# Turufe site-specific topic: attitudes to health services

### Female research officer self-designed module

The HP is constructed in the *Jigessa* area. Respondents stated that since the HP is not neat to the center of Turufe most individuals do not seek service from the HP. Some respondents mentioned that one reason that refrain the community to seek the service provided at HP might be the HEWs are not well trained as they do not give injection and other better services. In addition they stated that there is no drug at HP, even for anti-pain. In connection to this the HEW said even though the area is not as such malaria risky area as compared with the other low land area still malaria is affecting some individuals. As an example she mentioned that notable persons who had fail sick of malaria severely. Last year among these persons is the kebele leader who failed sick of malaria. But he cured. As a result, she tried to get anti-malaria drug but the wereda health bureau officials refused to provide it since they suppose malaria is not a problem is that area.

There is also no malarial preventive action like provision of bed nets or mosquito nets.

In the HP there are 2 HEWs working in the HP. They are working in vast area (Turufe, Watera, and Elemo). The HEW described it is difficult to cover these area by 2 HEWs. To cover this she mentioned it might be good if one or two more additional HEWs are assigned there.

Similarly, some respondents have mentioned that except providing awareness education the HEWs do not visit them, which contradicts the work standard that states every HEWs have to visit certain number of households per month. Furthermore, HEWs are expected to live in the area or near to the HP so as to serve when clients seek there service but the HEWs in the area are not living in the area rather they live in the nearby town. So, they are not available whenever clients visit the HP. As a result of this, except starting to use latrine there is no other changes that the community benefited after the introduction of HEWs in the area.

The HEW stated that the community is not as such committed to put in practice the lesson they got. Even for awareness education it is few individuals who are available. I have confirmed this idea as when I was there about 80 individuals have expected to attend the awareness rising education but only about 10 persons were came, even they came late. I have supported this by picture.

With regard to delivery, the HEW stated that the training they get is not comprehensive to provide delivery service, So, they did not yet gave delivery service. She stated that still most women deliver at home with the help of Traditional birth attendants (both trained and untrained). They have not understood the advantage of delivering at health care centers. She shared me the experience of one woman who died: she delver at home and when her blood continues flowing out they took her to hospital but she died before reaching the hospital. In addition some women do not seek prenatal health care due to lack of knowledge. Thus, she suggested great effort is still required to enable women seek prenatal, delivering at health care center, and antenatal care.

The HEW also mentioned that some individuals do not value the service provided by HEWs as they need curative service and do not aware better about the objective of HP, which is about 85% preventive aspect.

She stated that the community mostly seeks curative health care treatment form Shashemene hospital, which is located at Kuyera town. The rich used to go to private clinic in Shashemene and Awassa town. Others go to Adventist and Catholic mission click where the price is fare as both are faith based and non-profit making organizations. But poor individual mostly do not get curative treatment due to lack of money as after merging the budget and private pharmacy together and the newly introduced health care financing that order health care centre to cover their administrative cost by the money collected from clients. Due to this the poor remain untreated. To get free medical treatment first the patient has to go to woreda social affairs office and the process may take longer. But illness does not give time. But in the past poor patients were getting medical treatment by bringing free medical letter from their respective kebele. Accordingly, to increase the access of poor for curative health care service she suggested it might be better if design certain program.