BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

accessibilty of health care services by rural women in zimbabwe .a case study of sanyati rural ward 2.

BY

(B200546B)

A dissertation submitted to Bindura University of Science Education, Faculty of Social Sciences and Humanities, Department of Social Work, in partial fulfilment of the requirements for the Bachelor of Science Honors Degree in Social Work

(JUNE 2024)

APPROVAL FORM

I certify that I supervised Ropafadzo Sharon Saimon in carrying out this research titled: Accessibility of health care services by rural women. A case study of Sanyati Rural District Ward 2 in partial fulfilment of the requirements of the Bachelor of Science, Honors Degree in Social Work and recommend that it proceeds for examination

Supervisor Name: J.C. Magocha Signature:  Date: 14 June 2024

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DEDICATION

To my mother Ms Hamadziripi , my father Mr Saimon and my aunt Mrs Matendere who stood by me and supported me financially and morally during the course of carrying out the study.

God bless you and protect you.

ABSTRACT

The study explored on accessibility of health care services by rural women in Sanyati rural district ward 2. The aim of the study was to explore the accessibility of health care services by rural women in Sanyati rural district, ward 2. The research was qualitative in nature and employed in-depth interviews, focus group discussions for the purpose of data collection. A sample size of 15 respondents was drawn from the target population and was used to collect relevant data to the study. The study was underpinned by the health promotion theory in order to understand issues surrounding rural women's access to modern health care services. Literature review was expressed and gaps were identified .Objectives of the study were to access the level of awareness on the accessibility of health care services by rural women ,factors affecting utilization of modern healthcare by women in Sanyati rural ward 2, and to develop a strategic plan to enhance accessibility to health care services by rural women in Zimbabwe. The study findings showed that the women in rural areas do not have enough knowledge on modern health services and this is affecting utilization of modern health services. The study also revealed that traditional leadership and religious beliefs, technological advancement, as well as social support networks affects women's utilization and access to modern health care services. The study revealed that mechanisms such as construction of more clinics and hospitals, educating traditional and religious leadership on modern health care services and deployment of more health workers in rural areas across Zimbabwe can improve women's access, awareness and utilization of health care can reduce deaths among women in rural areas.

LIST OF ABBREVATIONS AND ACRONYMS

DSD	Department of Social Development
HPM	Health Promotion Model/Theory
MOHCc	Ministry of Health and child care
MWACSMED	Ministry of Women Affairs, Community Development
NGO	Non-Governmental Organization
PVO	Private Voluntary Organization
UN	United Nations
USAID	United States agency for International Development
WHO	World Health Organization
ZDHS	Zimbabwe Demographic Health Survey

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.0 Introduction

The introduction chapter will offer a comprehensive overview of the study's background from the global, regional, and Zimbabwean viewpoints. It will delve into various contextual topics such as the nature of healthcare services, challenges encountered in accessing them, and the significance of rural women's utilization of these services. The chapter will also articulate the study's purpose and objectives, acknowledge existing gaps in the literature, state the problem being addressed, and justify the need for the investigation. Furthermore, it will provide definitions for key terms. The background of the study is addressed as a priority.

1.1 Background to the study

Globally, the concept of healthcare accessibility entails the effective utilization of available healthcare services to achieve optimal health outcomes for the population, as stated by Azetsop and Ochieng (2015). According to MacKinney et al. (2014) and the World Bank (2015), the primary objective of every healthcare system worldwide is to enhance the health and well-being of individuals. Each member nation of the World Health Organization is mandated to adhere to specific standards to ensure healthcare accessibility. These standards encompass requirements such as maintaining a minimum ratio of 228 health workers per 100,000 people, providing adequate maternity care, ensuring the availability of essential laboratory equipment, and

establishing healthcare infrastructures within a reasonable distance of no more than five kilometers from residential areas, as outlined by Nyandoro, Masanga, and Munyoro (2016).

There are differences in the availability of health services for rural women in the United States, particularly in Texas. These services include obstetric care, cancer detection, and Human Immune deficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) therapy. They typically have to walk for thirty minutes or more to get to health care centers, rural women in the USA are significantly impacted by their demographic location when it comes to receiving health care services. Due to the distance to medical facilities, over half of the women in rural parts of the United States give birth in remote hospitals where they are unable to receive obstetric treatment, which increases maternal mortality. They also default on antiretroviral medications and early treatment on chronic diseases, which increases their risk of death. In China, rural women have greater access to health care services, such as free cancer screenings and abundant supply of anti-antiretroviral drugs.

Mali is one of the top nations in Sub-Saharan Africa where rural women's long-term access to health care services has been a serious concern. According to WHO (2004), Mali's women's mortality rate is attributed to a lack of access to obstetric services, cancer screenings, and Human Immune deficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS)services. According to Republic of Mali, at least one-third of the nation's mortality among women between the ages of 15 and 49 are caused by complications during pregnancy and childbirth. Another factor affecting the availability of Human Immune deficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) services offered by the Mali government is stigma. Poor roads and little

resources prevent many women in Mali from accessing health care, even though the government is working to change this through community-based health care systems.

The National Health Insurance Scheme (NHIS) is the most recent program that provides free access to health services, including medication and prenatal care, for rural women in Ghana. Access to healthcare is, however, hampered by a number of factors, including age, marriage status, employment, health insurance coverage, frequency of radio and television listening, wealth status, and place of residence. According to a research by Pinfold (2007), many rural women's access to the program is restricted by additional financial and administrative obstacles.

Zimbabwe's history of colonialism, the current political and economic crises, and recent events can all be connected to rural women's access to health care services (Mukamana, 2020).This is due to the fact that White people resided in towns and Black people lived in rural regions, which is why there are comparatively less clinics and hospitals in rural areas than in towns. White people had more access to health care during the colonial era than Black people had since only they could afford to purchase prescription medications because their income was higher.

This explains why Black people historically used traditional remedies, and why individuals living in rural areas continue do so now since they can afford them and because there are no medical services nearby even if they choose to purchase them. Zimbabwe is one of the countries with a higher number of women living in rural areas who die during child birth, and chronic diseases. The United Nations (2012) reports that problems associated to childbirth cause at least 1.23% of Zimbabwe's yearly GDP loss, and an estimated 3000 women pass away there each year.

According to the World Health Organization, over 60% of Zimbabwean women reside in rural regions, and only 43% of these women have access to healthcare. As a result, the government must deploy community health workers and mobile clinics. Studies show that Zimbabwe's economic difficulties from 2005 to 2011 caused many to migrate abroad, causing a brain drain (Hlupo & Tsikira).The migration of social workers and other healthcare professionals to other nations has had a negative influence on rural women's access to services including cancer screenings, prenatal care, and counseling. About 25% of health care workers are employed in rural areas due to the brain drain that has harmed the health sector (Murima, Kevany, Singh, and Kulich 2012).Thus accessibility and utilization of health care services by rural women remains a great concern globally although here is improvement in other countries.

1.2 Statement of the problem

Deaths and illnesses stemming from reproductive health complications, chronic diseases like cervical and breast cancer, and HIV/AIDS, as well as maternal mortality, pose significant global challenges, particularly prevalent in developing nations such as Zimbabwe.Despite efforts by the Zimbabwean government to enhance healthcare accessibility for rural women, including the construction of more clinics, provision of mobile clinics, and implementation of a free delivery policy, women in rural areas encounter various obstacles when attempting to access healthcare services aimed at mitigating Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS), cervical and breast cancer, and maternal mortality. These challenges include cultural beliefs, limited awareness, and a shortage of healthcare workers in local communities, exacerbated by emigration of skilled professionals to Western countries, as noted by

Nyandoro (2013). Consequently, the utilization of modern healthcare services by rural women in Zimbabwe remains problematic. This project aims to explore the accessibility of healthcare services for rural women in Zimbabwe and propose potential interventions to enhance access, with a specific focus on Sanyati, Ward 2.

1.3 Aim of the study

The study seeks to explore the accessibility of health care services by rural women in Sanyati rural district, ward 2.

1.4 Objectives of the study

1. To assess the level of awareness on access to health care services by rural women in Zimbabwe.

2. To identify factors affecting utilization of modern health care services by rural women in Zimbabwe.

3. To develop a strategic action plan to enhance accessibility to health care services by rural women in Zimbabwe

1.5 Research questions

1. What are rural women in Zimbabwe perceptions to accessing health care services?
2. What is the impact of accessibility to health care services among rural women?
3. What mechanisms can be put into action to improve health care accessibility in rural areas?

1.6 Assumptions of the study

Women in rural areas find it difficult to access health care services because they lack knowledge on utilization of health care services. Cultural beliefs in rural areas is another major contributing factor that has made women in rural areas be ignorant when it comes to their sexual reproductive health. The Zimbabwean government has been facing economic hardships and this has made drugs to be unavailable in clinics. Inaccessibility to maternal health services by rural women in Zimbabwe has led to maternal mortality, and transmission of human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) from mother to child during birth because the skilled health workers are few in rural areas.

1.7 Significance of the study

This study aims to shed light on the repercussions of limited healthcare access for rural women in Zimbabwe. It will serve as a tool to apprise policymakers, potentially influencing the refinement of the National Health Strategy and National Reproductive Health Policy. By emphasizing the significance of enhancing healthcare accessibility for rural women, the research endeavors to support the Ministry of Health and Child Care in refining interventions aimed at enhancing maternal healthcare utilization. Additionally, international bodies such as the World Health Organization (WHO) and local non-governmental organizations (NGOs) stand to benefit from the insights gleaned from this study. Ultimately, rural women will gain awareness of the mechanisms devised to improve their access to healthcare services, particularly concerning specific diseases like Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS), Cancer, and Maternal health.

Furthermore, the study holds significant potential for the Ministry of Health and Child Care (MOHCc) and relevant government entities such as the Department of Social Development (DSD) and the Ministry of Women Affairs, Gender, and Community Development. It can offer valuable insights for the development and enhancement of public healthcare service provisions. Despite the Government of Zimbabwe's efforts to provide free access to cancer screening and maternal health services in public health institutions nationwide, aimed at achieving Sustainable Development Goal 3 (SDG 3) Kusena, (2017), there remains a pressing need for more effective initiatives to address the slow progress in reducing deaths linked to poor health outcomes.

1.8 Definition of key terms

1.8.1 Health Care

Health care refers to efforts made to restore physical mental or emotional well -being by health care givers. Chapman (2022).McKinney, (2015) Health care refers to assistance provided to both sick and healthy people, it deals with diagnosis and treatment of ailments and the promotion, protection and preservation of the health of people.

1.8.2 Rural area

World Health Organization, (2011) refers rural areas as places that are located outside of urban areas and have lower population density than urban area. In this study Sanyati Rural District ward 2 will be included. Census Bureau, (2020) defines rural areas as places with fewer than 2500 people.

