if the waiting time is short so that the services are faster than they are at the moment. Most of the Kilifi respondents were quoting Ksh 50-100 as a reasonable charge for a visit to a health care facility while the Mombasa respondents thought Ksh 250-500 would be fair. These quotations were for getting the card, consultation and drugs.

A few respondents begged to differ on this. Female respondents in Kilifi for example, are not willing to pay more for health care facilities at the Coast General Hospital. Their reason being their lack of confidence in the hospital for better services. They indeed would prefer going to a private hospital instead. It seems the impression they have on Coast General Hospital is a very negative one and they cannot imagine it being a better hospital than what they know it to be.

***I went to Coast General Hospital paid and did not get well. Only when I went to Njiri did I get well. Therefore the first payment was not fair. ( Female, D Kilifi)***

***Sometimes you pay first only to be told there are no drugs. So it's wiser to go to a private hospital though its slightly more expensive. (Female, D Kilifi)***

Though they felt strongly about this, some of these respondents noted that the Government could not afford to offer free health care services because of the hard economic conditions the country is facing.

Some respondents felt that poor quality of services in public hospitals was brought about by lack of commitment of staff. They felt that allowing government staff to run their own private clinics resulted in this. Such staff would therefore not treat patients as required of them hoping that the same patients would go to their clinics where they are assured of quality services. They claimed that some government doctors refer patients to their private clinics.

### 5.3 Opinion of overall cost for health care services

Most respondents felt that the most important measure for price was whether or not one got well. If one got well after treatment then the money used for treatment was well spent.

***“Even if they take alot of money but my patient gets well ,I don’t mind. You cannot compare money to life.” ( Male, 20-30, C1 Mombasa )***

***“For the sake of health one has to sacrifice.” (Male, 20-30, C1 Mombasa )***

***‘Money is not a big issue as regards healthcare. In the public hospitals people die in the queues so people would rather spend on health and get well.’ (Male, C2, 30+, Kilifi)***

They also felt that treatment of common diseases such as malaria, colds and coughs should have low prices due to the nature of drugs used which were perceived to be cheap.

Others felt that the money they pay for health care facilities goes down the drain if they do not get well after treatment. This is the feeling when a patient pays for the treatment beforehand and then gets no medicine because they are unavailable as they are forced to buy the drugs from elsewhere.

***I went to Coast general paid and did not get well, only when I went to Njiri did I get well. Therefore the first payment was not fair. (Females, D, Kilifi)***

***“Sometimes you pay first only to be told there are no drugs. So its wiser to go to a private hospital though its slightly more expensive.”(Females, 30+, C2, Mombasa)***

#### 5.4 Source of money for paying for health care services

In the focus groups most of the respondents said they did not save up money for health care.

***Keeping money spare for medical expenses is a foreign idea which I will have to get used to. Culturally we have never been keeping money.  
( Male, 30+, C2 ,Kilifi )***

They would therefore get the money from different sources depending on the nature of the bill.

##### **Small bills:**

For hospital bills that are not colossal, they would use their salaries and wages to clear the bills.

For some respondents the employer pays the bill and deductions are made in small amounts from their salary or wages. Some are lucky to have their employer pay for their medical bills as part of their employment package such that nothing is deducted from their salaries.

Since not respondents have medical covers loans are used to cover one's medical bills. When one does not get such loans then they would turn to their relatives, friends and neighbors and then pay them back later.

As for the females in merry-go-round kitties they would approach them for financial assistance and repay the amount given to them with minimal interest.

A few will save for emergencies and use this money to pay for health care.

##### **Large bills:**

For large medical bills, title deeds and or car log books are used as security to get medical services. These documents are recovered upon payment of the bills.

Not all own the above documents that can be used as security. Hence the need to identify other sources of money that can clear large bills. Respondents said they would also use loans from the SACCO, some from their employers. Others would also get emergency loans from their cooperative society and /or women groups while others would borrow from ethnic welfare societies.

When it is impossible to get loans, then one would opt to sell their farm produce or house hold goods to raise money for the hospital bill. Raising money through fundraising from friends, relatives and well wishers is another way that respondents identified they would use to clear colossal bills but this also depends on one's ability to attract well wishers who have the funds..

In the quantitative research most organization employees and those who are self employed said they pay for their healthcare services from their own income. This is true for those whose household income per month is between Ksh 1001-10,000 as opposed to those whose income is Ksh 501-1,000 who rely mostly on relatives for their healthcare services.

