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Determinants of Utilization of Home-Based Care in Kisumu County.

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Abstract

Purpose: To examine the factors influencing the utilization of Home-Based Care in Kisumu Central. It examined the influence of predisposing factors, enabling factors, the environment and Health Behaviors on utilization of Home-Based Care.

Methodology: This was a mixed research design which employed both qualitative and quantitative methods to examine and characterize the elements that impact the use of home-based care. The study samples consist of 120 respondents selected from among home based care users. The data was collected through structured questionnaires that were self-administered to home-based care users. The collected data was quantitative and analyzed using descriptive and statistical tools like SPSS (version27). The findings were displayed in tables. Descriptive statistics, Bivariate correlation and multivariate regression models were utilized to determine the relationship between the independent and dependent variables.

Findings: The study found that predisposing factors, enabling factors, the environment and health behaviors were significant factors influencing the utilization of home-based care in Kisumu Central Sub County with significant p=.000 each.

Unique contribution to theory, practice and policy (recommendations): Theory: The study challenges traditional theories by demonstrating that predisposing factors, enabling factors and the environment are more significant than health behaviors in influencing Home-Based Care utilization. Policymakers should implement strategies that target investments in and support for Home Based Care as a vital component of healthcare delivery, particularly for individuals with chronic illnesses and those requiring personalized and accessible care within their homes.

Keywords: *Home Based Care, Predisposing Factors, Enabling Factors*

Introduction

Home base care programs evolved with a view of helping caregivers with the provision of HIV/AIDS, chronic and palliative conditions care; the reason being health systems being unable to cope with increased demands for care and treatment thus impacting on health services utilization. These home-based care enterprises have developed and differ in the kinds of care and support they offer. Some home-based care services have a focus of majorly providing for psychological, social and nutritional support while others major on primary nursing care. Others provide Anti-retrovirus (ARVs), care for and treat opportunistic diseases, chronic conditions such as tuberculosis and cancer. The home-based care services provided by the government clinics, community health groups, Non-Governmental Organizations (NGOs), are key in assisting people living with chronic conditions, HIV/AIDS and providing care within families (World Health Organization,2009).

Utilization of home-based care is more basic in economically developing countries where a lack of screening, treatment options or financial assistance modifies manageable conditions into long term illnesses. According to the international Agency for Research on cancer, by the year 2030 in economically developing countries 70% of cancer cases will arise, Kenya included. Most cases will advance to un-treatable stage before diagnosis. The elevated AIDS prevalence in these countries will increase mortality, cancer and opportunistic diseases. Global trend of growing disease weight has become noticeable in Kenya, with most of admissions in hospital and deaths associated to Non-communicable diseases (NCD).In reaction the home based care system in Kenya has undertaken a monumental development over the past decade and a half(Hartlee,2017).

Kenya's healthcare system faces various challenges, including resource constraints, understaffing, and overcrowded healthcare facilities. The demand for hospital-based care often surpasses the available resources; leading to long waiting times, compromised quality of care, and increased healthcare costs. Home-based care alleviates pressure on the overburdened healthcare system by offering an alternative care setting, reducing hospital admissions, and optimizing resource utilization. Kenya, like many other low- and middle-income countries, grapples with significant healthcare disparities, with marginalized populations often bearing the brunt of inadequate access to quality healthcare services. Home-based care presents an opportunity to address these inequities by providing tailored, community-based care solutions that reach underserved populations, including those in rural and remote areas, the elderly, and individuals with disabilities.

Kenya's healthcare landscape is characterized by various challenges, including limited access to quality healthcare services, an aging population, and resource constraints. Amidst these challenges, the provision of home-based care emerges as a potential solution to address the unmet healthcare needs of diverse populations across the country (Kenya Healthcare Federation,2021).

A significant proportion of the Kenyan population, particularly those residing in rural and underserved areas, faces barriers to accessing essential healthcare services. Limited infrastructure, long distances to healthcare facilities, and financial constraints contribute to delayed or foregone medical care, exacerbating health disparities and inequities. The lack of accessible healthcare services underscores the need for alternative care delivery models, such as home-based care, to reach populations that are otherwise marginalized or underserved. This study underscores the multifaceted challenges and complexities inherent in the current healthcare landscape. From inadequate access to healthcare services and the rising burden of chronic diseases to fragmented healthcare systems and the challenges faced by family caregivers, there is a compelling imperative to prioritize home-based care as a viable solution to address unmet healthcare needs and improve health outcomes for all Kenyans. Identifying and addressing these challenges through evidence-based research, policy reforms, and strategic investments are essential steps towards building a more inclusive, responsive, and resilient healthcare system in Kenya (Varela,2019).