1.8.3 Health Care providers

These are persons that offer medical care to individual's .Todaro, (2012) refers to health care providers as individuals or institutions responsible for delivering medical services to people. These providers encompass of doctors, nurses, pharmacists, midwives, community health workers, hospitals, clinics, and other healthcare facilities.

1.8.4 Health care users

WHO, (2020) alludes that health care users are individuals that utilize healthcare services to address their medical needs and maintain or improve their health. These users include patients seeking treatment for illnesses or injuries, individuals seeking preventive care and health education.

1.8.5 Accessibility

The International Organization for Standardization (2014) defines accessibility as the "extent to which products, systems, services, environments and facilities can be used by people.

1.9. Structure of the dissertation

The dissertation structure is as follows:

Chapter One – This is the introductory chapter of the study which discusses the background of the study, outlines the statement of the problem, and the significance of the study. Furthermore, it states the main aim of the study, the research objectives and the definition of key terms.

Chapter Two – The second chapter of the study reviews literature, and also examines the Health Promotion Model, the theoretical framework underpinning the study.

Chapter Three – The research methodology is discussed in the third chapter of the study. It identifies and discusses the appropriate research approach, design, and data collection methods. The sampling technique for coming up with an appropriate sample from the identified target population is discussed. Data analysis techniques, trustworthiness, reliability, validity and ethical considerations are also discussed.

Chapter Four – The fourth chapter gives, discusses and analyses the findings of the study.

Chapter Five – This chapter summarises and concludes the study. It also discusses the implications to social work practice, suggests recommendations, and suggests areas for further research.

1.10 Chapter summary

The first chapter provided an introduction and background to the study focussing on the accessibility of healthcare services by rural women in Ward 2 Sanyati Rural District. The chapter discussed the background to the study, highlighted the problem statement, outlined significance of the study highlighted the aim and objectives as well as definition of the key terms in the study

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter is going to review existing literature on rural women's accessibility to health care services. In explaining the women's experiences to accessing health care the study is going to utilize the Health Promotion model. The chapter is going to explore literature review on health care accessibility by rural women, globally, regionally and locally.

2.1 Theoretical Framework : Health Promotion Theory

The purpose of theoretical framework is to make scientific findings more meaningful. Thus this section discusses the foundation which study shall be echoed .This study will be grounded on the health promotion theory. The study is going to adopt the Health Promotion Model /Theory developed by Nola J Pender in 1982 and was revised in 1987, 1996, and 2002.The model indicates how people make decisions about their health and how they can be supported to make healthy choices.

The Health Promotion Model can be applied to accessibility of health care services by looking at the individual's ability to access health care services. These factors include culture, transportation to health facilities and financial constraints According to The HPM was originally developed to target individuals; however the framework can be used to target families, groups, or communities. According to Saroj, etal, (2006) "Behavior of an individual is another barrier for a person to access health services". Pender's Health Promotion Theory is based on the idea that people's experiences

affect their health outcomes that can be used to target families, groups, or communities. According to Saroj, etal, (2006) “Behavior of an individual is another barrier for a person to access health services”. Pender’s Health Promotion Theory is based on the idea that people’s experiences affect their health outcomes.

Research conducted in a rural community in Saskatchewan, Canada, by Lewis Williams (2007), utilizing the Health Promotion Model, revealed that middle-aged and younger women were more inclined to participate in activities promoting their physical well-being, with comparatively less focus on their mental health. Physical exercises and nutrition-related pursuits were the most prevalent among the women surveyed. The study also identified social support and the rural lifestyle as the primary community resources available to these women. Younger participants frequently cited family responsibilities as hindrances to maintaining physical fitness, while older women expressed concerns about the effects of loneliness and the limited availability of suitable exercise options on their overall health in their community.

The health promotion model, as outlined by Khodaveisi (2017), underscores the significance of individual-level factors such as beliefs, attitudes, and perceived benefits and barriers to health behaviors. Additionally, interpersonal influences, including social support, familial assistance, and peer influences, play a crucial role in shaping health behaviors. Accessing and utilizing healthcare services are significantly influenced by interpersonal relationships and support networks. This theory provides valuable insights into how families can aid individuals in accessing the healthcare services accessible to them. Moreover, the theory has the potential to empower individuals to take control of their health, thereby enhancing their access to available healthcare services.

Nonetheless, previous experiences may pose challenges to empowering individuals regarding the utilization of health services. Todaro (2012), the accessibility to health services by rural women is determined by cultural beliefs, religion and past experiences. For example COVID 19 pandemic experiences. This explains why some women especially in rural areas are active in seeking health care but others do not they would rather continue using traditional medicines. According to Waidi ,(2013),' 'Health Promotion Model has been applied in number of settings such as Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) prevention,tobbacco cessation ,maternal and child health programs among rural population for example through project called Infection prevention A community based on HIV/AIDS Prevention Program in Zimbabwe.

The Health Promotion Model highlights that individuals possess unique personal characteristics and experiences that shape their health-related behaviors. Key variables, such as behavior-specific knowledge and affect, hold significant motivational importance in promoting health behaviors. The desired outcome of health-promoting behavior is improved health, enhanced functional ability, and an overall better quality of life across all stages of development, as emphasized by Kumar (2012). However, the model has limitations, particularly in addressing factors such as socioeconomic disparities. It tends to focus primarily on individual factors influencing health promotion behaviors and may overlook cultural, structural, systemic, and socioeconomic influences, such as income, occupation, and literacy levels. Therefore, applying the Health Promotion Model can aid researchers in devising strategies to enhance women's access to healthcare services and develop frameworks targeting specific determinants of health behaviors.

2.2 Factors surrounding accessibility to health care services

This section discusses factors surrounding accessibility to health care services which include number of health facilities, transportation to health centers and distance to health centers.

2.2.1 Number of health facilities

The distribution of both public and private healthcare institutions has a major impact on accessibility to health care services. Jacobs, Ire, Bigdeli, Annear, and Van Damme (2012) noted that "ensuring people have a health facility to visit, thus building and providing health facilities where people are living, is one way to improve accessibility to health care services." There are many healthcare facilities, which promotes the usage of the healthcare system and makes them accessible when needed. WHO (2013); McGrail (2012); Kevany et al. (2012).A meager 0.1 health facilities per 100,000 people in 1990 rose to 6 health facilities per 100,000 people in 2013 and are still growing today, according to the United Nations Economic Commission for Africa (2014). The World Health Organization recommends that there should be 10 health facilities for every 100,000 people. This discrepancy between the suggested minimum health facility coverage and the actual coverage is still unmet.

In Zimbabwe, healthcare services are provided across multiple levels, including primary, secondary, tertiary, and quaternary levels Osika et al., (2010). Patients requiring care beyond primary healthcare are typically referred to district hospitals, which provide secondary healthcare services M Druchekeza et al., (2012). For specialized healthcare needs, patients are referred to provincial hospitals, which serve as tertiary healthcare facilities and are located in each province of Zimbabwe. Quaternary healthcare facilities cater to complex health conditions and receive patients from all regions of the country. Additionally, secondary and specialized healthcare

services are available at missionary health facilities in rural areas of Zimbabwe. These missionary facilities offer a comprehensive range of healthcare services, including specialized treatments, disease prevention and control, and management of chronic illnesses Osika et al., (2010).

2.2.2 Transportation to health care centers

Road transportation is often regarded as an essential strategy for improving people's health and well-being, especially in remote places. World Bank, 2012. According to Munjanja et al. (2012), a stable transportation network links the city' medical facilities with the surrounding areas. Health care is a basic necessity because most people in Sub-Saharan Africa live in rural regions with no access to transportation (World Bank, 2014). Zimbabwe, like other countries in Sub-Saharan Africa, has inadequate transportation systems, especially in the rural areas of Chimhowu and Musemwa (2010).

Poor roads and limited transportation options have a negative influence on people's health because they cause sick patients who live far from medical facilities to put off receiving care, which raises the risk of complications from their sickness. Nyandoro et al. (2016) report that this has led to drug usage defaults as well as home births or deliveries near roads while waiting for transportation. Go vender et al. (2013) claim that Zimbabwe's high rates of maternal death are caused by these issues. In rural areas, people can receive healthcare services if there is a stable transportation system. In order to improve accessibility, especially for communities to be able to access health facilities, for timely patient and staff transportation, for the delivery of medical supplies to the facility, and for the movement of medical personnel to and from the facility, World Bank (2014) makes reference to the importance of road infrastructure. (2016) Alford-Teaster et al.

The majority of people in Sub-Saharan Africa do not have access to roads, which makes it challenging for them to receive medical care (Broni et al. 2014:37). Dry gravel roads comprise 71% of the road infrastructure in developing countries such as Zimbabwe (Blanford et al., 2012).One problem with gravel roads is their susceptibility to seasonal variations in weather. During the wet season, the roads are impassable (Blanford et al., 2012).They don't get the upkeep they require to be in good condition, which is another issue. Faal et al. (2011) suggest that the explanation behind the low usage rate of gravel roads in Zimbabwe could be due to inadequate maintenance.

Between 2005 and 2010, the already faltering Zimbabwe's economy saw a dramatic downturn, and nothing was done to maintain and renovate the country's many rural roads, leaving them in poor condition. According to Bromi et al. (2014), "poor access to health facilities, a lack of timely delivery of medical drug supplies, and poor movement of health workers are all caused by this lack of infrastructure and maintenance." The development of other infrastructures, such as communication systems, which are crucial components to improving accessibility to health care services, is impacted by inadequate road infrastructure.

2.2.3 Distance to health centers

The WHO has a standard of 5km walking distance which is used to measure progress towards achieving physical accessibility to health facilities in both rural and urban areas (WHO & World Bank 2015). The distance to the nearest health facility inversely affects accessibility to health care .Health care users, globally, walk an average distance 34 of 10km to the nearest health facility in

rural areas, with Sub-Saharan Africa the most affected by these long distances (WHO 2015). In Zimbabwe, distance is a concern since many people walk more than 10km to the nearest health facility World Bank (2015).

People who were resettled on large commercial farms during the fast track land reform in Zimbabwe from 1997 to 2009, mostly walk more than 10km to reach a health facility Loewenson et al (2014). The ZNSA and ICF (2012) also reported that distance to a health facility in Zimbabwe was indicated as a challenge by 34% of women who were seeking maternal health, and 49% of women seeking other health care services in rural areas. These distances to health facilities indicate poor distribution of physical resources as explained in the Systems Model, hence the policy of the MoHCC in Zimbabwe to have a health facility within a distance of 8km, and that of the WHO standard walking distance of 5km that should be respected MoHCC (2014) World Bank (2015).

