
RURAL HEALTHCARE CHALLENGES IN BIKITA DISTRICT OF MASVINGO PROVINCE, ZIMBABWE

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ABSTRACT

The main aim of the paper is to examine the rural healthcare challenges in Bikita district of Masvingo province, Zimbabwe. A total of 150 questionnaires were administered to collect data from the residents of the district. Four structured interviews were conducted with senior nurses in the district in order to supplement the data from the questionnaire responses. It emerged from the research that healthcare challenges in Bikita district are multifaceted. They range from inadequacy of human and material health care resources, transport problems to long distances travelled by patients to access medical care. Based on the findings, a number of recommendations were suggested to mitigate the impact of the challenges.

Key Words :Rural healthcare, Bikita, Healthcare challenges, Zimbabwe and National Health Insurance

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INTRODUCTION

Healthcare as used in this paper refers to the prevention, diagnosis and treatment of disease and injury including financing and allocation of resources. Healthcare problems in developing countries are multifaceted and result from a combination of factors (Chudi 2010: 10). According to Chudi (2010: 10), the factors that lead to healthcare problems in developing countries include; socio- cultural, economic, political as well as poor planning and/or poor implementation of health policies and programmes. The healthcare problems of developing countries are much worse in the rural areas. Numerous researchers (Montgomery, 2009; World Health Organization, 2008 and Chazireni and Harmse, 2013) have confirmed that, in developing countries in particular, urban areas have better health conditions compared to their rural counterparts. Zimbabwe, a developing country in Southern Africa, currently faces numerous rural healthcare challenges. Bikita is a district in the rural area of Zimbabwe. The current article examines the nature of rural healthcare challenges experienced in Bikita district in Masvingo province of Zimbabwe.

STUDY AREA

Bikita is a rural district located in the south eastern part of the Zimbabwe. The district is located 100 km east of Masvingo City. The mean annual rainfall is about 750 mm and rainfall is received between November and April (summer). The mean temperature is 19^0 c with mean maximum and minimum temperature of 26.0^0 c and 12.8^0 c respectively (Mugabe *et al.*, 2008). Bikita is one of the driest districts in Masvingo Province (Musanga, 2009: 22). According to ZIMSTAT (2012: 2), the population of Bikita is about 162 356. Administratively, rural districts of Zimbabwe are separated from the rural ones. For example there is Harare urban district and Harare rural district, Gweru urban district and Gweru rural district and so on. According to the Ministry of Health and Child Welfare (2004), urban district is combined with the surrounding rural area and become one district. Figure 1 shows the location of the district in Zimbabwe



Figure 1: Administrative of Zimbabwe (Source: Adapted from Ministry of Health and Child Welfare, 2004)

METHODOLOGY

To ensure that data collected was representative of the whole of Bikita District, questionnaires were distributed to all the 30 wards in the district. It was however not possible to engage everyone in the ward so a sample of 5 respondents was chosen for each ward. Simple random sampling was used to locate the respondents in each ward. People's identity numbers available at the district administrator's office were entered into Microsoft Spread Sheet and simple random sampling applied. Since there are 30 wards in the district, a total of 150 respondents were chosen to complete the questionnaires. The questionnaires were distributed through the ward counselors to the chosen respondents.

To supplement data from questionnaires, structured interviews were conducted with four senior nurses in the district. Some purposive sampling technique was applied in this regard since the choice of who to interview depended on the researchers. Health professionals with a wealth of experience were selected to respond to the interview questions. A senior nurse was chosen from each of the four hospitals in the district. The senior nurses have once worked at some of the clinics in the district before relocating to the hospitals.

RESULTS AND DISCUSSION

A number of health care challenges were pointed out to be affecting rural health care in Bikita district. From the questionnaire responses, the following health challenges were cited: Health personnel shortages, Shortage of essential medicines, long distances to the nearest health centre, Transport challenges, shortage of hospital facilities for admitted patients. The responses are presented in Figure 2. It is evident from Figure 2 that health personnel shortages and shortage of essential medicines were the leading healthcare challenges in Bikita district. There were 138 respondents who indicated health personnel shortages and 141 who indicated shortage of essential medicines respectively. It is also depicted in Figure 2 that there other several healthcare challenges in Bikita district. The challenges are, according to the questionnaire responses, have less impact. The respondents that mentioned them ranged from 78 to 85 which implies that they are considered to be challenges that have more or less the same impact. The healthcare challenges and number of respondents given in brackets are long distances to the nearest health centre (85), transport challenges (83), shortage of essential materials and equipment (80) and inability of patients to pay the medical bills (78).