Kwale residents rely mostly on their income to settle medical bills as compared to their counterparts in Mombasa and Kilifi. Given that most of the respondents in the two towns are employed they could be enjoying medical cover and thus few would depend on their income. Most of the Kwale respondents are not employed. A few of the ones who are self-employed with small-scale businesses would therefore rely on their income. The rest would have to depend on relatives and or friends to help them in defraying medical bills.

## 6. COMMUNITY PERCEPTION OF COAST GENERAL HOSPITAL

The aim is to understand the communities' attitude towards the hospital and the services it offers. Respondents with experience with the hospital in the past were specifically interviewed.

### 6.1 Whether has ever been to Coast Provincial General hospital

Out of the total respondents 64% said they had been to this hospital. These were mainly from Mombasa (78%). There was no big difference across the social economic groups.

### 6.2 Reasons for going to Coast Provincial General Hospital

The table below shows the reasons given by the respondents for visiting Coast general hospital

**Table 19 Q. 67b Reasons for going to coast provincial general hospital**

| REASONS                                                                                  | TOTAL | AREA    |        |       | GENDER |        | SOCIAL ECONOMIC GROUP |     |     |     |    |
|------------------------------------------------------------------------------------------|-------|---------|--------|-------|--------|--------|-----------------------|-----|-----|-----|----|
|                                                                                          |       | Mombasa | Kilifi | Kwale | Male   | Female | AB                    | C1  | C2  | D   | E  |
| Base: All who have ever been to Coast Provincial Hospital                                | 643   | 411     | 129    | 103   | 320    | 323    | 18                    | 175 | 248 | 176 | 26 |
| Percentages                                                                              | %     | %       | %      | %     | %      | %      | %                     | %   | %   | %   | %  |
| To see a medical person for yourself for treatment                                       | 52    | 58      | 43     | 43    | 47     | 58     | 61                    | 55  | 53  | 49  | 38 |
| To take someone in your household to see a doctor or nurse or other medical professional | 14    | 13      | 12     | 24    | 17     | 12     | 11                    | 17  | 11  | 18  | 12 |
| To visit someone you know who was a patient at the hospital                              | 33    | 29      | 38     | 45    | 38     | 29     | 22                    | 33  | 33  | 35  | 46 |

Most respondents who claimed to have gone to this health care facility had gone to seek medical attention.

Most of the respondents who had gone to see a medical person were suffering from Malaria. Mombasa had the most cases of malaria (42%) while in Kilifi the percentage of those who had gone for malaria treatment was 24% and 27% in Kwale.

The other reason that was given for going to this hospital was child birth, accident & wounds, diarrhoea and typhoid but this had low percentages.

Malaria and child birth had higher percentages than other illnesses among recent users of the hospital. (56%) of those who had visited the hospital in the last three months were suffering from malaria.

**Whether has ever been admitted in coast provincial general hospital**

31% of those who had gone to see a medical person said they had been admitted to the hospital to stay overnight

**Value for money Vs treatment received:**

Based on all who had ever been admitted to Coast General Hospital , most of the respondents felt that the services given to them were *good* value for their money. Respondents who felt this were mainly from Kwale (63%). The feeling was the same across the different ages and gender.

However, while 50% of the AB, C1 and E Social economic groups felt the same about the above statement, a less percentage; 33% and 36% of Social Economic Group C2 and D respectively did not feel the same. Majority of these respondents could not rate the services they received while hospitalized.

While a few Mombasa respondents rated the services as *very good* value for money (39%), a relatively larger percentage from Kilifi (44%) and Kwale (63%) rated the services as being *fairly good* value for money. This is because most of those who had ever been admitted to this Health Care Facility were mainly from Mombasa.

Most of the respondents who had visited the hospital in the last three months thought the services they received were *fairly good* value for their money as compared to those who had visited the facility in more than 3 months ago who felt that the services were *very good* value for their money.

Those who had visited the hospital in a long time could remember the services as being *very good*. This was the feeling for those who had visited the hospital most recently as they thought there were some improvements.

***They were good. The food was good and they give a variety for different days. They also give the patients fruits. (Females, C2, 30+, Mombasa who had visited the hospital in November 1998)***

A few respondents thought the services were neither good nor poor value for money.