Distance plays a critical role in decision-making about whether or not to seek health care at the health facility or from traditional healers .In a study conducted in Vietnam Tran et al (2016), it was found that women utilized the traditional healers due to the vast distances from their villages to the nearest health facility. Studies in Tanzania and China also provide evidence that the increasing distance to a health facilities was associated with increased child mortality risks, possibly because health facilities were too far, and therefore not utilized. Due to the great distances to the health facilities, 35% of mothers in Zimbabwe deliver at home ZNSA and ICF International (2012) possibly a contributing factor for the high maternal mortality ratio of 450 per 100,000 in Zimbabwe Murwirapachena (2015). Far above the MDGs' targets, which were 175 per 100,000 (WHO 2015).

Reducing the distances to the health facilities could facilitate accessibility to health care and improve health outcomes. 35 Other aspects negatively associated with long distances, thus inaccessibility, include a lack of child vaccinations Blanford, (2012), increased child mortality and high prevalence of malaria and tuberculosis. Children living in rural clusters within one hour of a health facility in Niger had higher chances of being vaccinated by age one year, compared to children living further away In Burkina Faso, the mortality of children under 5-years was shown to double when the distance to health facilities was greater than a four-hour walk Schoeps et al (2011).

Distance negatively affects health seeking behavior. The further the distance, the more likely the health care users are to delay seeking health care Kadobera et al (2012). This delay has multiple negative effects that include disease complications, hospitalization, and impoverishment of the patients through payment of hospital admission fees Nyandoro et al (2016). Chronic diseases such as heart disease and diabetes require regular check-ups and treatment. Due to excessive distances, delays in reporting to the health facility for review might occur Munjanja, Magure, & Kandawasvika (2012), contributing to treatment interruption that could worsen disease conditions and result in death. Hence, the distances that rural populations travel to health facilities generate challenges to accessibility to health care services. Distance affects people's available time to travel to the nearest health facility. In these circumstances, the availability of transportation services, as supported by the findings in a Vietnam study (Tran et al 2016), can enhance accessibility (WHO & World Bank 2015).

2.3 Provision of maternal health care for women

The term "maternal health" describes a woman's condition during her pregnancy, delivery, and postpartum period. The importance of maternal health care services in reducing mother and child morbidity and death has garnered significant attention since the (ICPD) in Cairo (Mehari, 2012). By identifying and treating pregnancy-related illnesses, or by identifying women who are more likely to experience delivery complications and ensuring they give birth in facilities that are appropriately equipped, using maternal health care services is thought to lower maternal mortality and morbidity Guillermo etal (1992) .Maternal death, as defined by WHO (2008), is defined as the death of a woman from any cause during her pregnancy or within 42 days of the pregnancy's termination, regardless of the length of the pregnancy or its location.

A study in Chinese rural areas showed that children under the 6 age of 10 years were up to 10 times more likely to die following the death of their mothers were alive. Maternal mortality has a toxic effect on newborn and infant survival (Frank W et al., 2007). In addition to the suffering that a mother's death causes to her family and community, surviving children are frequently at greater risk of poverty, abuse, and death (World Bank, 2012).

Numerous demographic, cultural, and socioeconomic factors, such as the woman's age, the order in which she was born, the degree of education she and her spouse have attained, the wealth index, the work status of the woman, her religious background, and her traditional beliefs, all have an impact on the utilization of maternal health services. Moms who are older than younger have a higher risk of using maternal health care services, per a study by Addai (2000). Winfred Dotse's

assessment on Ghanaian rural women's health care utilization indicates that one of the primary factors impacting health accessibility in rural areas is geographic location.

The findings of this investigation align with those of Chakraborty et al. (2003). Findings from the EDHS, 2000 research in Ethiopia revealed a slight variation in use between married and single women. According to Masaki M. and Bina G. (2012), who used a logistic regression model analysis, women's education is the primary factor influencing their higher use of maternal health services. It is well acknowledged that a mother's utilization of health care is positively impacted by her level of education. In a study done in Peru with DHS data and a logistic regression model, it was discovered that teaching rural women had a statistically and quantitatively significant effect on the use of prenatal care and delivery assistance. The medical care provided to a mother and her newborn following childbirth is referred to as post-natal care.

The postnatal phase lasts for the first 42 days after delivery. Mehari (2012). The greatest chance of death for both mother and child occurs in the first 24 to 48 hours after delivery. As a result, it is critical that hospitals offer new mothers Postnatal Care (PNC) throughout this period. UNICEF (2009). Promoting professional attendance at birth and prenatal care.

2.4 Interventions that can be done to improve healthcare utilization by women

Globally, programs to improve the utilization of healthcare services have been implemented and improved over time; their primary focus has been on impoverished communities. Given that these marginalized groups have the greatest need for health care services, it is imperative that they get the most appropriate and successful interventions to enhance their utilization of these services and

reduce the mortality rate among women (Mumtaz et al., 2019). In order to empower mothers and would-be mothers by giving them access to higher-quality social relationships through the facilitation of their participation in awareness programs, governments in developing and emerging nations have reportedly been working with NGOs as a strategic intervention and policy (Miltenburg et al., 2019).

Developing effective initiatives that improve the availability of healthcare is a crucial intervention in Africa. Ngwira and Lulin (2021) agree that creating awareness through promotional tactics can be instrumental in tackling the issue of accessing reproductive health and combating other diseases, which have significantly contributed to premature deaths in underserved rural communities in Malawi.

Another strategy to improve women's access to healthcare services is to provide social support and conduct awareness campaigns. Many African governments have made significant progress by offering free cancer screening and affordable maternal health treatments. For example, Zambia eliminated user fees for maternal healthcare in a majority of districts and has expanded this initiative across the country. This approach has been widely implemented in Africa and has resulted in a significant decrease in maternal mortality rates outside of Zambia. Additionally, the increasing use of the internet in Africa can serve as a valuable resource to enhance women's health knowledge. Illiteracy may impact women's awareness of professional delivery, cancer screening, availability of antenatal care (ANC), and methods to reduce mother-to-child HIV transmission. According to a study conducted in Nigeria's Ado-Odo Ota Local Government Area, many women believe that the internet is the best source of information about cervical cancer and maternal health

issues. Online social networks have the potential to play a crucial role in improving women's access to and utilization of healthcare services.

The research in Zimbabwe that focuses especially on strategies and interventions to improve the utilization of maternal health services is scarce (Kusena, 2017).There was little attention paid to other health issues like reproductive health ,breast cancer, cervical cancer, and the human immunodeficiency virus. Most prior research on behavior related to maternal health and its causes was quantitative in nature and utilized secondary data from ZDHS Makate, (2017); Tessema and Minyihun, (2021). Often, the ZDHS indicators provide only a limited amount of data regarding the kinds and effectiveness of interventions for improved MHS utilization. Furthermore, according to the Zimbabwe National Statistics Agency and ICF International (2016), ZDHS primarily considers national, provincial, and urban areas while ignoring the unique context of rural areas Thus, qualitative research investigating women's genuine feelings is necessary in order to develop methods for enhancing the utilization of maternal health services in Zimbabwe's rural areas.

2.5 Chapter Summary

This chapter's discussion of the literature review was based on the study's goals. The purpose of this review was to clarify the meaning of the study's core terms and concepts and to identify and debate the research gaps that the study aimed to fill. The chapter also covered the Health Promotion Theory/Model and how it relates to rural women's access to health care services. The research design, study area, target population, sample strategies used, data collection tools, study viability, and ethical issues are the main topics of the next chapter.

CHAPTER THREE

METHODOLOGY AND RESEARCH DESIGN

3.0 Introduction

This chapter delineates the suitable approach for carrying out this investigation. The importance of research methodology lies in its capacity to outline and elucidate how the research problem is methodically tackled Marshall and Roseman, (2010). Research methodology acts as a conduit for revealing the discoveries pertaining to the issue under examination Goddard & Melville (2004). The chapter explains on the research framework, the demographic under scrutiny, methods of sampling, techniques and instruments for data collection, viability of the study, and the ethical factors essential for fulfilling the study's goals**.**

3.1 Research Approach

This study adopted qualitative research approach. Creswell (2011), Qualitative research approach is used for exploring and understanding the meaning individuals or groups ascribe to a social and human problems. The researcher used this approach for collecting non numerical data, such as interview guides, focus group discussions and observations. Qualitative approach was essential for this study because the researcher captured the thoughts, feelings of women and their level of awareness towards accessibility of health care services in Sanyati rural, ward 2.

3.2 Research Design

Leedey and Omro (2015) highlighted that the research design is a strategy used to solve the research problem. The study is going to utilize case study as a research design for the study .In order to obtain the objectives of the study case study research design was utilized. The information gathered from the rural women concerning accessibility to health services on breast and cervical cancer, maternal health care the researcher had detailed information.

3.3 Study setting

The study was conducted in Sanyati rural ward 2 which is a rural area about 200Km from Kadoma Town in Mashonaland West, Zimbabwe. The research selected participants from at least three communities found in Sanyati, rural ward 2.

3.4 Target population

Barbour (2016) defines the target population as a comprehensive grouping of elements from which one chooses to draw inferences during a research endeavor. In this study, the target population comprises women aged between 15 and 65 years residing in Ward 2 of the Sanyati rural district, along with key informants such as nurses and community health workers. The age bracket of 15-65 years is applicable for research on women's access to health services, encompassing maternal and reproductive health, Human Immunodeficiency Virus and Acquired Immunodeficiency syndrome (HIV/AIDS) services, and management of chronic conditions, as noted in the Zimbabwe Demographic and Health Surveys (2015). Due to the substantial size of the population, the researcher opted to draw a sample for engagement, as managing the entire population would be impractical.

3.5 Sampling

Sampling is important because it helps the researcher to come up with a smaller subset of the population that is easier to manage and obtain good results (Rubin and Babbie, 2011).

3.6 Sample size

Coughlan & Brannick (2017) define sample size as the number of units selected from the population for data collection purposes. In this study, the sample size was determined by achieving data saturation. According to Creswell (2017), data saturation occurs when data collection reaches a point where no new information emerges and repetition becomes evident. Following interviews with five female participants, five key informants, and two group discussions for data collection within the area, data saturation was achieved.

3.7 Sampling technique

Kothari (2019) defines a sampling technique as a definite method planned and used in data collection for getting a sample from a given population. The study utilized the non-probability sampling techniques which are purposive sampling and quota sampling. These sampling techniques are described and explained below.

