The unmet health needs and health priorities of the urban poor: Generating the evidence-base for urban community health worker programs in South Africa.

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BACKGROUND

✓ WHO’s workforce 2030 global health strategy aims for quality health workforces that are available, accessible and acceptable no matter people’s socio-economic class or gender
✓ Community health workers (CHW) are an essential component of the strategy
✓ In Africa, most CHW programs are disease oriented, with focus on maternal and child health, tuberculosis, HIV or malaria

METHODS

✓ Cross sectional geographical weighted random sample survey to determine the unmet health needs of a community
✓ Survey was performed in Diepsloot, Johannesburg, SA, a poor, densely populated township with ~136,289 people living in formal and informal housing. Health care is provided by 3 local primary care clinics, private doctors and traditional healers
✓ All consented adult households members underwent a questionnaire and a home-based health assessment
✓ The comparison between groups was done with T-test for means, Wilcoxon rank-sum test for medians and chi-square for proportions

RESULTS

✓ Between May, 2013 and March 2015, the survey team visited 2006 randomly selected GPS points.
✓ Of the eligible households, 1231 were enrolled

Fig 1: Geographical distribution of the 1231 participating households

Participant characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>671</td>
<td>55%</td>
</tr>
<tr>
<td>Male</td>
<td>559</td>
<td>45%</td>
</tr>
<tr>
<td>Median age (IQR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>975</td>
<td>60%</td>
</tr>
<tr>
<td>Other African country</td>
<td>242</td>
<td>20%</td>
</tr>
<tr>
<td>Has current partner</td>
<td>916</td>
<td>75%</td>
</tr>
<tr>
<td>Employed</td>
<td>525</td>
<td>43%</td>
</tr>
<tr>
<td>Median time living in Diepsloot (IQR)</td>
<td>8 years (3-13)</td>
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Health and health seeking behaviors

✓ 80% of women and 46% of men reported never drinking alcohol
✓ Men were more likely to smoke than women (43% vs 5%)
✓ Physical activity was low, with 70% not having any physical activity in the past week
✓ Health seeking behavior (visit to clinic in past year) was higher in women than men (70% vs 44%)
✓ Most participants (85%) were satisfied with the care they received; common reasons for dissatisfaction were long waiting times (42%), poor quality of care (33%) and rude clinic staff (12%)
✓ Common self reported health conditions were:
  ✓ HIV 10%
  ✓ Hypertension 11%

Unmet health needs:

✓ Almost half of participants were either obese (23%) or overweight (25%) with women more likely to be obese or overweight than men
✓ One in four men and women (28% and 24%) were hypertensive
✓ Almost one in four (23%) had symptoms of depression
✓ Three in ten women had unmet family planning needs and only one in three women had ever had a pap smear

Violence was highly prevalent

✓ Violence at home was experienced more often among women than men (68% vs 17%, p=<0.001)
✓ Men were likely than women to experience violence at a public place (83% vs 32%, p=<0.001)

Health Priorities and Concerns:

✓ Participants were asked to list the top health concerns for themselves, their partner and their children
✓ For women, HIV is the main health concern for their partner (35% of women)
✓ Crime, safety, violence and abuse were the top health concerns for their children, according to both men (60%) and women (62%)

Figure 2: Self-reported health concerns among 514 men and 604 women

CONCLUSIONS

✓ Smoking (among men) and low levels of physical activity (among men and women) contribute to the poor health of the community
✓ Non communicable chronic diseases (overweight, obesity and hypertension) and depression pose important, unmet health needs in this urban informal settlement in South Africa
✓ Crime, safety and violence/abuse were reported as the main health concerns by Diepsloot residents for themselves, their partner and their children
✓ Future work should evaluate the role of CHWs to screen for HIV, hypertension, and overweight, as well as to deliver health information particularly among men who are harder to reach as they rarely visit primary care clinics

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