### **6.3 Opinion on price paid**

Most of the respondents especially those from Mombasa and Kwale thought the cost was about the right price. Those who did not think so felt the price was fair enough.

60% of the employed respondents thought the cost was about the right price while 46% of those employed thought the same.

The cost was fairly expensive for most (67%) of those who were earning Ksh 501-1000. However for those who were earning Ksh 1001 and above felt the cost was about the right price. This was true to most of them save for those who earned 5001-10,000. Some of the respondents in this group felt that the cost was fairly expensive and the others felt that it was fairly cheap.

### **6.4 Opinion on the quality of services:**

Most of the respondents who said they were *very satisfied* with the services were those from Mombasa and Kwale. The feeling was the same across the different Social economic groups. In Kilifi slightly more of the respondents were fairly satisfied with the services.

For those who had visited the hospital in the last 3 months, most of them were *very satisfied*. There seemed to be an improvement as more of those who had visited in the last 3 months were very satisfied as compared to those who had been there in more than a year ago.

### **Whether would consider being admitted in the hospital again:**

Generally most of the respondents said they would consider the hospital if there was need for admission. 86% of those who had been admitted to the hospital in the last three months and 94% of those who had been in the hospital in more than three months ago felt the same.

### **6.5 Likes about services received:**

Some of the few things the respondents liked were the friendly and qualified staff, proper attention from the doctors, quick services and the good care given to patients. They also liked the fact that it was cheap.

Those who had been at the hospital recently felt the same.

### **6.6 Dislikes about services received:**

Most respondents did not like the congestion in the wards. They also mentioned the poor quality of food. Some respondents felt the wards were not clean and that the staff were rude to patients.

There seemed to be some improvement from what the recent users of the hospital felt. Most of them had nothing they disliked; for example 50% of those who had been at the hospital in less than three months ago had nothing they disliked about the services as compared to 31% of those who had been to the hospital in more than 3 months ago

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## 6.7 Respondents perception of Coast Provincial General Hospital

### Qualitative findings

#### Positive opinion:

In general the hospital is perceived to have qualified and experienced staff who are even seen working in the private hospitals. Their professionalism makes it possible for the hospital's different medical areas to have specific specialists. Because of this, it is also used as a referral hospital especially for other districts in the Coast. The hospital also sell their drugs at a cheaper price than private hospitals.

The respondents noticed a few changes that had taken place in the hospital ; It does not smell as it used to, they have better beds in the maternity ward than the ones they had before and there also seemed to be administrative changes as some foreigners had taken over and were very professional and attentive to the patients. All the changes were seen to be for the better of the hospital. For some the improvements were thought to be funded from outside.

***'There has been some improvement on cleanliness even in the mortuary because the maintenance is done by GTZ. The walls are now painted and the maternity is now cleaner.'* ( Females, 30+, C2, Mombasa)**

#### Negative opinion:

Most of the respondents complained of the long waiting time.

***'It takes 2 to 3 hours just to get a card. So it might even take longer to see a doctor.'* ( Male C1, 20-30, Mombasa)**

This was felt to be a very serious problem at the hospital because some patients opt to go home without treatment. Casualty department was felt to have the worst services in this hospital as respondents claimed that one can wait forever as the staff here are not bothered with patients. They shamelessly read the papers as patients wait in vain to be attended to. Some of the staff are rude and would demand bribes to serve patients!

Still on the services, the staff were said to favour referral patients to those who visit the hospital on their own. Respondents felt that this was very unfair as they expected to be treated the same. They also mentioned that ordinary people were treated badly, worse than those in district hospitals. They however blamed the poor service on the low pay given to the workers, which made them feel demoralized.

***'I had taken a patient at night for delivery and when I came back the next morning I was shocked because the nurses were not concerned about her or the crying baby.'* ( Male C1, 20-30, Mombasa)**

Another negative aspect was in the drugs, which were not always available. This was said to inconvenience the patients as they have to go and buy expensively from private chemists.

While most said they go to coast general provincial hospital for delivery, they did not think they had the best maternity services. They admitted that they went here not out of choice but mainly because it was cheap as they could not afford private hospitals.

***“I think the services at Coast General Hospital and other Government hospitals are poor and this results to death of infants.” (Males, 20-30, C1, Mombasa)***

***“People go there because it is cheap. Otherwise it has its own problems.”  
( Females, D, Kilifi,)***

Due to poor sanitation and lack of mosquito nets in the wards, respondents expressed their concern on the risk of contacting other diseases.