3.7.1 Purposive sampling technique

Schulte (2019) describes purposive sampling as a deliberate selection of participants based on their capacity to provide insight into a particular subject, idea, or phenomenon. This method, also referred to as subjective sampling, entails choosing participants based on specific characteristics

judged to be relevant. Employing this technique was crucial for the researcher to achieve the objectives of the study

3.7.2 Quota sampling technique

Quota sampling technique is a non-probability technique whereby researchers use predetermined quotas to select sample from population. The researcher chose participants on the basis of age and literacy level. Quota sampling is selected in order to increase the representativeness of the collected data (Marshall and Rose man, 2010).This technique was quicker and easy to use.

3.8 Data collection

Sharma (2017) characterizes data collection methods as the thorough procedures and tools used to collect and assess information in a manner that enables researchers to address inquiries, make deductions, and formulate recommendations. The study utilized various data collection techniques to gather information from participants, including in-depth interviews, focus group discussions, and key informant interviews

3.8.1 In-depth Interviews

Harrison (2017) suggests that interviews serve as valuable tools for exploring the perceptions of others. Semi-structured interviews are considered an appropriate method of data collection for achieving the study's objectives. This approach offers a framework through which information directly relevant to the research goals can be obtained, while also allowing for the emergence of new ideas during the interviews. This facilitated the gathering of additional information from respondents facing challenges in accessing healthcare services in rural areas. The semi-structured

individual interviews utilized open-ended questions to address research inquiries and logistical arrangements for data collection from participants. The researcher conducted interviews with five women using an interview guide. According to Patton (2002), an interview guide typically comprises a list of questions organized by specific topics. The interview guide employed in this study enabled the interviewer to collect detailed information relevant to the study objectives. Its structure commenced with a section guiding the interviewer's introduction and the purpose of the interview. Subsequent sections elicited responses from the appropriate women in the area regarding their awareness and utilization of healthcare services

3.8.2 Key informant interviews

The researcher conducted interviews with key informants, which according to Sharma (2017), involve one-on-one dialogues with individuals possessing particularly insightful perspectives on the aspect being evaluated. Key informant interviews were chosen as they were deemed more convenient, cost-effective, and efficient in addressing sensitive issues regarding healthcare accessibility in rural areas. Robert (2018) highlights the significance of key informant interviews in providing firsthand information from individuals knowledgeable about the addressed issue. The researcher utilized interview guides to collect information from key informants, with such guides typically comprising a list of questions organized by specific topics (Patton, 2002). Five key informants, comprising community health workers and nurses from Patchway Clinic, were interviewed by the researcher

3.8.3 Focus group discussions

Focus group discussions typically involve a small cohort of participants engaging in moderated conversations on relevant topics (Marshall and Roseman, 2010), with the researcher acting as the facilitator. Collaborating with nurses from Patchway Clinic and community health workers, the researcher organized two focus group discussions, each comprising two women.

These discussions allowed the researcher to observe the diverse perspectives, experiences, and insights of the participants, shedding light on the challenges women face in accessing healthcare services. To guide the discussions effectively, the researcher employed a discussion guide, which is considered essential for facilitating focus group discussions (Kothari, 2004). The guide consisted of questions designed to delve deeper into healthcare issues. Initially, participants were prompted to discuss their awareness of healthcare services in Zimbabwe, followed by inquiries into their utilization of available services. Subsequent questions focused on eliciting suggestions for improving healthcare accessibility for rural women.

3.8.4 Observations

The study also used observation as a data collection method .Observations give the researcher an opportunity to gather live data from naturally occurring situations Cohen (2007).Observations made the researcher to confirm the statements attained from official views and documents o the research .Cohen (2007),notes that observations help the researcher to discover things that participants are not free to talk about in interview situations therefore it helps researcher has to access personal knowledge. The researcher used structured observations in collecting data

3.8.5 Documentary Search

Secondary data was employed in the study to enhance its completion, with a documentary search conducted for this purpose. Documentary research involves gathering data by examining existing documents (Tight, 2019). The researcher accessed information from documents published by government departments such as the Ministry of Health and Child Care, and the Ministry of Women Affairs, Gender and Community Development. This documentary search was undertaken to provide comprehensive insights that might not be available elsewhere except in published materials. Utilizing secondary data in research is crucial as it enables researchers to access information that would otherwise be challenging or impossible to obtain firsthand (Ahmed et al., 2010).

3.9 Data Collection Procedures

The researcher sought for a letter of authority from Bindura University to collect data. The researcher prior to conducting the research also sought for permission from Sanyati Rural District Council to conduct a research in Sanyati Rural Ward 2.

3.10 Limitations of the study

The research was conducted within a short period of time which led to having a time limiting factor for a very comprehensive analysis. The study was also impacted by financial constrains due to the ongoing economic situation in Zimbabwe. Another limitation to the study was related to the scope of study, although the study could be of a national or global coverage, this study was only conducted in ward 2 of Sanyati Rural District because of time and resource constraints. More so some respondents failed to provide vivid information to the researcher because of their personal reasons which became a challenge to the researcher. The study also faced some limitations from

the Sanyati Rural District Council which delayed the approval of the proposal to research in Sanyati Rural Ward 2 hence disturbing the anticipated time range for the process of data collection. Although the research was done the study findings can only be used in Sanyati Rural District typically ward 2 thus it becomes difficult to generalize data gathered on rural women experiences on accessing health care in other areas.

3.11 Delimitations of the study

The study has delimitations because it's only focusing on women in rural Sanyati excluding men in the area. A limitation of this study was the selective nature of the sample and its small size. Although the sample provided a rich description of rural women's experiences on accessibility of health care services, women from other rural communities may have different opinions.

3.12 Data analysis and presentation

According to Sharma (2017) data analysis is the method of systematically searching and assessing the interview and data records, observed notes, or any other textual resources that the researcher pull together to increase the knowledge of the phenomenon being researched. Thematic analysis was used because it emphasized pinpointing, examining, and recording patterns or themes within data collected. Thematic analysis suited questions relating to people's experiences, or people's views and perceptions. Hence, it suited questions about the experiences of the rural women when accessing health care services. Data was also presented in a table form for proper presentation of work.

3.13 Feasibility of the study

The study was considered feasible since it focused on communities found in ward 2 Sanyati Rural only .The three objectives of the study had narrow focus on health promotion theory and utilization of health care services which allowed the researcher to conduct the study within a period of not more than two academic semesters. The researcher also incurred a little cost Sanyati Ward 2 is just about 25 km from Kadoma town where the researcher stays.

3.14 Ethical considerations

It is important to note that ethical concerns are standards and sides that researchers should adhere to in order to respect the rights of the study participants (Denzin &Lincolin 2012).The researcher employed these following ethics throughout the data collection process.

3.14.1 Confidentiality and Anonymity

During the data collection process, the researcher ensured that the anonymity and the confidentiality of the study participants was guaranteed.Confidentiality is a social work principle that can be defined as keeping sensitive information private and respecting someones wishes UN,(2012).Ensuring anonymity and confidentiality is .mainly done to protect the study participants from harm that can occur owing to their participation in the study (Marshall and Roseman, 2010). Each participant in the research was informed that the personal identification clues such as names and body-marks were to be kept private, and whatever they said would not be traced back to them.

3.14.2 Voluntary participation

The other ethical consideration to be adhered by the researcher is voluntary participation. Sharma (2017) defined voluntary participation as researcher participants' use of free will in choosing whether to partake or not to a research study. The researcher will inform respondents that they are not being forced to participate in the research study and that they may withdraw anytime they feel like. This allows respondents to participate freely without coercion and respond to the questions being asked. Through this ethical consideration, this can enable respondents gain trust and integrity into the research which leads the respondents answer questions freely during the interviews. The respondents will be told the importance pf their participation is to the community and society at large.

3.14.3 Avoidance of harm

Researchers should avoid harming the participants when carrying out the study. Creswell (, 2018) Harming can be physical, psychological and emotional. Thus I am going to uphold the ethical principles highlighted above.

3.15 Chapter summary

The third chapter of the study discussed aspects of the qualitative and quantitative research paradigms that are central to the concurrent mixed research design. In this endeavour, the chapter explained the research design, study setting, target population, sampling technique, sample size, data collection methods and tools, trustworthiness, validity, reliability, and data analysis procedure. The research methodology also hinged on the feasibility of the study, ethical considerations and research limitations. The next chapter will focus on the presentation, discussion and interpretation of research findings.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter examines, analyzes, and discusses the research findings regarding the accessibility of healthcare services for rural women in Ward 2 of Sanyati rural area. Data were collected from a sample consisting of 9 primary participants and 5 key informants through in-depth interviews, as well as from 2 focus group discussions, each comprising 2 participants. The selection of participants was conducted using both quota and purposive sampling methods. According to Ward et al. (2015), presenting, interpreting, and analyzing data facilitates citation, discovery, reuse, reprocessing, preservation, comprehensiveness, and evaluation of the work. In this chapter, data presentation, interpretation, and analysis are carried out in alignment with the research objectives, while also incorporating principles from health promotion theory

4.1. Participants level of awareness to accessibility of health care services

During the research participants were asked about their awareness on health care services available to them in Sanyati Rural ward 2.Participants raised different views and during the research. The

interviews revealed that women are not fully aware of health care services available at health facilities .The researcher interviewed women who reside in the area and they responded as follows:

4.1.1 Level of awareness on healthcare services

The study findings showed that majority of women both married and single are not aware of health care services available to them. This is largely because health care workers in the community are not providing enough information to women about services available that reduce deaths related to chronic diseases.

In support of above observations one of young married woman had to say this:

Participant 1:*"Ini ndaiva ndisina ruzivo kuti muzvipatara takukwanisa kunozvara mahara kana kuteswa zvirwere,mahara Ini ndaingofunga kuti zvine chekuita nechipatara zvinotoda ne mari Ndakazozviziva mushure mekunga ndadzwawo nehamadzedu dzinobvakudhorobamushre mekunge vandionandichi shungurdzika nemimba yangu vashandi vebazi retano havasati vatizivisa"* (I do not have an idea nowadays that women receive pre-natal care, and postnatal care free of charge at health facilities. I was under the impression that all medical conditions require money. Service providers have not fully informed us about these services.

In support of the above another female participant had to say this:

"Ndakamboenda kuKiriniki yemuno munharaunda ndichda kunwzvizere maererao nezve gomarara asi ndakasvikandichinzi nemanyamkuta iyezvino takabatikana vakabva vandipa bepa ravaiti ndiverenge ndigowana ruzivo ,asi handina kunzwisisa zvekuti handina kutombokwanisi kutsanangurira muroora nevamwewo vandogara navo"

(I went to Patchway clinic in need of information about cancer screening services but when I arrived there ,the nurses told me that they were busy and they gave me flier which I couldn't thus I wasn't able to share information with others.)

