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## **Health Literacy on Patients' Rights Charter Among Users of Primary Care Health Facilities in Kiambu and Machakos Counties in Kenya**

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### **Abstract**

Health literacy of patients' rights and responsibilities is a challenge for users of primary health care facilities in many parts of Kenya. Low health literacy hinders the practice of patients' responsibilities as described in the patients' rights charter thereby negatively impacting health outcomes. Health literacy is associated with improved utilisation of health services leading to better health outcomes. The aim of this study was to establish the extent to which users of primary health care facilities in Kiambu and Machakos counties in Kenya have embraced health literacy as envisaged in the Patients' Rights Charter. Specifically, the study sought to establish patient's awareness of their rights; to establish the extent to which patients practice their responsibilities and rights in primary health care facilities; and to relate literacy to the demographic characteristic of the respondents. Health literacy of patients' rights in the context of this study refers to the patients' awareness of their rights and their ability to make basic health decisions concerning their rights as their responsibility. This was a descriptive cross-section study that used semi-structured questionnaire to collect quantitative data. A random sample of 422 patients from the outpatient department of four primary care health facilities was drawn. Every fifth patient who met the inclusion criteria and was willing to participate in the study was enlisted. Of the respondents enlisted, 389 (92%) complete questionnaires were analysed using SPSS version 25. Overall, majority of the respondents agreed that they were aware of their rights and they practised their responsibilities as per the Patients' Rights Charter. The respondents' awareness of their rights was statistically significant with regard to age ( $r = 0.293^{**}$ ,  $P < 0.001$ ), level of education ( $r = 0.293^{**}$ ,  $P < 0.001$ ) and duration of health care services ( $r = 0.294^{**}$ ,  $P < 0.001$ ). Respondents' practice of their responsibilities was statistically significantly related to age ( $r = .244^{**}$ ,  $P < 0.001$ ) and duration of receiving health care services ( $r = 0.342^{**}$ ,  $P < 0.001$ ). The study concludes that patient demographic characteristics like age, level of education, and the duration they had visited the health facility for services, had an influence on their health literacy based on Patients' Rights Charter. This therefore draws the recommendation that health facilities should have a structured approach to health literacy of patient's rights charter that targets demographic characteristics along the patients' developmental stages through specific components of primary care health services.

**Key words:** Patients' rights, Health literacy, Health system strengthening

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## **1.0 Introduction**

Patients are expected to know their rights and practice their responsibilities when accessing health services in primary health care facilities (Ministry of Health Kenya, [MOH] 2014a). Despite the implementation of the Patients' Rights Charter (PRC) in Kenya, a few studies have documented patients' health literacy and its implications on the Charter in the context of primary health care facilities (Ferguson et al., 2015).

The concept of PRC was derived from the Universal Declaration of Human Rights (UDHR) and adopted by the World Health Organization (WHO) member states (United Nations [UN], 1948). The rights-based approach to health care seeks to protect the patient as a vulnerable member of the society and ensure access to health services at primary care health facilities (Mahrous, 2017).

In Kenya, the PRC became operational in 2013 (Ministry of Health Kenya [MOH], 2013). Article 43 of the constitution of Kenya provides that "every person has the right to the highest attainable standard of health, which includes the right to health care services" (Kenya, 2010). Health literacy remains a challenge among users in primary care health facilities and contributes to low utilisation of health services (World Health Organization [WHO], 2013).

The implementation of health literacy of patients' rights should be tailored to specific health services with the aim of ensuring that the rights of patients are observed in the specific technical aspects of service delivery. The components of PRC address the patients' rights, responsibilities, and mechanisms that can be used to handle grievances and complaints (MOH, 2013). The functions of health service delivery in

Kenya are classified into four tiers with six levels; namely tier one-Community, tier two Primary health care, tier three, County and tier four National referral hospitals (MOH, 2014b). The health facilities at each of the tiers provide health services to meet different population needs. In Kenya, 70% of the population live in the rural areas where access to health services is mainly provided through primary care health facilities i.e. dispensaries and health centres (Kenya National Bureau of Statistics [KNBS], 2019; MOH, 2014a).