Kilifi district hospital is perceived to be better than Coast General Hospital by some Kilifi respondents especially because the waiting time in the latter is short.

***“I have had people say that Kilifi district hospital is better than Coast general hospital because they are treated quickly.” (Male, C2, 30+ Kilifi)***

## 6.8 Respondents Perception of Coast General Hospital Staff

Most respondents thought negatively of the staff in terms of the way they provide services to patients. Most of them found the staff to be rude and quite unfriendly. The staff were also said to have an element of favourism whereby they would give patients preferential treatment according to how they knew them.

***“No. They are very good at helping their friends and relatives to jump the queue so that those who came early end up being treated last.”(Females, 30+ C2, Mombasa when asked whether the staff do their work well.)***

They also lacked seriousness in their professional ethics as they did not keep patients' medical records confidential as is expected of them.

Most of the staff did not seem happy with their work and respondents attributed this to poor working conditions for example they lacked enough medical supplies to attend patients.

The staff in Kilifi District hospital were perceived to be better than those at Coast General Hospital. This was the feeling among respondents mainly from Kilifi.

***Its true those nurses at Coast are so rude as compared to the ones of Kilifi District Hospital. (Males, 30+, C2 Kilifi)***

The staff are also perceived to be corrupt as they accept bribes from patients so as to give them quick and better services.

***‘Sometimes you want to do things fast and you are behind the long queue. Then you may just bribe the askari on the line so that you may be taken inside.’( Male, 30+, C2, Mombasa)***

A few respondents felt that the staff at Coast General Hospital are the best in the area. They gave a few reasons as to why they felt this way:

- The staff has a lot of experience given the variety of cases they treat.
- One would find the same staff working in private hospitals
- It has professional doctors.

In terms of staff qualifications and experience, Coast General Hospital are thought to be the best in the area because they treat a variety of cases and are also seen working at private hospitals in Mombasa.

## Opinion of services offered at Coast Provincial General Hospital

### Qualitative findings

#### Out patient service

These services had more negative opinions from the respondents than positive. Both respondents who had visited the hospital recently and those who had visited it a long time ago felt that the facility was congested.

There also seemed to be no difference at the pace at which patients were being attended to over time. This is because patients who had visited the hospital in less than three months ago; and in more than three months ago felt that the waiting time was still long. Most of the respondents from Mombasa shared the same feeling. This could be because the staff are reluctant to attend to the patients.

***"They just sit there and read newspapers. They do not care about the patients.."(Males,30+, C2, Mombasa)***

***"You can go there in the morning and leave in the evening. You really wait for so long before you are attended by the doctor."(Females, 30+, C2 Mombasa)***

A few respondents thought that the staff were friendly and helpful and that the services were efficient. Otherwise the out-patient services were generally thought to be of low quality by majority of the respondents.

#### Reception area

It seems the AB and C1 respondents were being treated differently by the receptionists as they felt they were a bit friendly. This was contrary to the way the lower class respondents felt as they did not find the receptionists friendly. Probably they were being treated differently.

***"The outpatient part is very bad. If they know you are a rich person, they will attend to you very fast, but if you are poor they will even let you die in the queue." (Male,30+, C2, Mombasa)***

The receptionists are not smart and clean according to most of the respondents and neither is the reception area. There seemed to be no one to man the reception most of the time the respondents were there and this makes the place crowded. Congestion at the reception area was also said to be brought about by the slow pace at which they serve patients.

However there seemed to be some slight improvement as most of the respondents who had visited the hospital in less than three months ago said the reception was good.

**X-ray department**

Generally the respondents thought that this department was well equipped. This was mentioned by respondents from Kwale. For those who had visited the hospital recently also said that the department was well equipped and this seemed to be an improvement as compared to the respondents who had visited the hospital a long time ago.

The staff in this department was also thought to perform their duties well .

**Injection room**

This room was thought to be fairly good. More respondents from Mombasa had a negative opinion of the room as compared to those from Kwale and Kilifi. Few respondents thought the room had a clean environment but most of them did not think they had sterilized equipment and facilities.

There however seems to be some improvement as few respondents who visited the hospital recently thought of the room negatively. Could be their services had improved as is reflected in the last row.