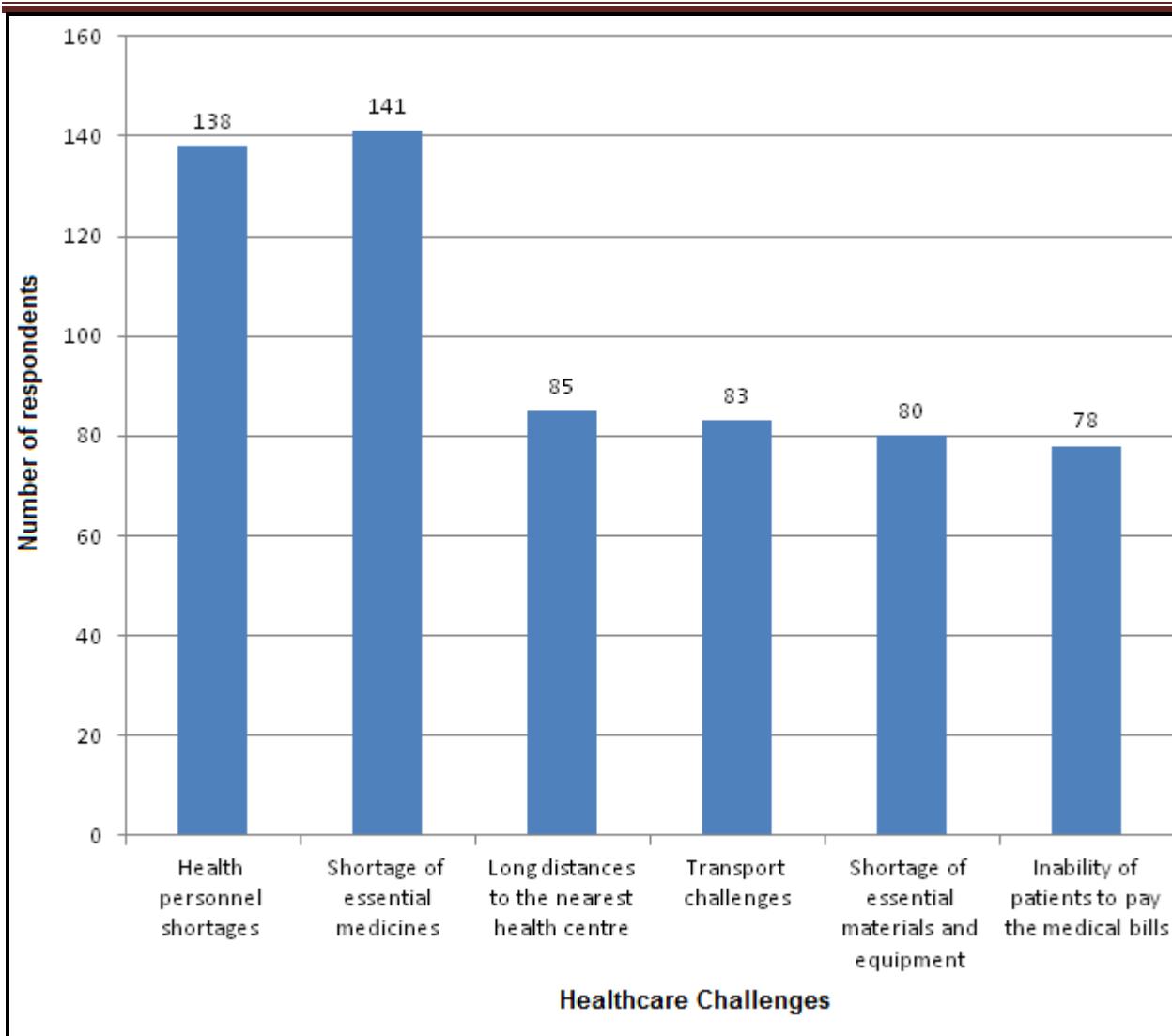


Figure 2: Healthcare challenges in Bikita District (Source: Field generated data, 22-08-2014)

The interview responses did not deviate much from the questionnaire responses. All the senior nurses concurred that health personnel shortages and shortage of essential medicines are the leading healthcare challenges in the district. The senior nurses indicated that appropriate drugs are normally out of stock to treat some ailments and under such circumstances they normally resort to pain killers or advise the patient to go buy from pharmaceutical shops. The senior nurses also indicated that shortage of human and material resources is a major challenge in the healthcare system of Bikita district. Two senior nurses indicated that due to shortage of nurses, nurse aides often work as nurses in some clinics. Healthcare challenges mentioned in the questionnaire responses such as long distances to the nearest health centre, transport challenges,

shortage of materials and equipment and inability of patients to pay the medical bills also emerged during the interviews. On transport challenge, however, the senior nurses added that such transport does not only affect the movement of patients but even the movement of health personnel during outreach programmes.

RECOMMENDATIONS

From the foregoing discussion it is recommended that:

More healthcare centres should be constructed in Bikita district so that the distance that the patients move to access health services becomes reduced.

A subsidized National Health Insurance Programme be introduced in Zimbabwe and particularly for people residing in the rural districts. This recommendation is in line with Chazireni and Harmse's (2013) view that Zimbabwe needs such an insurance scheme and that the poor and the old in the rural districts should be assisted or subsidized to join the scheme. The National Health Insurance Programme would reduce the problem of patients being turned away from healthcare centres due to their inability to pay the medical bills.

The government should supply more ambulances for use particularly in the rural districts such as Bikita. This would ease up the transport problem being experienced by patients. Mobile clinics can be useful as it is easier for the service to be moved to where patients stay rather than to wait for many people to travel the long distances to the healthcare centre.

The central government should prioritise health expenditure in the national budget. This would then enable the government to acquire enough health resources such as the essential medicines, health personnel and facilities and equipment.

CONCLUSION

In conclusion, the healthcare problems in Bikita district are multifaceted and result from a combination of factors. The major healthcare challenges that were identified in this research are: health personnel shortages, shortage of essential medicines, long distances to the nearest health centre, transport challenges, shortage of essential materials and equipment and inability of pay medical bills. A critical analysis of the findings of this study suggests that current health service delivery in Bikita district leaves much room for improvement. Numerous recommendations were made for the improvement of the healthcare system of Bikita district. If the recommendations are taken on board there should be improvement in healthcare delivery system in Bikita district.

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