PERSPECTIVES ON HEALTHCARE, CHRONIC NONCOMMUNICABLE DISEASE AND HEALTHWORLDS IN AN URBAN AND RURAL SETTING

Abstract

Background: This study is located within a complex network of paradigmatical methodological, and institutional relationships, and draws concepts from a range of scholastic traditions. The hermeneutical tradition within Sociology, particularly as exemplified in the work of Jurgen Habermas, provides a starting point for exploring and interpreting the experiences of chronic illness and healthcare access. The concept of the lifeworld/ healthworld as a description of the complex of health beliefs and behaviours of individuals in relation to the ailing body is used to describe chronic illness and healthcare access, both as lived experience and as fields for public health intervention.

Aim: To understand how women living with chronic illness experience their illness and access healthcare in an urban and rural context.

Methods: This study is a mixed-methods comparative case study of the healthcare access experiences of women with chronic illness in an urban and rural area in South Africa. The core of the study methodology is a comparative qualitative case study, with quantitative methods serving to contextualise the findings. The urban component of the study was conducted in Birth to Twenty (Bt20), a birth cohort study located in Johannesburg-Soweto. The rural component of the study was conducted in Agincourt, a sub-district of the Bushbuckridge district in Mpumalanga Province. The quantitative context for the Soweto case study uses secondary data collected by Bt20 to construct a

historical overview of the use of formal and informal healthcare services in Soweto. It also uses the findings of a large scale cross sectional survey of the primary caregivers of the Bt20 cohort, conducted between November 2008 and June 2010. The rural case study is contextualised by a detailed review of research conducted in the Agincourt sub-district. For the qualitative case studies I employed a qualitative methodology incorporating serial narrative interviews to present an experience-based overview of concepts of disease causation, self treatment and coping.

Results: The cross-sectional survey describes a low resource population with a high prevalence of chronic noncommunicable disease (NCDs). Over one third (37.3%) of the population in Soweto could be categorised as having a low socio-economic status, defined as access to only one or less of 5 socio-economic items. Slightly over half the respondents in Soweto (50.7%) reported having at least one chronic illness. Only around a third (33.3%) of the survey participants with chronic illnesses reported accessing formal healthcare services in the last 6 months. Similar trends were found in the review of research carried out in Agincourt. The qualitative case study in Soweto is characterised by a preoccupation with how the medicine from the clinic interacts with the body. The search for alternative remedies took place not as an attempt to cure disease, but to reach a deeper understanding of the diseased state of the body. The Agincourt qualitative case study highlights the importance of church membership, particularly of African Christian Churches, as the strongest factor motivating against the open use of traditional medicine. In both study sites there is evidence that traditional healers were consulted for social purposes rather than health-related purposes.

Discussion: Soweto and Agincourt share similar patterns of healthcare utilisation and healthcare belief. Both study sites were characterised by increasing trends in formalisation. At the same time, only a small portion of individuals in both study sites with chronic illness utilised formal healthcare services. A consideration of the findings suggests five broad themes for further research: (1) Processes of constructing body narratives; (2) Encounters with purposive-rational systems; (3) Encounters with traditional medicine; (4) Encounters with contemporary informal medicine; and (5) Religion and healthcare. These five themes constitute the beginning of a comprehensive map of the lifeworld/ healthworld schema. Such a schema has implications for healthcare policy and practice, particularly with regard to the development of integrative paradigms in South Africa as exemplified by Community Oriented Primary Care (COPC).

Conclusion: The aims and objectives of the study were met through the development of an initial lifeworld/ healthworld schema, which suggests that the coexistence of diverse public healthcare concerns of high NCD prevalence and low formal healthcare utilisation is best addressed through the adoption of integrated healthcare approaches based on lifeworld/ healthworld rationalistion.

Keywords: Hermeneutics; Sociology; Habermas; chronic noncommunicable disease; healthcare access; healthworld; mixed-methods; comparative case study; body narratives; public health discourse; South Africa