In the year 2020, those aged 50 + years in Kenya were 5 million persons according to the same report. The increase in the older people's population, increase in per ca pita income and increase in lifestyle related diseases is putting a strain on healthcare system. This is a vulnerable group of people who are prone to chronic diseases that can better be handled by the home-based care facilities at an affordable cost, personalized care and quality care. This study in line with the home based care will focus on predisposing, enabling, environmental and behavioral factors that influence utilization of home based care (Knoema Data Hub,2020).

Statement of the problem

A quarter of the Kenyan population regularly lack access to healthcare. A recent study estimated that nearly 2.6 million people remain poor due to ill health each year.6% gender inequality is prevalent in Kenya's healthcare utilization (Oxfarm,2023). Kenya's healthcare system faces various challenges such as resource constraints, understaffing and overcrowded facilities. For instance, by 2016 the ratio of doctors to the population was 14 doctors per 100,000 population and only 42 nurses per 100.000 respectively against a recommendation of 1:1000 by the WHO for doctors while a ratio of 83:10,000 for nurses (WHO, 2019). However, formal home-based care has not been implemented by MOH instead in place are NGOs, donor funded agencies and religious owned organizations that run throughout Kenya (WHO,2001). The demand for hospital-based care often surpasses the available resources; leading to long waiting times, compromised quality of care, and increased healthcare costs. Kenya, like many other low- and middle-income countries, grapples with significant healthcare disparities, with marginalized populations often bearing the brunt of inadequate access to quality healthcare services. Home-based care presents an opportunity to address these inequities by providing tailored, community-based care solutions that reach underserved populations, including those in rural and remote areas, the elderly, and individuals with disabilities.

Objectives of the study

General objective

The main objective of the study was to assess the factors influencing the utilization of home-Based Care in Kisumu Central Sub County.

Specific Objectives

i. To determine how predisposing factors influence the utilization of health services in Home-Based care in Kisumu Central Sub County.
ii. To determine how enabling factors influence the utilization of health services in Home-Based care in Kisumu Central Sub County.
iii. To determine how the environment influences utilization of health services in Home-Based care in Kisumu Central Sub County.
iv. To determine how health behaviors influence the utilization of health services in Home-Based care in Kisumu Central Sub County.

Home Based Care Utilization

Predisposing Factors

Predisposing factors are the socio-cultural characteristics of individuals that exist prior to falling ill for instance; Social structure, Health beliefs: attitudes, knowledge and Demographic characteristics.

Enabling Factors

Enabling factors are logistical aspects of obtaining care for instance community, personal or family, additional factors are also considered-genetic factors and psychological characteristics.

Theoretical Framework

Under the key social sciences theories, different types of health utilization models are considered in this study. Models of decision-making by individual patients hinged on social research and theory; the health care belief model is hinged on psychological theory, the economic model which addresses the need for medical care and health care, and the behavioral model of health services utilization has directed much of health care services research on access to and utilization of health services (Ann & Andersen, 2014).Health care services utilization is not created by a health condition that might be termed simple but is the determinant after coming up with health care needs which are based on economic socio factors. This forms the basis of health care needs and is significant when some aspects of health care services utilization are determined. In the behavioral model, the patient's demographic or population, economic and socio-structural factors impact health care services utilization with health disease factors (Kim&Munjae, 2016).

The Andersen healthcare utilization model is targeted at proving factors that there are reasons for the utilization of healthcare services. As per this model, utilization of health care services (which include physician visits, hospitalization and oral/dental care) is determined by; enabling, predisposing and need factors as illustrated below in the diagram by Andersen and Newman Framework of health services utilization (Andersen, 1995).

