

# **WOMEN'S AND MEN'S ACCESS TO THE PRIVATE HEALTH FACILITIES FOR CHILD HEALTH CARE SERVICES IN IGANGA DISTRICT, UGANDA**

**BY**

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## **ABSTRACT**

A number of studies indicate that in most sub-Saharan African countries women and men seek child health care services more from the private health facilities than the public facilities. The studies further state that the private health sector cares for a wide distribution of people irrespective of their socio-economic status including the poor, women, and rural population. Thus, this study raised and investigated some of the following questions: Since accessing the private health facilities requires user-fees, do women and men have the ability to pay for the services? What kind of child healthcare services are women and men seeking from the private facilities? Given that child health care is a responsibility of women more than men, are the private facilities sensitive and responsive to gender concerns that influence their (women's) access to the facilities? Using the theory of neoliberalism and the capabilities approach this study examined women's and men's access to the private health facilities for child healthcare services. Methodologically, the study used both qualitative and quantitative methods of data collection and analysis. It was carried out in a rural setting in the two sub-counties of Iganga districts. Data was collected from households, key informants and FGDs. Findings confirm that indeed a lot of women and men irrespective of their socioeconomic status access the private health facilities for curative child healthcare services more than the public facilities. The services mostly included treatment of malaria, infections, diarrhea, skin diseases, and fever, among others. The facilities accessed are informal in nature such as clinics, pharmacies and drug-shops. The reasons for accessing the facilities included their proximity, availability of staff and supplies, quality of services, and generally, the facilities worked within the affordable means of the clients. Though not deliberately gender sensitive, these facilities exercised flexibility when they accept partial payments or offer services commensurate to the amount of money a client had. This flexibility was possible because the clients and the service providers often knew each other since they all lived in the same locality. There were also challenges such as not everyone could afford to pay for the services, services being limited to basic curative care, quality of services being poor, facilities being established mostly in trading centres, and though services appeared to be accommodative of the clients' financial situation they were not out of gender consideration. Conclusively, though neoliberal policies led to the proliferation of the private health facilities, and hence their role not to be disputed, men's and women's capabilities to access child health care services is limited largely to informal facilities. Though the facilities operate within the affordable means of the clients, control mechanisms have to be put in place to regulate the informal facilities to ensure that clients are not exploited and the services accessed generally are up to the minimum required standards.