Key informant one also highlighted that:

"*Zvinoitakuti madzimai anogara munharaunda muno vasave ruzivo maererano nezve utano inyaya yekuti havasi kuwana dzidziso yakakwana kubva kunesu ananyamuuta nenyaya yekuti nguuva zhinji tetisiina zvikwanisiro zvekuenda kune dzimwe nharaunda kunovadzidisa zvakaita semotokari,mapamphlets kana tuma booklets ekuti vaverengewo vega mushure mekunge tavaudzao zvimwe uye zve tine staff shoma dzimwe ngva tetakabatikana zvekuti hatikwanisi kuzodzidzisa munhu wese* ".(There is staff shortages, no transportation and lack of IEC tools at the health facility thus it becomes difficult for our staff to fully reach out to every member in the community)

Based on the discussions, the researcher discovered that women residing in rural Ward 2 of Sanyati lack comprehensive awareness about available healthcare services due to insufficient dissemination of information by health personnel, primarily stemming from resource inadequacies and staff shortages at local hospitals. This observation aligns with Mekonnen et al.'s (2019)

assertion that healthcare services, including obstetric care, often remain underutilized in predominantly low-income communities. Additionally, women in the area are gradually recognizing the importance of modern healthcare services but perceive them as accessible only to affluent individuals within the community. Consequently, there is a pressing need for health workers to conduct outreach programs in every village within Ward 2, ensuring both women and men are informed about available services and empowered to make informed decisions regarding their health.

4.1.2 Cultural incompetence in the health care system

The researcher learnt that there are misunderstandings and miscommunications between health care providers and users. Effective communication between healthcare providers and patients is vital for shared decision-making. In order for users to have knowledge on health decisions there is need for health care provider should have cultural sensitive manner and properly interpreting information to them so that they feel comfortable discussing their concerns, asking questions, and expressing their preferences with their healthcare team

. In support of these observation fourth female participant echoed the following sentiments:

"Dambudziko raandinosangana nayo ndeyekuti patinoudzwa nezve kudziviria zvirwere ,kuvaneutano hwakanaka kana kuzvara Zvakanaka vananyamukuta havanyatsotaure zvandinonzwisisaini ndinopinda Mugodhi saka ndendichiona kunge vari kutarisira pasi zvatinoita muchitendero chedu zvinotidzivirira muzvirwere saka ndozvinotoita ndishaye hanya nekuda kuwana ruzivo maererano nezve utano hwangu"

(I belong to Masowe denomination so I feel like the nurses and other health providers look down upon us and this makes me loose interest in gaining knowledge.Moreso health care providers should at least inform us in a manner that I will be able understand because sometimes I don't)

In support of this another participant from focus group discussion 1 had to say the following sentiments:

"Healthcare providers should communicate information in a clear, respectful, and culturally sensitive manner. Some of people in this community belong to apostolic denominations thus there is need for health workers to be culturally sensitive and interpret clearly to people so that they get a better understanding when making better health decisions"

In as much as health professionals try to educate women in community about available services for them, the researcher learnt that communication barriers and culture insensitivity is affecting women's awareness about modern health services. There is need for improvement in communication system between community members and health care providers.

4.1.3 Social support networks

The findings showed that, social support networks such as family, NGO's and teachers play an important role in shaping women's awareness of healthcare. This is done by facilitating information sharing, providing access to resources, offering emotional support, and encouraging them to make decisions about their health which is in line with the health promotion theory which suggests that individual must be educated so that they are able to make decisions.

In support of this fifth key informant uttered the following:

It is difficult for us to educate women about importance of seeking conventional medicine because of support groups they have. Some are deeply rooted in traditional beliefs and this becomes difficult for us to penetrate. However nowadays with help of community health workers who educate family member are helping because some women are visiting the center in need of knowledge about making rightful decisions about their health.

One female participant from focus group discussion echoed the following sentiments:

"Ini hangu ndakaona kuti kwatinobva,vatinogara navo zvnoita kuti tizive kuti tinofanha kumboopotawo tichienda kunorapwa kuzvipatara kwete kungoramba tichingoshandisa mishonga yechivanhu.Unotoona kuti madzimaikana varume vanoenda kuzvipatara vanenge vaine mwana akaendawo kuchikoro kanahamachidzo ndine ruzivo,zvatosiyana neavo vanenge vasina vanhu vakadaro muupenyu hwavo"

(Family support and community setup is a factor that impacts person's awareness on health services)

Participant 9 "*Mushure mekungo ndadzidzswa nevashandi vezvetano vanoshanira muno mu CC Mollin ,ndakaonakuti zvine ngozi kuti mukadzi aponere mumba ,uye ndakatozoona kuti zvokwadi tikurasikirwa nevakadzi nechirwere chegomarara noudkwekti tetichingo vapa mishonga dzechivanhu tichingofungaanopora.Kubva pandakanzwisisa nezve kurapwa nemushonga*

yechirngu ndakatobva ndanopereked mudzimai wangu kunonyoresa nhumbu nektestiwa zvirwere zvese"

(After being educated by community health workers in CC Mollin village about modern health services offered at health centers I understand that it is not safe for women to give birth in homes, nor is it good to give a person with chronic diseases concoctions, it explains why we are losing several women to cancer because of not taking them for professional checkup. I immediately escorted my wife to make appointment for her pregnancy for a safe delivery)

From the above finding it can be alluded that social support groups have influence on women's access of health care. According to The researcher learnt that in order to improve level of awareness social support networks like NGO's teachers and community health workers found in the ward should organize community outreach programs in collaboration with health workers. These programs can include health education sessions, workshops, and seminars specifically tailored to women's health issues. By reaching women where they are comfortable, such as community centers or religious institutions, these programs can effectively disseminate information about available health services at clinics.

4.2. Factors affecting utilization of modern health care services by women in Sanyati Rural ward 2

The second objective of the study was to identify factors which affect the utilization of modern health care services by rural women. This was done to understand why some women seldom utilize the modern health services offered at health services .From the study ,it was noted that reasons

for underutilization of modern health services were both individual and structural factors illustrated by the health promotion model. The study findings are discussed below.

4.2.1 Individual factors

The study findings revealed that there are individual factors surrounding women's utilization of modern health care services as discussed below.

4.2.1.1 Lack of knowledge and understanding on health care services

One of findings was that lack of knowledge about free cancer screening services, hiv/ads testing and maternal health care available to them is affecting women's utilization on health care. Due to technological advancement more awareness platforms where people get an insight of health care services available to them such as WhatsApp, X, Facebook, Instagram are inaccessible to most people in the area. Thus they are not in a position of even making decisions pertaining their health. In line with this third female key informant from Patchway clinic echoed the following statements:

"Nowadays most of awareness campaigns include about latest health services offered to people are done online due to various factors such as transport, IEC tools and again the cholera outbreak limited gatherings thus explains why many awareness's are done on social media. This has affected women in the area from obtaining knowledge about free maternal health care particularly because they cannot access these platforms"

In understanding the factors surrounding utilization of modern health care one of the elderly women from focus group discussion 2 postulated that

"Ini hangu handinyorese mimba kuzvipatara nenyaya yekuti kubva ndirimudiki taingoona madzimai edu achingozvarira mumbavachibatsirwa ne manyamukuta ekumachechi uyazvichingofamba muse ,saka ini ndozvandakangoteedzerawo ende kusvika muzuva ranhasi handione chikonzero chekuti ndichienda kuchipatara ivo vamwe vana ndaingobetserwa ndiri pamusha"

(I do not book for anti-natal care at the clinic because growing up my mother would give birth at home and it went well, so I also did the same on all my pregnancies I delivered a home with help from traditional nurses and there were no complications)

From the above findings it can be alluded that lack of knowledge on the importance of modern health care services is a factor which is affecting women's utilization of health care .This has further worsened by strong devotion to cultural values and customs. This the researcher alluded hat in order for effective utilization of modern health services ,the health workers have to continue educating people about the services offered .

4.2.1.2 Disabilities

The study findings also revealed that women living with disabilities are not able to access and utilize modern health care services and this explains why mortality death rate is high amongst women living with disabilities. Women with disabilities face challenges when trying to understand services offered at hospitals because some have hearing impairments so even when they are told about services they don't understand. Some women have visual impairments and mental illnesses hence they can't access modern health services available to them.

Key informant 1 a nurse at Patch way clinic had to say this:

"Women living with disabilities in this ward do not often come at the clinic to book for antenatal care even cancer screening services, most of the times they won't be aware because when we do awareness campaigns with other organisations there will be no or very few women with disabilities due to fear of being stigmatized, so we have discovered that maternal death, cancer death and even Tb related deaths are common among women living with disabilities*"*

Thus the researcher observed that impairment acts as a barrier to effective utilization of modern health care services by women in rural areas .Mores the findings also showed that in the community there are no specific services or women and girls living with disabilities.Hashemi, (2022), people with disabilities are believed to experience widespread poor access to health care services, due to inaccessible environments and stigma involved in getting health care". Silvers (2016) highlights that, women with disabilities may be prevented access to reproductive health care and medicine due to mistaken discrimination and assumptions about disabled women. Hence there is need for inclusion of persons with disabilities through building health facilities that have features which suit them.

4.2.2 Structural factors

The study finding also revealed that there were structural factors that are affecting women's utilization on modern healthcare services such as:

4.2.2.1 Distance to health facilities and transport challenges

The findings revealed that some women lived too far away from the health facility in the ward. The findings revealed that some women needed to travel about 22kms to get to the clinic and receive treatment as well as counselling services. Due to nature of roads, there is a problem of transport to reach the clinic. One of the young married women in a focus group discussion echoed the following statement:

"Isu muno muWard 2 tine chipatara chimwe Patchway clinic,saka tinenenge takufanha kufamba rwendo rwakareba kuti tisvike kuclinic.Uye zve hakuna makombi kana mishikashika inosvika kwatogara nenyaya yekti kne migwagwa yakashata,saka pamwe pacho unotoona kuti zviri nani ndirapiwe nezvechivah kana kuto zvarira hangu kumba."("We only have one clinic in ward 2 that is Patchway clinic, and some of us live far way have to walk long distances because there are no buses or combis that reach in the area due to bad roads so I prefer to get treated with traditional medicines and give birth at home)

Another participant four noted that:

"Distance to Patchway clinic from where I reside is far and this is why I find it hard to access and utilize modern health care services".