**Laboratory services**

The hospital was thought to have good laboratory services by most respondents and there was no difference on this opinion across the different respondents' sub groups. Their positive opinions were more than the negative ones.

They thought that the hospital had good and quick laboratory services and adequate facilities too. This seemed to have improved with time as there was significant difference among the respondents who had visited the hospital at different times. The recent users of the hospital found the services to be good as compared to those who had used the hospital in more than a year ago.

**Occupational therapy department**

Most of the respondents did not have anything to say about this department. This could be probably because they rarely use services from this department given the type of services offered in this department.

Most respondents in E social economic group did not give their opinion as compared to the other Social economic groups. This implies that most of them have never been to this department.

### **Physiotherapy department**

This was another department that the respondents did not seem to be familiar with. Most of them had no opinion and this was so across all the respondents in the different sub groups.

### **Maternity department**

Most respondents had a negative opinion on the maternity services at this hospital. They mostly complained of congestion, patients sharing beds and lack of cleanliness. A few complained about staff harassing patients, rude staff and lack of water. They thought that the male midwives are better than their female counterparts.

***“Those in maternity really frustrate those women who are about to give birth. At times instead of attending to them they are usually reading newspapers.”(Females, C2, 30+ Mombasa)***

***“ At the Coast General Hospital, the maternity does not have water ( Male, 20-30, C1, Mombasa)***

***“ They expect mothers who have just delivered to fetch their own food. If you cannot move from your bed, tough luck.” (Female, D, Kilifi)***

A few respondents mentioned a few positive things about maternity services offered in this hospital. Current users of the hospital said that there was good treatment given by qualified staff. They also felt that this department had enough doctors.

### **Child welfare department**

Some respondents; majority from Kilifi (80%) could not comment on this department as they were not familiar with it. This also applied to majority of the males due to the fact that more females than males would visit this department than males.

The few respondents who were familiar with this department felt that the services offered were good especially the female respondents as they were regular visitors to this particular departments compared to their male counterparts.

This statement also applies to the Mombasa respondents more than those from Kilifi. They felt that children were taken good care of by the staff whom they thought were qualified for this department.

## Dental department

This was another department that was not frequented by most of the respondents and hence very few could say anything about it.

## Pharmacy

Majority of the respondents had a negative attitude towards the pharmacy department. The main negative point that came out among most of them (regardless their demographic status) was the supply of drugs which they felt was in-adequate. As a result of this patients were forced to buy medicine elsewhere.

There was a slight difference on this point among the ABs and E social economic group whose percentage was low compared to the other social economic groups. This could be because the of the corruption (that was mentioned by a few) among the staff who give some patients medicine such that such patients have no difficulty in getting medicine whether there is a shortage or not.

In the qualitative research a few respondents felt that the pharmacy was improving gradually.

***“Medicine is now available.” ( Female,C2, 30+ Mombasa)***

There seemed to be no difference as such as most of the respondents who claimed to have visited the hospital recently had the same view on supply of drugs. 38% of those who had visited the hospital in the last 3 months as compared to 19% of those who had visited the hospital a year ago felt that the pharmacy had in-adequate supply of drugs. They also mentioned that patients were being forced to buy drugs elsewhere.

## Eye unit

This was a department that many respondents had not visited and hence the percentage of those who had no opinion was very high. However the few AB and C1 social economic group respondents who had visited it thought of it more positively than negatively. They felt that the department had specialized doctors with good and up to date facilities. This was the feeling among those who had visited it recently.

## 6.9 Other better hospitals or clinics than coast provincial hospital

The respondents mentioned three main hospitals that they thought were better than Coast Provincial Hospital. These were; Pandya, Aga Khan and Mombasa Hospital.

The table below shows the respondents preference to other hospitals other than coast provincial general hospital.