The first contact a patient has with the health system is the primary care health services at the community level (MOH, 2014). Primary health care facilities provide a platform for inclusion of context specific health literacy opportunities for populations while addressing the components of primary health care. Studies have shown that a health system with primary health care orientation can demonstrate consistency in the provision of better health outcomes due to the ability to coordinate activities that are focused (Murante et al., 2017).

The obligation to achieve health literacy is vested in the health care provider and focused towards enhancing the "whole-of-society approach" for patients, families and communities (Starfield, 2012). The value of empowering the patient at primary care health facility is instrumental to inform interventions for the rights-based approach to health care and specifically in informing health literacy on patients' rights.

This study sought to establish the extent to which literacy on PRC has been achieved among users in primary care health facilities in Kiambu and Machakos Counties in Kenya.

Literacy of patients' rights in the context of this study refers to the patients' awareness of their rights and the ability to make basic health decisions concerning their rights as their responsibility, including addressing complaints that may arise as they seek health care services in the health facility.

## **2.0 Materials and Methods**

This study used a descriptive cross-sectional design. It was conducted from January to March 2018 in two counties of Kiambu and Machakos in Kenya. Data was collected, using a structured five-point Likert scale questionnaire, from the patients attending outpatient services in primary care health facilities in Kiambu and Machakos Counties.

A total of 422 patients aged over 18 years, attending outpatient services at primary care health facilities, were randomly sampled. Every fifth adult patient who met the inclusion criteria and consented was recruited into the study.

Each of the two-county primary care health facilities had 211 questionnaires distributed. The questionnaire was self-administered to the clients who were literate. The researcher assisted approximately 45% of the respondents who were willing to participate in the study but required help to complete the questionnaire due to either being distracted or other reasons though they were literate.

Ethical approval was obtained from the Kenya Methodist University Scientific, Ethics and Review Committee whereas a permit was issued by the National Commission of Science and Technology and Innovation (permit number

NACOSTI/P/17/31562/16468) for data collection. Approval to collect data was also obtained from the Kiambu and Machakos County Health offices and the respective health facilities. Informed consent was obtained from the patients as respondents in the study.

## **3.0 Results**

The study respondents were clients visiting outpatient clinics in the primary care health facilities in Kiambu and Machakos Counties. Out of the 422 questionnaires distributed, 389 (92%) were fully completed and analysed (199 from Kiambu county and 190 from Machakos County). Quantitative data was presented in descriptive and inferential statistics. Bivariate analysis using Pearson's Chi-square was used to compare the relationship between respondents' demographic characteristics and the indicators of health literacy on PRC defined as awareness of their rights and practice of their responsibilities.

The respondents' demographics characteristics presented in Table 1 indicate that slightly above half of the respondents, 203 (53%), from both Counties were aged below 27 years of age and 207 (53%) were married. Most 257 (66%) were female and less than half 145 (38%) had post-secondary school education. The chi square values for all the demographic characteristics of respondents indicate that there was no significant difference in the characteristics except for marital status ( $\chi^2 = 15.56$ ,  $P < .001$ ).