Although there are poor levels of utilization, of the modern health care services offered at health centers, the study revealed that, some women are aware of these services and are utilizing them

Participant eight a middle-aged woman who stays at CC Mollin that is nearer to Patchway clinic had to say this:

*"*Unlike most women in my community, I have always considered my health to be an important mostly because of my university education. My husband encourages me to visit Patchway Clinic whenever I am pregnant just for routine check-ups and booking for when I want to deliver"

From above the issue of accessibility and utilization of health care services was a challenge because some of women reside far away from the clinic found in the ward .More so the service accessibility was a challenge because of no transport due to bad roads found in Sanyati rural ward 2.Tosupport the findings Brinkerhoff ,(2018) alludes that in most poor countries basic services basic services such as health care, education in rural areas are less accessible and are of lower quality than those in urban areas. Hence to address this challenge the government should build more hospitals in the ward so that women in area have motivation to utilize the services.

4.2.2.2 Attitude of service providers towards clients

Some women echoed the attitude of health care providers particularly nurses at the clinic when they want to book for Antenatal care, reproductive health Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) testing and prevention of mother to child, Cancer screening and other diseases. Women in the area pointed out that service providers are not friendly and portray negative attitude towards clients. In support of this one of the participant in focus group discussion said:

"At one time I went to the clinic for both breast and cervical cancer screening, when I arrived the nurses displayed a negative attitude towards me, they ignored me and gave attention to pregnant women writing for pregnancies .I stayed at the bench for about two hours and once asked them to attend me but they told me that we know you haven been attended to relax, I got fed up and left"

In addition to that, eighth participant concurred that:

"Vashandi vezveutano havana hana ,ndakaenda kunorapwa tuberculosis and papera mazuva maviri mkoma wangu kirina pachipatara anoakange ondibvunza kut koi we wairwara katouya kuzorapwa asi ukasataura neni wani"

(Health care providers do not uphold confidentiality, I went to seek Tuberculosis treatment and two days later my elder sister who works as a general hand at the clinic confronted me, I was disappointed, it showed me that they may have discussed it with her after I left)

From the study, the researcher observed that some of women fear to access and utilize health services offered at health centres because negative attitudes from service provider's .This can be supported by Sibide, (2022) who connotes that negative attitudes of health care workers is a major challenge to national efforts to ensure women's rights to sexual health and wellbeing. Thus health care providers need to have a good attitude towards service users is pivotal in promoting service utilization.

4.2.3 Systematic Factors

The researcher also observed that there are systematic factors that affect utilization of modern health services by rural women and these include religion and culture

4.2.3.1 Religion

The study findings revealed that people in ward 2 mainly attend apostolic churches specifically Johanne Marange .After having focus group discussion with 3 women from CC Mollin community, Patchway community and Village 1 Community the researcher learnt that most of people I the ward belong to Johanne marange denomination. And they are not allowed to go to hospitals or clinics they believe in traditional medicines. Participant five who had better literate level noted that:

*"*I belong to Johanne Marange denomination and I have to follow what the prophet says and respect the ministry's doctrine thus I cannot go to clinics to be treated using modern health services"

In line with this participant four concurred the following*:*

'Ini hangu handifunge kuti krapwa kwemazuvano kunoshanda kudarika mishongayechivanhu ,madzitaeguru edu aimgoshandisa mishonga wani vachingopora"

(I do not believe in these health services offered by government, our parents survived on traditional medicines thus it shows that traditional herbs are strong and I prefer to continue using them)

In support of the above fifth key informant said:

"My child women in this ward are ignorant when it comes to utilizing and accessing health care services at the clinic due to religious belief, Most of people in the area belong to Johanne Marange and very few are Christians who sometimes come at the clinic to get treatment"

Another key informant three from Patchway clinic echoed the following:

"Community participation has been affecting the utilization of modern health services including maternal health, Human Immune deficiency Virus and Acquired Immunodeficiency Syndrome

(HIV/AIDS) testing by women in Ward 2 in different ways. Those who participate in religious oriented groups especially those from apostolic churches believe more in the power of the supernatural than in professional medical care. But those who are actively involved and participate health groups organized by NGOs and the Ministry of Health and Child Care have better use of these services"

From the above, researcher noted that religion plays a significant role in women's utilization of modern health care services. The findings revealed that women in Sanyati ward 2 are restricted by religious beliefs when it comes to making decisions about their health. To support these findings about religion, Muzingili and Gombarume (2018) note that spiritual perspectives and practices can provide a context wherein anxieties about physical and mental functioning may be faced and understood. Thus there is need for traditional and religious leaders to work with health professionals.

4.3 Developing a strategic plan to enhance accessibility of health care services by rural women in Zimbabwe.

4.3.1 Recruitment of more health workers

The researcher observed that there are few community health care workers and there is few health force in the ward. Community health care workers are workers who go around in communities educating people about new health provisions and connect people with medical care. The World Vision ,(2012) allude that Community Health Workers are community based members who have been trained by health providers such as nurses and doctors to deliver basic health services ,linking people with medical care.

In support of having few community health workers one of the participants from focus group discussion one noted that:

“There are very few health workers who educate or give us awareness about health services being offered at hospitals. I didn’t know that nowadays its free of charge test for cancer, my mother died because of breast cancer but we didn’t know that we could have taken her for tests and perhaps she could have been treated at an early stage and survived .But we visited prophets thinking she could heal because we had no money to take her for test and identify if it could be treated”

To show reliance and the need for increasing number of community health workers and health providers another first key informant at Patchway Hospital echoed the following:

“We have shortage of staff here at the clinic this it’s difficult for us to reach out every community and household in ward 2 because it might result in closure of the clinic that day, thus there is need for more community health workers in order to increase levels of modern health care service utilization”

From the findings it was suggested that there is need of more health workers and community health workers mostly so that modern health services are utilized by most women living in rural areas. By having more community health workers women can learn more about ways to treat and prevent spread of various diseases. It was learnt that this could also reduce Human Immune deficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) related deaths, maternal deaths and cancer related deaths amongst others.Smithwick, (2023), notes that Community health workers and nurses improve health outcomes of people and saves health service providers from

spending large amounts of money .Hence the researcher learnt that there is need for deploying more health workers in the rural wards so that everyone can be able to utilize the modern health services.

4.3.2 Construction of more clinics and hospitals in rural areas

The researcher observed that there only one clinic in Sanyati ward 2 which as 3 communities. After conducting interview and focus group discussions, it was revealed that other women have to walk long distances to reach the clinic. This has led to reduction of women attending hospitals for treatment regular checkups. One of the young women in an interview had to say the following sentiments:

"Dambudziko hombe nderekuti tine kriniki imwe chete muward 2, vamwe vanhu vanotobvakuresa kuzorapwa, kutora mapiritsi kana kunyoresanhumbu.Nokudaro ndizvo zvikukonzera vanhu vasiye kumwa maARV, varapiwe havo nana gogoo nyamukuta nenha yekuti kuti vasvike kukirinika inenge ritori basa hombe"

(The biggest challenge is that there is only one clinic in ward2, and some people have to travel long distance to reach health center. Hence its making people default ARV's, receive antenatal care and be treated other diseases, they continue using traditional medicines because walking to the clinic might be difficult for them)

In support of this participant nine said:

"*Tongoramba tichi namata kuti dai hurumende yawedzera mamwe makiriniki mumarzevha kuitira kuti asanyanyewo kuva kure nevanhu"* (The Zimbabwean government should build more health centers in rural areas)

The findings revealed that shortage of clinics and hospitals in the area is a barrier to women's access and utilization of modern health care services .The participants argued that building of more clinics and hospitals is valuable if health professionals such as nurses are involved in such projects. To support the strategies revealed by the findings, WHO ,(2020) also argue that building more clinics and hospitals can improve health care utilization as there will be increased availability of care and people will be encourages to seek out preventive care or care when they are sick. Thus reducing mortality rate among women residing in rural areas.

4.3.3 Disability inclusive health care services

Another important observation from the study was that women with disabilities were facing challenges in the access and utilization of health services that able bodied receive. This was because of lack of health response programs and services in the ward .One of the participants suggested that:

"Service providers such as community leader's nurses and counsellors should be conversant in sign language and health centers should have structures that accommodate the disabled"

Participant number six with hand deformity noted that

"Muzvipatara vananyamukuta avafani kutituka kna tichinge tatadza kunyora kana utaura zvakanaka veduwe.Tinodawo kubatwa zvakanaka sezvinoitwa vamwe vakadzi vasina rema"

Translated (Health providers at clinics should not shout at us when we fail to do what they have asked us to do, all we need to be treated same way as the able bodied women are treated)

Participant number eight also highlighted that

“We need ambulances to transport persons with disabilities to the clinic, because some of them cannot walk long distances to get treatment at the health center’

The study revealed that in rural areas people /women in disabilities are unable to access and utilize modern health services because here is no disability inclusive services at health centers unlike those in urban areas. The participants argued that building of more clinics and hospitals with structures that accommodate persons with disabilities as well as having health providers that accommodate women with disabilities. To support the above strategies suggested from the interviews after carrying out the interviews and focus group discussions Zimbabwean government implemented National Health Strategy 1(2021--2025) that has a section devoted to the needs of people with disabilities. The strategy improved physical access to health services buildings have structures that accommodate persons with disabilities. However the policy ended and it can be noted that it is good to adopt its ideas in improving health care access by women .In this context even woman with disabilities residing in rural areas can benefit as well.

4.3.4 Educating traditional and religious leadership on modern health services

The participants suggested that traditional nurses, church leaders as well as chiefs, headmen and village herds should be educated on modern health services and its importance towards women. The health promotion connotes that health seeking behavior is largely influenced by factors such

as support networks and religious sects, thus if the traditional leadership understand the benefit of modern health care and share with women in society ,this improves health care utilization.

Participant from focus group 2 to uttered the following:

"Ahhh ini ndinofunga sekuti vanhu vakaita sana mbuya nyamukuta nana amwene vakadzidziswa pamusoro pezveutano hwewakadzi vakazvitakura or vabva kusununguka sezvo tichidzidza zvizhinji kubva kwavari.zvogona kutibetsera"

Key informant three also highlighted that:

"The constitution has a section about traditional leadership thus it can be easier to approach them educating about importance of the health services upon well-being of women."

Participant eight noted that:

*"*Our indigenous knowledge systems are valuable but they lose value once they infringe on right of women to make decisions about their health. Or traditional and religious leaders need to be educated about available health services offered by government"

The researcher learnt that there is need to involve traditional and religious leaders during trainings, awareness campaigns pertaining health care services and legal frameworks. This observation was based on the gaps that traditional and religious leaders were not involved in awareness campaigns either on social media platforms receive information directly from health proffessionals.By doing so it can improve women's access and utilization of modern health services because these leaderships influence health seeking behaviours of people and also advocate ,lobbying for health

services to reach out to everyone.Chimbari ,(2011) in a journal titled “The interference between health and culture in Rural Zimbabwe ”A case study of role of traditional leaders in health education highlighted when traditional leadership can play an important role in improving health care access, they influence community members to seek care at health facilities. Hence health professionals should engage traditional leadership when carrying out outreaches in communities.