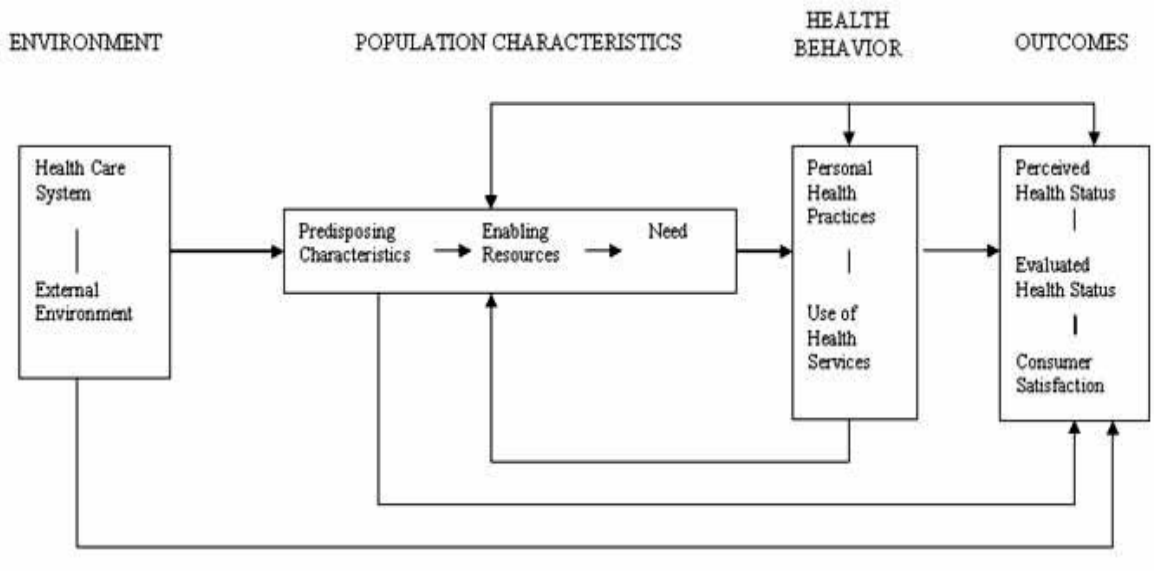

Figure 1: Andersen and Newman Framework of Health Services Utilization.

Predisposing factors-the socio-cultural characteristics of individuals that exist prior to falling ill.

i. Social structure: occupation, education, social networks, ethnicity, culture.
ii. Health beliefs: attitudes, knowledge and values.
iii. Demographic-gender and age.

Enabling factors: These are logistical aspects of obtaining care.

i. Community-available facilities, waiting time and health personnel.
ii. Personal/Family: the means and knowledge of how to access health services, health insurance, income, travel, the extent and quality of social relationships, and the source of care.
iii. Additional factors are also considered-genetic factors and psychological characteristics.

Need factors- These are the most immediate cause of health service use, from health and functional problems that generate the need for health care services." The perceived need will better help us understand care seeking and adherence to the prescribed medical regimen, while evaluated need will be more related closely to the amount and kind of treatment that will be provided after a patient presents to a health care provider." (Andersen, 1995)

Conceptual Framework.