**Table 20 Q. 73b Other better hospitals or clinics than coast provincial general hospital**

| Hospitals                                     | Total | Area (%) |        |       | Gender |        | Social economic group (%) |     |     |    |    | Household income per month |           |             |                 |
|-----------------------------------------------|-------|----------|--------|-------|--------|--------|---------------------------|-----|-----|----|----|----------------------------|-----------|-------------|-----------------|
|                                               |       | Mbs      | Kilifi | Kwale | Male   | Female | AB                        | C1  | C2  | D  | E  | 501-1000                   | 1001-5000 | 5001-10,000 | 10,001 - 15,000 |
| Base: all who feel there are better hospitals | 406   | 305      | 55     | 46    | 214    | 192    | 12                        | 140 | 153 | 94 | 7  | 11                         | 96        | 155         | 76              |
| Percentages                                   | %     | %        | %      | %     | %      | %      | %                         | %   | %   | %  | %  | %                          | %         | %           | %               |
| Pandya Memorial                               | 45    | 49       | 24     | 43    | 44     | 45     | 67                        | 46  | 39  | 50 | 43 | 55                         | 41        | 46          | 47              |
| Aga Khan                                      | 40    | 39       | 31     | 52    | 41     | 38     | 67                        | 39  | 37  | 39 | 71 | 45                         | 40        | 39          | 32              |
| Mombasa Hospital                              | 25    | 30       | 7      | 13    | 27     | 23     | 50                        | 31  | 20  | 23 | -  | 27                         | 18        | 28          | 26              |

Most of the respondents from Kwale (52%) preferred Aga Khan to Pandya and Mombasa hospitals. Respondents from Mombasa thought that Pandya memorial Hospital was better than Coast provincial Hospital (49%).

Pandya Memorial and Aga Khan were better hospitals than Coast provincial general hospital for AB social economic group respondents and there was no difference in terms of the percentages between the two hospitals.

The lower social economic group (E) respondents felt that Aga Khan was better than the other two hospitals as compared to Coast General Hospital.

There were differences in the choice of the three hospitals that were thought to be better than Coast Provincial Hospital across the respondents income.

Aga Khan hospital was thought to be better among most of the respondents with a household income above 15,000. This implies that it is an expensive hospital but one that also gives very good services as it was thought to be the best among the high-income earners who are known to go for the best services.

## Why feel hospital is better than coast provincial hospital

Most respondents who felt there were other hospitals that were better than Coast hospital felt this way because the other hospitals were said to be cleaner and gave better treatment. They had adequate facilities, available drugs and offered quick services among other reasons.

## 6.10 Healthcare facility would most like to frequent

The table below shows the different healthcare facilities that respondents said they would most like to use

**Table 21 Q. 47a Health care facility would most like to frequent**

| HOSPITALS                                | TOTAL | AREA (%)   |            |            | GENDER     |            | SOCIAL ECONOMIC GROUP (%) |            |            |            |           | HOUSEHOLD INCOME |            |             |
|------------------------------------------|-------|------------|------------|------------|------------|------------|---------------------------|------------|------------|------------|-----------|------------------|------------|-------------|
|                                          |       | Mbs        | Kilifi     | Kwale      | Male       | Female     | AB                        | C1         | C2         | D          | E         | 501-1000         | 1001-5000  | 5001-10,000 |
| <b>Base: All respondents</b>             | 1000  | <b>524</b> | <b>227</b> | <b>249</b> | <b>500</b> | <b>500</b> | <b>25</b>                 | <b>236</b> | <b>374</b> | <b>300</b> | <b>65</b> | <b>54</b>        | <b>325</b> | <b>331</b>  |
| <b>Percentages</b>                       | %     | %          | %          | %          | %          | %          | %                         | %          | %          | %          | %         | %                | %          | %           |
| <b>Coast provincial general hospital</b> | 27    | 28         | 19         | 10         | 21         | 22         | 12                        | 21         | 22         | 25         | 12        | 26               | 27         | 29          |
| <b>Msambweni district hospital</b>       | 16    | n          | 1          | 59         | 15         | 15         | 4                         | 8          | 15         | 17         | 34        | 39               | 20         | 15          |
| <b>Pandya Memorial</b>                   | 11    | 21         | 4          | 10         | 14         | 14         | 16                        | 22         | 13         | 10         | 12        | 19               | 17         | 8           |
| <b>Kilifi district hospital</b>          | 8     | 1          | 43         | -          | 9          | 11         | 4                         | 4          | 7          | 17         | 20        | 19               | 17         | 8           |
| <b>Aga Khan</b>                          | 5     | 13         | 7          | 5          | 11         | 8          | 28                        | 10         | 13         | 6          | 5         | 2                | 5          | 8           |
| <b>Mombasa Hospital</b>                  | 5     | 11         | n          | n          | 7          | 4          | 20                        | 11         | 6          | 3          | -         | -                | 1          | 7           |

Coast General Hospital remained the favourite hospital that most people would like to visit with 22% of the total respondents interviewed choosing it. Other hospitals that respondents said would like to frequent were Msambweni, Pandya, Kilifi and Aga Khan hospital respectively among other hospitals.