**Table 1**

***Respondents Demographic Characteristics***

|                                       | <b>Kiambu<br/>n (%)</b> | <b>Machakos<br/>n (%)</b> | <b><math>\chi^2</math></b> | <b>P value</b> |
|---------------------------------------|-------------------------|---------------------------|----------------------------|----------------|
| <b>Age</b>                            |                         |                           |                            |                |
| 18-27                                 | 96 (25)                 | 107 (28)                  | 1.26                       | 0.27           |
| 28-37                                 | 79 (20)                 | 68 (17)                   | 0.31                       | 0.53           |
| 38 and above                          | 24 (6)                  | 15 (4)                    | 1.64                       | 0.19           |
| <b>Total</b>                          | <b>199 (51)</b>         | <b>190 (49)</b>           | <b>3.21</b>                | <b>0.36</b>    |
| <b>Gender</b>                         |                         |                           |                            |                |
| Male                                  | 62 (16)                 | 70 (18)                   | 0.93                       | 0.33           |
| Female                                | 137 (35)                | 120 (31)                  | 1.42                       | 0.49           |
| <b>Total</b>                          | <b>199 (51)</b>         | <b>190 (49)</b>           | <b>2.35</b>                | <b>0.30</b>    |
| <b>Marital status</b>                 |                         |                           |                            |                |
| Married                               | 95 (24)                 | 112 (29)                  | 2.34                       | 0.31           |
| Never married                         | 69 (18)                 | 69 (18)                   | 0.11                       | 0.94           |
| Separated                             | 35 (9)                  | 9 (2)                     | 13.11                      | 0.001          |
| <b>Total</b>                          | <b>199 (51)</b>         | <b>190 (49)</b>           | <b>15.56</b>               | <b>0.001</b>   |
| <b>Highest Level of Education</b>     |                         |                           |                            |                |
| Primary                               | 60 (15)                 | 69 (18)                   | 1.12                       | 0.57           |
| Secondary                             | 75 (20)                 | 70 (18)                   | 0.02                       | 0.99           |
| Post-Secondary                        | 64 (16)                 | 51 (13)                   | 1.06                       | 0.58           |
| <b>Total</b>                          | <b>199 (51)</b>         | <b>190 (49)</b>           | <b>2.20</b>                | <b>0.53</b>    |
| <b>Duration of receiving services</b> |                         |                           |                            |                |
| Less than 6 months                    | 25 (6)                  | 37 (10)                   | 3.10                       | 0.21           |
| 7 to 24 months                        | 65 (17)                 | 42 (11)                   | 3.75                       | 0.05           |
| Above 24 months                       | 109 (28)                | 111 (29)                  | 0.22                       | 0.89           |
| <b>Total</b>                          | <b>199 (51)</b>         | <b>190 (49)</b>           | <b>7.07</b>                | <b>0.07</b>    |

The study sought to establish patient's awareness of their rights as described in the PRC. The findings are presented in Table 2.

Concerning patients' awareness of their rights, majority of the respondents agreed that they were aware of their rights in the following domains: right of information on insurance cover 269 (70%), right to get emergency treatment 350 (90%), their medical information should not be shared

311 (80%). However, just over half 227 (52%) were aware that they should always be informed of their rights by the health care provider, and 221 (57%) were aware that they should be informed of the outcome of their complaints. The proportion for responses of all values for items that investigated respondents' awareness concerning their rights was statistically significant  $\hat{p}$  ( $P < 0.001$ ) for the two counties.

**Table 2**

***Respondents' Awareness of the Patients' Rights Charter***

| Statement   | Agree<br>n (%) | Disagree<br>n (%) | awareness<br>$\hat{p}$ | p     |
|---|----------------|-------------------|------------------------|-------|
| I am always aware of the right to know what NHIF covers                             | 269 (70)       | 120 (31)          | 0.69                   | 0.001 |
| I am always aware I should get emergency services                                   | 350 (90)       | 39 (10)           | 0.89                   | 0.001 |
| I am always informed of my rights as a patient by the health care provider          | 227 (52)       | 29 (10)           | 0.58                   | 0.001 |
| I am always aware I have a right to best quality of care                            | 360 (93)       | 29 (7)            | 0.92                   | 0.001 |
| I am always aware that my medical information should not be shared                  | 311 (80)       | 78 (20)           | 0.79                   | 0.001 |
| I am always aware that I should only be treated after giving consent                | 227 (59)       | 162 (41)          | 0.58                   | 0.001 |
| I am always aware that the facility should inform me of the outcome to my complaint | 221 (57)       | 168 (43)          | 0.56                   | 0.004 |

The study sought to establish the respondents' perception of patients' practice of their responsibilities as described in the PRC. The Kenyan PRC

describes 15 patient responsibilities. However, in this study, only four responsibilities were assessed. The findings are presented in Table 3.

**Table 3**

***Respondents' Perception of Practice of their Responsibility based on the Patients' Rights Charter***

|   | Agree<br>n (%) | Disagree<br>n (%) | Practice.<br>$\hat{p}$ | P     |
|---|----------------|-------------------|------------------------|-------|
| I always provide information to health care providers for my care                               | 248 (63)       | 141 (37)          | 0.63                   | 0.001 |
| I always report concerns about services to the authority  | 221 (56)       | 168 (44)          | 0.56                   | 0.004 |
| I have been contacted by a health facility as follow up on a complaint I have made              | 147 (37)       | 242 (63)          | 0.37                   | 1.000 |
| I always give consent before a health care provider can discuss my health issues with my family | 277 (71)       | 112 (29)          | 0.71                   | 0.001 |