Independent Variable **Dependent Variable**

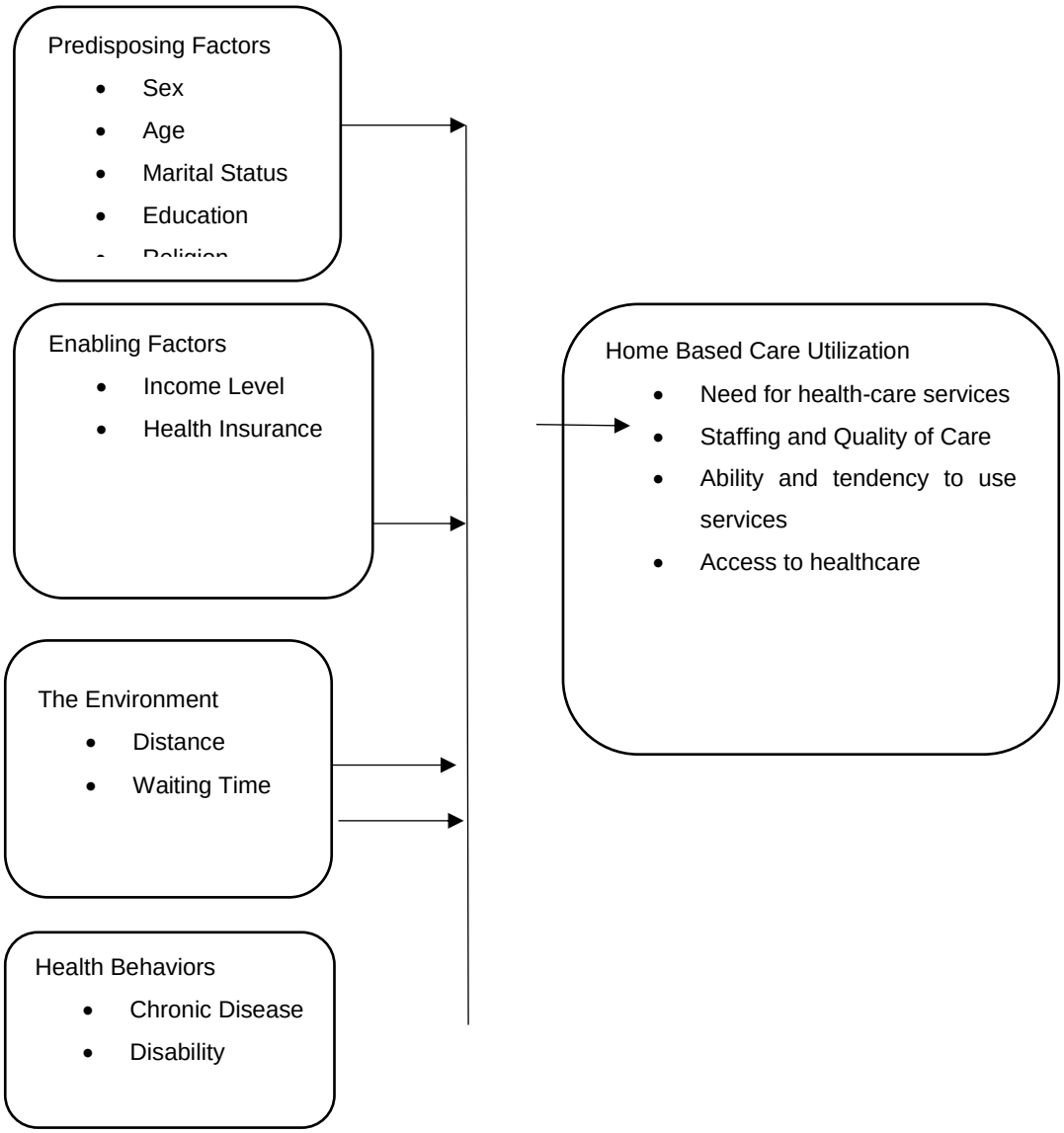

Figure 2: Conceptual Framework

METHODOLOGY

This was a mixed research design which employed both qualitative and quantitative methods to examine and characterize the elements that impact the use of home-based care amenities. Quantitative data was collected via structured questionnaires to obtain information from various home-based care users. This was to enable the collection of data without manipulating the research context where the researcher has no control over variables (Mugenda & Mugenda, 2003). The qualitative aspect of the research used open-ended questions in the form of a Key Informant Interview Guide to collect responses from purposively selected Key Informants.

RESULTS

Predisposing Factors

The study used a questionnaire, the study asked respondents to indicate their agreement level to statements relating to predisposing factors. Chi square results were used to examine the differences between categorical variables from random samples in order to determine the goodness of fit between the observed and expected results. On the other hand, the p values were used to validate a hypothesis against the observed data. The results are presented in Table 1 below;

Table 1: Predisposing factors and utilization of home-based care

		Fr	(%)	Chi-Square	Asymp. Sig.
Gender	male	68	(56.7)	2.133	.144
	female	52	(43.3)		
age band	below than 20 years	6	(5.0)	192.000	.000
	between 21-30 years	6	(5.0)		
	between 31-40 years	6	(5.0)		
	between 41-50 years	18	(15.0)		
	over 50 years	84	(70.0)		
marital status	Single	12	(10.0)	165.417	.000
	Never married	1	(.8)		
	Married	79	(65.8)		
	Separated/Divorced	8	(6.7)		
	Widowed	20	(16.7)		
religion grouping	Christian	102	(85.0)	145.400	.000
	Muslim	14	(11.7)		
	Hindu	4	(3.3)		
Occupation	salaried employee	60	(50.0)	91.200	.000
	self-employed	52	(43.3)		
	student	4	(3.3)		
	child	4	(3.3)		
highest education attained	certificate level	38	(31.7)	84.300	.000
	diploma	38	(31.7)		
	degree	34	(28.3)		
	masters	4	(3.3)		
	Primary student	1	(.8)		
	N/A	5	(4.2)		
personal income band	1-9,999 Kshs	4	(3.3)	98.400	.000
	9,999-99,999 Kshs	70	(58.3)		
	Above 100,000 Kshs	40	(33.3)		
	N/A	6	(5.0)		
household income band	20000 to 99,999 Kshs	49	(40.8)	4.033	.045
	Above 100,000 Kshs	71	(59.2)		
number of family members	1-3	52	(43.3)	75.800	.000
	4-6	55	(45.8)		
	7-10	12	(10.0)		
	more than 10	1	(.8)		
living arrangement among unmarried	alone	3	(2.5)	168.950	.000
	with a child	10	(8.3)		
	with another family member	107	(89.2)		