Msambweni is not a favourite among Kilifi and Mombasa residents because it is less accessible but was preferred by Kwale respondents and majority of its clients would be Kwale residents. This could be because it is the nearest health care facility for them.

Pandya hospital is least preferred by Kilifi residents. It is far and quite expensive and this could be the reason as to why these respondents do not prefer it.

Aga Khan is mostly preferred by Mombasa residents especially those in Social Economic Group AB and C1 as they would not find it expensive.

Coast General was also preferred by those who had been there in the last three months and this could imply some improvement in the hospital.

**Why would most like to frequent hospital**

Respondents gave a number of reasons that would make them like to frequent the hospitals mentioned above. Good treatment and cleanliness of the healthcare facility were ranked first among the other reasons given which were; adequate facilities, availability of specialized doctors/professionals and drugs.

Cleanliness and adequate facilities came out as very important among respondents of higher income ( Ksh 5001 and above.)

The cost was not a priority for most of the respondents (when given a choice) as was when asked why they go to a particular hospital ( *Table 46b*). Given that they would be able to afford health care facilities comfortably then they would most likely frequent a health care facility that offered good treatment and that had a clean environment.

## 7. DISCUSSION

The health problems perceived to be common among men and women are the same with no significant difference. Malaria is common to both adults and children under five years. The health problems seem to affect people in all the three areas (Mombasa, Kilifi and Kwale). However the health seeking behaviour in these three areas is quite different with the urban people using modern health care facilities more than rural people who opt for traditional methods.

Most respondents do not go to the hospital immediately they fall sick unless it is a serious illness. The trend is to treat minor ailments such as headaches, cough and colds with over the counter medicine and seeking for medical assistance from the health care facilities near them for major health problems such as malaria. For diagnosis and treatment of STIs, reproductive problems and diseases that require laboratory tests then one would be obliged to go to a health care facility.

The factors that affect choice of healthcare vary among the different social economic groups. Among the social class AB, the most important factor is quality services and good treatment. Cost is an important factor among the lower social classes as they can only afford to go health care facilities with cheap services. The distance from one's area of residence is also important especially among the lower economic social class.

Utilization of health care facilities in Coast was highest for government hospitals. Coast general provincial hospital had the highest mention of awareness. This was the hospital that most respondents claimed to have ever visited and was also the hospital that was visited most across the different sub groups.

The mission hospitals and community workers had a very low mention of awareness and most of the respondents had no experience with these health care facilities. Traditional healers had no mention in the quantitative research but were freely discussed in the focus groups.

Despite the low opinion people have on government hospitals, Coast Provincial General Hospital is a very important health care facility with more than a third of the people in Mombasa visiting the hospital and those outside the district treating it as referral hospital. More women than men visit this hospital as most men prefer going to private doctors and hospitals

## 8. CONCLUSIONS

- Malaria came out as a major disease in the three areas, (Mombasa Kilifi and Kwale). Though most people seek for treatment in the various health care facilities that are found in the area most of the Kilifi respondents use traditional methods to treat it. *Muarubaini* is the main traditional herb used not only for malaria but also for different ailments as it is believed to have the ability to treat many other diseases.
- Among the children epilepsy was strongly discussed in the focus groups. Specifically the Mombasa respondents seek treatment for this disease from Coast Provincial general hospital. In Kilifi, this disease is believed to be treated through traditional methods whereby a small ritual is performed.
- There is a need to have AIDS campaigns in this area as it was felt that the disease was not being given much attention. Respondents would also like to have educational programs on general health care specifically on hygiene. For the youth, counseling programs on reproductive health.
- Coast Provincial General Hospital has professional staff, and reasonable charges for its services but is not seen to offer quality service. Most respondents are willing to pay more for health care services if the quality of service is improved.
- The Aga Khan hospital is visited mostly by the higher income groups while Pandya hospital is mostly visited by middle income groups. Mombasa hospital is not as popular as these two hospitals.

## **9. APPENDIX**

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**DISCUSSION GUIDE FOR FOCUS GROUP DISCUSSION**

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**QUESTIONNAIRE FOR QUANTITATIVE RESEARCH**

**APPENDIX III**

**LIST OF DISEASES AND HOW THEY WERE CODED**