4.5 Chapter summary

This chapter presented, analyzed and discussed the findings of the qualitative research conducted in this study with respect to the three objectives of the study. The next chapter summarizes and concludes the study and outlines recommendations.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter provides the summary, conclusions and implications of the study. The chapter begins by giving the summary of the entire study. It goes on to make conclusions drawn from the connection between the study's three objectives and the research findings. The deductions of the study are discussed and these include the implications of the study to social work practice. Recommendations are highlighted which can improve legal frameworks and for future studies.

5.1 Summary of the findings

The aim of the study was to understand the accessibility of health care services by rural women, a case study of Sanyati rural ward 2 in Mashonaland West Province .The study was guided by three objectives that include assessing the level of awareness about access to health care services in Sanyati rural, ward 2, identifying factors affecting utilization of modern health care services by women ward and to develop a strategic action plan to enhance accessibility to health care services by rural women in Zimbabwe . The summary of findings is presented in themes which were derived from study objectives as indicated below:

5.1.1 Participants level of awareness on health care services

The findings of the study revealed that women's awareness on health care access is influenced by various factors. The study findings revealed that social support networks lie family support and group of friends, inadequate information from health workers as well as incompetence's from health care system. The study revealed that there is shortage of health workers operating in the ward thus this affects people's awareness on available health services. Despite efforts by community health workers who educate people about modern health services some women still

use traditional medicines to treat illnesses that need conventional medicine because of cultural insensitivity of health workers.

5.1.2 Factors affecting utilization of modern health care by women in rural areas

The study established numerous individual, systematic and structural factors which affect women's utilization of modern health care services in Sanyati ward 2.The individual factors from the study include lack of knowledge and understanding about health services, disabilities among women .From structural factors such as distance to health facilities, attitudes of health care providers are hindrances to effective utilization of health care by women in the area. The systematic factor is religion mostly.

5.1.3 Strategies that can be put in place to enhance accessibility to health care services by rural women in Zimbabwe.

The findings of the study revealed that the government has to recruit and deploy more health workers in rural areas in Zimbabwe. If there are more health workers in the rural areas then it also results in having more community health workers who will be able to reach out in areas that health professionals cannot, informing people about services available to them. Some of strategies drawn from study were building more hospitals in rural areas, constructing buildings that accommodate persons with disabilities and health workers should educate religious and traditional leaders on modern health services, because even amended Zimbabwe Constitution 2013 Section 29:17 stipulates that traditional leadership are legally permitted to heal people.

5.2 Conclusion

The issue of accessing and utilizing healthcare services is a topic of considerable interest among academics, policymakers, and healthcare providers. As evidenced by this study, challenges persist in fully addressing the factors influencing the utilization of modern healthcare services. The barriers preventing rural women from fully accessing and utilizing these services can be categorized into individual, structural, and systemic factors. Addressing such barriers necessitates a comprehensive approach that considers all these factors to gain a holistic understanding of the issue.

The study highlighted that many rural women prioritize traditional medicines over conventional treatments, indicating that acceptance and understanding of modern healthcare services remain incomplete. Consequently, there is a critical need for the government and healthcare providers to adopt strategies aimed at removing barriers to awareness and utilization of healthcare services at individual, structural, and systemic levels.

5.3 Implications to social work practise

The study highlights the following implications of the study to social work practice: Morales, Sheafor and Scott (2010), social work is a comprehensive natural helping human service profession which focus on the specific needs of clients and require specific knowledge, values and skillsSocial workers should lobby for policies that increase social inclusion such as physical and emotional support to women in rural areas who are constrained in accessing all healthcare services. Social workers should build a mutual relationship between government line ministries such as the Ministry of Health and Child Care and the Ministry of Women Affairs, Community and Gender Development and Non-Government Organizations in order to develop and increase health care access by rural women.

Social workers have to engage relevant stakeholders in facilitating effective community participation of women in programs and initiatives that are likely to improve their utilization of modern healthcare service. Another implication of this study to social work is that social work professionals should work together with the Department of Social Development, and other government ministries as well as Private Voluntary Organisations in raising awareness on modern health care services and their importance in reducing deaths amongst women.

This section highlighted the implications of the study to the social work practice, the following section gives the recommendations to all other stakeholders who might derive benefit from the findings of this study.

5.4 Recommendations

In line with the research findings, summary and conclusions, in this study the researcher proffers the following recommendations to specific concerned stakeholders:

5.4.1 The government

The government should ensure there are enough vehicles at every health center in rural areas Even though women receive support through free, cancer screening, sexual reproductive and maternal healthcare services in public health facilities, the government should support women who live far from these medical facilities with efficient, reliable and convenient emergency transport to carry these women during pregnancy and persons with impairments needing medical attention.

There is need for construction of more hospitals and clinics in rural areas and deploy more health workers, so that every women is attended by health workers. The study revealed that some women in rural areas are not enjoying these benefits because sometimes upon arrival t health centers there might find the staff being busy that patient's end up going home without being attended to.

Strengthening women's participation in community programs focused on healthcare decisions. The government and other ministries as well as NGO's should work together to improve women's community participation, particularly in programs and initiatives aimed at educating and enlightening them on issues related to making better decisions on their health.

5.4.2 Health care providers

It is essential for health care providers (nurses, doctors) to educate women and traditional leadership on issues to do with modern health care services and their importance to the health of women. This is fundamentally important because many women in rural areas are largely unaware and unable to utilize modern health services, thus continue using traditional medicines.

5.4.3 Community members

Community members should participant in programs and awareness campaigns on modern health care so that information reaches every member.

5.4.4 Family members

They should support and encourage women to seek medical care to prevent maternal death, chronic illness related death and other disease related deaths.

5.5 Future study

Despite efforts made in carrying out this study there are areas that are still open for future research. The study thus suggests the following areas for future research or studies. The study focused on the accessibility of healthcare services by rural women in Zimbabwe. However, the future studies can extent the focus to focusing on similar but broad areas such as: determinants of health care access by women in rural areas. More so, future studies can be comparative in nature on awareness and utilization of health care in rural communities and in urban areas. All these can add a wide corpus of knowledge, insights, arguments and recommendations on the already controversial topic of health care access. More so, studies can carry out researchers in more than just one ward in a district in order to come up with more knowledge.

5.6 Chapter summary

This chapter of the study gave the summary and conclusions of the study and proffered recommendations of the study. The summary of the entire study provided a rundown of the whole study from the objectives the theoretical framework, literature review, methodology and findings of the study. The chapter highlighted the implications of the study to social work, and suggested areas for future research were discussed.

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APPENDICES

APPENDIX 1: IN-DEPTH INTERVIEW GUIDE (WOMEN)

My name is Ropafadzo S Saimon, a fourth year student at Bindura University of Science Education, pursuing a Bachelor of Science Honours Degree in Social Work. As part of my studies, I am

conducting a study on the topic of "Accessibility of health care services by rural women a case study of Sanyati rural district ward 2. All participant information will be kept confidential, and the results will only be utilized for academic purposes. I am dedicated to conduct this study with outmost respect for the rights and well-being of women in the area.

The findings of this study are anticipated to provide insights to accessibility of health care services by women in Sanyati rural ward 2.Your participation in the study is voluntary and allowed to withdraw at any given time. There will be no payment for taking part in the study.

Start time ……..

Finishing time ……..

Date ……

Questions

Section A:

Participant:

Age:

Number of years lived in ward 2:

SECTION B: **To assess the level of awareness about accessibility to health care services in Sanyati rural ward 2.**

1. What has been your experiences in relation to accessing health care services?

2. What are the benefits of having access of health care services in your own opinion?

3. Are you aware that you can make your own decisions concerning health care access?

4. Are there enough health care facilities in your community, if not what can be done to improve your access to health care services?

Section C: To identify factors affecting utilization of modern health care services by women in Sanyati Rural ward 2

Do you feel like your health care providers listen and understand your concerns?

What are the cultural barriers to accessing health care services?

Are you getting enough support from the family when trying to access health care services ,if not what do you think should be done to ensure that they support?

Are there any religious beliefs restricting you from utilizing health care services?

Section D: To develop a strategic action plan to enhance accessibility to health care services by rural women in Zimbabwe

1. Who should be involved in developing a strategic plan for enhancing health care accessibility amongst rural women?
2. Do you think there are benefits of having a strategic plan on health care access?
3. What kind of challenges are likely to be faced when developing and implementing strategic plan on enhancing health care access?
4. Are there groups of people in the community who are facing more barriers to accessing health care services than others?

Thank you very much for your contribution!!!

APPENDIX 2: KEY INFORMANT INTERVIEW GUIDE

My name is Ropafadzo S Saimon a student at Bindura University of Science Education pursuing a Bachelor of Science Honours Degree in Social Work. I am conducting a research on the

Accessibility of health care services by rural women, a case study of Sanyati rural district ward 2..Participants identity and information will be kept confidential participation is voluntary ,must you decide to withdraw from the research you are allowed to do so freely. There will be no fee payment offered for taking part in the study.

Start time:

Finishing time:

Date:

Section A

Age:

Marital status:

Religious affiliation:

Years lived in the community:

Section B: To assess the level of awareness about access to health care services in Sanyati rural district ward 2.

1. What are your thoughts on the quality of health care services available to rural women?

2. Do you think there are any unique challenges for rural women when it comes to accessing health care?

3. Are rural women aware of the health care services that are available to them?

4. Do you feel like you have adequate access to health care services?

Section C: To identify factors affecting utilization of modern health care services by women in Sanyati Rural Ward 2.

1. What do you think are the main barriers to utilizing modern health care services for rural women in Sanyati rural district?

2. Are there groups of people in the community who are facing more barriers to accessing health care services than others?

3. In your own perspective do you think cost is a main barrier to utilizing modern health care services by women in the community?

4. What role do you think should be played by family members in improving utilization of modern health care services for rural women?

Section D: To develop a strategic action plan to enhance accessibility to health care services by rural women in Zimbabwe:

1. What role do you think community leaders should play in improving access to modern health care services for rural women?

2. What role do you think his government should play in improving access to modern health care services for rural women?

3. What changes should be done in the health care setup to ensure that every woman in rural areas can utilize mordent health care services?

4. Where do you think should be done to ensure that women are utilizing modern health care services offered at health facilities?

Thank you very much for your contribution!!!

APPENDIX 3: FOCUS GROUP DISCUSSION GUIDE

My name is Ropafadzo S Saimon a student at Bindura University of Science Education pursuing a Bachelor of Science Honours Degree in Social Work. I am conducting a research on the

Accessibility of health care services by rural women case study of Sanyati district. Participants identity and information will be kept confidential participation is voluntary, must you decide to withdraw from the research you are allowed to do so freely.