The results in Table 1 above shows that respondents agreed that predisposing factors influence the utilization of home-based care

Enabling factors

The study used a questionnaire, the study asked respondents to indicate their agreement level to statements relating to enabling factors. Chi square results were used to examine the differences between categorical variables from random samples in order to determine the goodness of fit between the observed and expected results. On the other hand, the p values were used to validate a hypothesis against the observed data. The results are presented in Table 2 below;

Table 2: Enabling Factors and Utilization of Home-Based

	Yes		No		Chi	P value
	Fr	%	Fr	%	Square	
Income						
Have income from any sources than salary	52	43.3	68	56.7	10.80	.001
I have received any social security benefits or disability in the last year	3	2.5	117	97.5	108.30	.000
I have a regular source of income.	51	42.5	69	57.5	112.13	.000
Home based care is affordable to most of the people in need of it in my community.	98	81.7	22	18.3	48.13	.000
My income supports the home-based care I receive	117	97.5	3	2.5	108.30	.000
I receive financial support from family and friends for homebased care	66	55.0	54	45.0	1.200	.273
The rich utilize more home-based healthcare	85	70.8	35	29.2	116.03	.000
Health Insurance						
I am a member of a health insurance (NHIF and any other)	78	65.0	42	35.0	10.80	.001
My health Insurance supports home-based care I receive	52	43.3	68	56.7	10.80	.001
I comfortably pay for my health insurance premiums	75	62.5	44	36.7	8.076	.004
Having insurance plays a positive role in receiving home care health services	78	65.0	42	35.0	10.80	.001
The health insurance pays for all healthcare needs	78	65.0	42	35.0	10.80	.001

The results in Table 2 above shows that respondents agreed that enabling factors influence the utilization of home-based care

Health Behaviors

The study used a questionnaire, the study asked respondents to indicate their agreement level to statements relating to health behaviors. Chi square results were used to examine the differences between categorical variables from random samples in order to determine the goodness of fit between the observed and expected results. On the other hand the p values were used to validate a hypothesis against the observed data. The results are presented in Table 3 below;

Table 3: Health Behavioral Factors to Utilization of Home-Based Care

	Yes		No		Chi	P value
Chronic disease	**Fr**	**%**	**Fr**	**%**	**Square**	
I have a chronic disease.	79	65.8	41	34.2	12.03	.001
Chronic conditions are better managed under homebased care	95	79.2	25	20.8	40.83	.000
Home based care is affordable to most people with a chronic disease in my community.	85	70.8	35	29.2	90.13	.000
My healthcare needs are catered for by the home-based care caregivers	100	83.3	20	16.7	53.33	.000
Those with more than one chronic disease/condition need specialized palliative home based care services.	84	69.8	36	30.2	53.33	.000
Disability						
People with advanced disabilities are managed better under homebased care	90	75.0	30	25.0	30.00	.000
There is stigmatization of the disabled in utilization of hospital services	28	23.3	92	76.7	34.13	.000
Homebased care provides social support for People living with disability	20	16.7	100	83.3	53.33	.000

The results in Table 3 above shows that respondents agreed that the health behaviors influence the utilization of home-based care

The Environment

The study used a questionnaire, the study asked respondents to indicate their agreement level to statements relating to the environment factors. Chi square results were used to examine the differences between categorical variables from random samples in order to determine the goodness of fit between the observed and expected results. On the other hand, the p values were used to validate a hypothesis against the observed data. The results are presented in Table 4 below;

Table 4: The Environment Factors to Utilization of Home-Based Care

	Yes		No		Chi	P value
Distance	**Fr**	**%**	**Fr**	**%**	**Square**	
The home-based care is within reach of many users.	84	70.0	36	30.0	19.20	.000
Users can reach home-based care facilities with ease.	99	82.5	21	17.5	50.70	.000
Users living far away from the home care facilities utilize less of the services.	27	22.5	93	77.5	36.30	.000
Home-based care is accessible to everyone in need of it in my community, no matter the distance.	36	30.0	84	70.0	19.20	.000
The service provider can easily access my home to provide me with services.	95	79.2	25	20.8	40.83	.000
I can easily get means of transport to a home-based facility	95	79.2	25	20.8	40.83	.000
Waiting Time						
The waiting time to receive service is short.	93	77.5	27	22.5	36.30	.000
Shorter waiting times encourage the utilization of home-based care services.	94	78.3	26	21.7	38.53	.000
I receive home based care support as per schedule.	89	74.2	31	25.8	28.03	.000
My doctor/service provider is available around the clock in case of emergencies.	92	76.7	28	23.3	34.13	.000

The results in Table 4 above shows that respondents agreed that the environment influence the utilization of home-based care.

Inferential Statistics

		HBC utilization	Predisposing Factors	Enabling Factors	Health behaviour	Environmental Factors
HBC utilization	Pearson Correlation					
	Sig. (2-tailed)					
Predisposing Factors	Pearson Correlation	.892*				
	Sig. (2-tailed)	.015				
Enabling Factors	Pearson Correlation	.722*	.100			
	Sig. (2-tailed)	.045	.278			
Health behaviour	Pearson Correlation	.637*	-.099	.099		
	Sig. (2-tailed)	.036	.283	.282		
Environmental Factors	Pearson Correlation	.441*	.096	.196*	.072	
	Sig. (2-tailed)	.026	.299	.032	.434	

*. Correlation is significant at the 0.05 level (2-tailed).

There is a strong positive correlation (0.892) between HBC utilization and predisposing factors, and this correlation is statistically significant (p = 0.015). There is a strong positive correlation (0.722) between HBC utilization and enabling factors, and this correlation is statistically significant (p = 0.045). There is a moderate positive correlation (0.637) between HBC utilization and health behavior, and this correlation is statistically significant (p = 0.036). There is a moderate positive correlation (0.441) between HBC utilization and environmental factors, and this correlation is statistically significant (p = 0.026). There is a weak positive correlation (0.099) between enabling factors and health behavior, which is not statistically significant (p = 0.282). HBC utilization has strong, significant correlations with enabling factors (0.722) and health behavior (0.637). HBC utilization has a moderate, significant correlation with environmental factors (0.441). Enabling factors have a weak but significant correlation with environmental factors (0.196). Other correlations between enabling factors and health behavior (0.099) and between health behavior and environmental factors (0.072) are weak and not statistically significant.

Conclusion

Recommendations

Several demographic and socioeconomic factors exhibit significant associations with the reception of HBC services at the three studied Home-Based Care facilities. Understanding these associations can inform targeted interventions and resource allocation to enhance HBC accessibility and effectiveness for different demographic groups. Further research may delve into the underlying reasons for these associations and explore additional factors influencing HBC reception.

The overall positive perceptions and high levels of satisfaction with home-based care services within the community. These findings underscore the importance of continued investment in and support for HBC as a vital component of healthcare delivery, particularly for individuals with chronic illnesses and those requiring personalized and accessible care within their homes. There is an intricate interplay between income sources, financial support networks, health insurance coverage, and perceptions of affordability in accessing home-based care services. Addressing disparities in income and insurance coverage is essential for ensuring equitable access to HBC services and improving health outcomes for all members of the community.

The diverse perceptions regarding the utilization of HBC services for chronic disease management and disability support within the community. Understanding these perceptions is crucial for tailoring HBC programs to meet the unique needs and preferences of individuals with chronic conditions and disabilities, ultimately improving health outcomes and enhancing the quality of life for all members of the community. Further research and targeted interventions may be warranted to address perceived barriers and enhance access to HBC services for vulnerable populations.

Perceptions regarding environmental factors such as accessibility, distance, waiting times, and service availability play a significant role in shaping the utilization of HBC services within the community. Understanding these perceptions is essential for healthcare providers and policymakers to tailor service delivery models and address barriers to access, ultimately enhancing the effectiveness and reach of HBC services for all individuals in need. Further research and targeted interventions may be warranted to address specific concerns and optimize the utilization of HBC services in diverse community settings. Patient perceptions of timeliness and availability of services in home-based care settings play a significant role in shaping their overall experience and satisfaction with care. By prioritizing timely service delivery, ensuring clinician and nurse availability, and maintaining effective communication with patients, healthcare providers can further enhance the quality and effectiveness of home-based care services, ultimately improving patient outcomes and well-being.

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