Section A: To assess the level of awareness about access to health care services in Sanyati rural district, ward 2

1. How would to describe the availability and quality of health care for women in the community.
2. What are the most pressing health needs for women in the community?
3. How can we work with providers to improve their understanding of women's health needs?
4. Are women in the district facing financial, social, cultural or geographical barriers to accessing health care?

Section B: To identify factors affecting utilization of modern health care services by women in Sanyati Rural district, ward 2.

1. What do you think is the most important thing to consider when utilizing Morden health care services?
2. Do you think availability of health care services is a major factor affecting the utilization of health services?
3. Are there disparities in access and utilization to health care based on socio-economic statuses? If so what can be done to promote equality in accessing health care services?
4. In your own opinion do you think patriarchal nature of society is affecting women's utilization of modern health services?

Section C: To develop a strategic action plan to enhance accessibility to health care services by rural women in Zimbabwe

1. Do you think awareness campaigns on importance of utilizing health care services should be done regularly, explain how they can be essential?

2. What are some of the innervations of community health workers in dealing enhancement of accessibility to health care services by rural women?

3. What changes should be done to the existing health policies in order to ensure that women in rural areas have equal access to health care services like those in urban areas?

4. Do you need more health facilities such as clinics, hospitals in the community?

Thank you very much for your contribution!!!

APPENDIX 5: DOCUMENTARY RESEARCH

Secondary data was is necessary for the study to be successfully completed, and a documentary search is to be done.

……

……

APPPENDIX 6: INTERVIEW CONSERT FORM

Dear participant

This consent form is used to gather information about your thoughts and experiences related to health care services accessibility by rural women. The information gathered will only be utilized

for the study. Additionally all private information will be kept confidential. The participant is free to talk to anyone he or she feels comfortable about the research, before they decide to participate in this research. Participation is voluntary hence participants can freely withdraw from the interview at any given time. If there are words used which the participants doesn't understand she/he should feel free to ask for clarification and I will explain. I am therefore kindly asking you to assist me in carrying out my research by responding to the following questions as openly and freely as you can .your cooperation and support is greatly appreciated

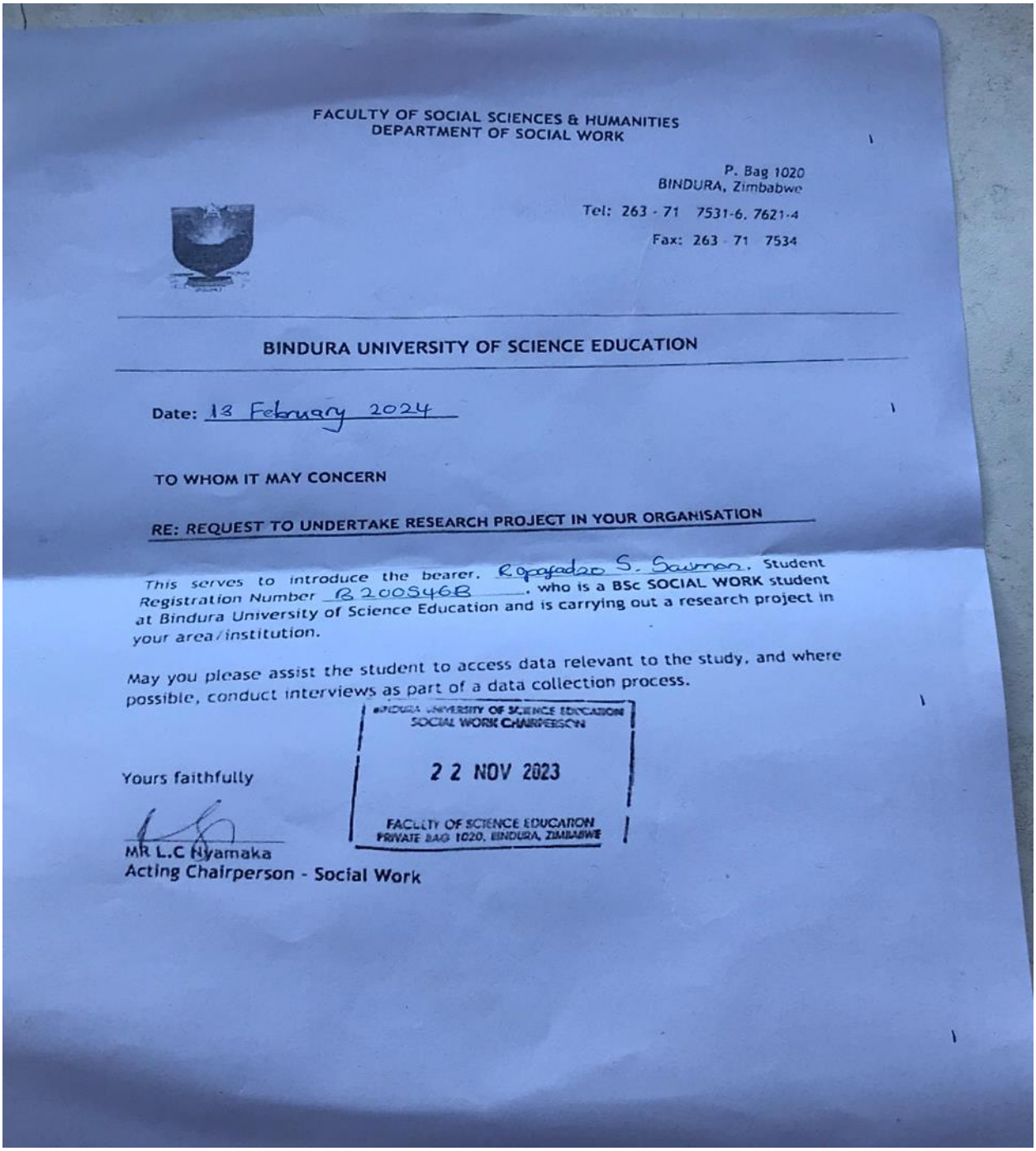
Informed consent statement

I……..consent to participate in the research entitled **"ACCESSIBILITY OF HEALTH CARE SERVICES BY RURAL WOMEN IN ZIMBABWE,A CASE STUDY OF SANYATI RURAL DISTRICT ,WARD 2".**The researcher has explained to me the research I give my concert voluntarily. I understand that my right to withdraw from participating or refusing to participate will be respected and that my responses and identity shall be kept confidential.

Participant signature ……..Date:

Researcher signature …….Date

APPENDIX 7: DATA COLLECTION APPROVAL FORMS



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BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 13 February 2024

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, Rapafadzo S. Saurmon, Student Registration Number B200546B, who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON
22 NOV 2023
FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

Yours faithfully

MR L.C Nyamaka
Acting Chairperson - Social Work

SANYATI RURAL DISTRICT COUNCIL
8 Warwick Street
Box 240
Kadoma
Tel : 068 22408/22505
Fax : 068 22408
e-mail : sanyatirdc@gmail.com
ALL CORRESPONDENCE SHOULD BE ADDRESSED TO THE CHIEF EXECUTIVE OFFICER

27 February 2024

Ropafadzo Saimon
Bindura University of Science Education
P. Bag 1020
Bindura

Dear Madam

SUBJECT: AUTHORITY TO CARRY OUT RESEARCH IN WARD 2 OF SANYATI DISTRICT SR B200546B

The above subject matter refers;

You are hereby advised that permission to carry out the research titled "Accessibility of health care services by rural women, A case study of Sanyati rural ward 2" is hereby granted.

You are encouraged to share, with the organisation, findings of the research to enhance effective and efficient public service provision in Sanyati district.

Wishing you a pleasant experience during the process.

P.O.B
SOCIAL AND COMMUNITY SERVICES
SANYATI RURAL DISTRICT COUNCIL
2024
P.O. BOX 240
KADOMA

Yours Faithfully

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B. Chikomwe- Housing, Social and Community services Officer
For the Chief Executive Officer
CC: CEO
A/HR and Admin Officer
File

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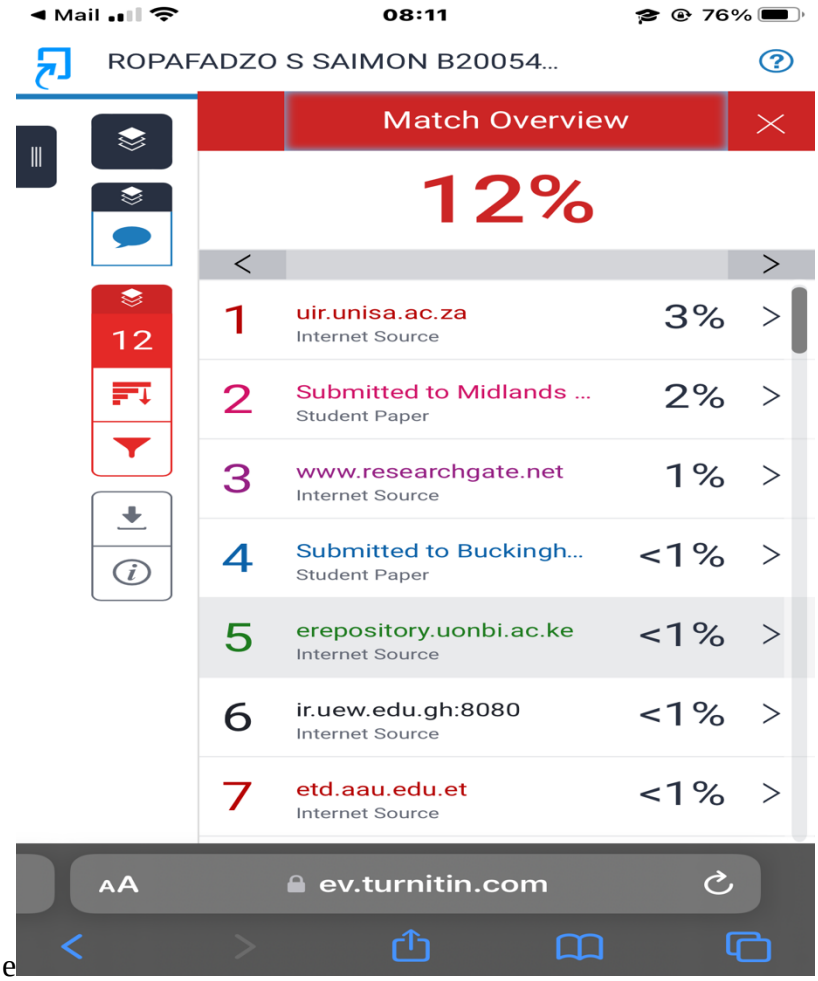
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