The findings indicate that many of the respondents practised their responsibilities in the four theme areas of the PRC. Majority 277 (72%) said they always give consent before a health care provider can

discuss their health issues with their family. Most 248 (64%) reported that they provided information to health care providers for their care. However, less than half 147 (38%) reported that they had

been contacted by a facility to follow up on a complaint they had made. The proportion for responses of all values for items that investigated perception of practice of responsibility was statistically significant  $\hat{p}$  ( $P < 0.001$ ) except for the item on communication from a health facility as a follow-up on patient complaints. This

indicates that there was no significant difference among the respondents from the two counties.

The study examined the correlation between the respondents' demographic characteristics and the respondents' health literacy on PRC. The findings are presented in Table 4.

**Table 4**

***Influence of Age, Education and Duration of Receiving Services on Health Literacy***

|  | Age                        | Level of Education        | Duration of Receiving Services (Months) |
|--|----------------------------|---------------------------|---|
| Awareness of patients' rights          | $r=0.293^{**}, (p<0.001)$  | $r=0.293^{**}, (p<0.001)$ | $r=0.294^{**}, (p<0.001)$               |
| Practice of patients' responsibilities | $r=0.244^{**}, (p< 0.001)$ | $r=0.034, (p>0.001)$      | $r=0.342^{**}, (p< 0.001)$              |

\*\*.. Correlation is significant at the 0.01 level (2-tailed)

Patients' awareness about their rights was statistically significantly correlated to age, level of education, and duration in months that the respondent had received services at the health facility. On respondents' practice of their responsibilities as described in the PRC, age and duration (months) the respondent had visited the health facility for services were statistically significantly related to practice of their PRC responsibilities.

**4.0 Discussion**

Health literacy on PRC is the ability of the patient to access, interpret and apply information concerning their rights, responsibilities, and mechanism for handling grievances and complaints in the health care settings. Health literacy can be described as functional or conceptual literacy of health information that leads to behaviour change (Aaby, Friis, Christensen, Rowlands, and Maindal, 2017). Functional literacy is associated with the patient's ability to both read and make a decision to act on the information gained while conceptual literacy is acquired over a lifetime through interaction with health services and health care providers, resulting in behaviour

change by the patient as an indication of practice of their responsibility (Visscher et al., 2018).

This study approached the components of health literacy as a survey of the main themes of the PRC. The two main components were patient's awareness of their rights and the practice of their responsibilities as described in the PRC. Effective primary health care delivery requires individuals and communities to have access to the awareness, skills, and resources required to meet their specific health and non-health needs (McCollum et al., 2018).

The patients' awareness of their rights was described under awareness on availability and affordability of health services, the right to dignity expressed by the patient consenting to treatment and the right to complain and expect feedback on the action taken. Nearly all respondents were aware of their right to access health services, including emergency health services. Dignity was rated highly e.g. "I am always aware that my medical information should not be shared". The practice of respect and dignity of the person has its origin in the UDHR and

forms the basis of the concepts of patients' rights (WHO, 2015).

Patient dignity and respect are expressed as the ability to consent to treatment and to make decisions concerning a patient's health and what happens to their health information among other cultural constructs. Overall, the study found that more than half of the patients were aware of their rights and responsibilities. The findings are consistent with studies in Uganda where patients rated dignity and respect as most important as they received health services (Kagoya et al. , 2013).

This may be an indication of the difference in cultural constructs of what comprises dignity and respect. The patients' perception of whether they received dignified care or not may be considered subjective and is influenced by the demographics, including the culture (Hamid & Begum, 2019). The components of practice of patients' responsibilities described in the PRC includes the communication by the patient providing information to the health care provider, consenting before their health information is shared with significant others and seeking for feedback on complaints raised.

Communication and participation by the patient in health care involves information sharing with the aim of improving health outcomes. The study findings indicate that the patients scored high on participation in so far as giving information to the health care provider is concerned but did not demand for feedback after lodging complaints. The findings are consistent with a study that connected the demonstration of caring in communication by health care providers with the patients' ability to give and receive feedback (Wang et al.,2017). Complaints by patients should be documented and the outcome communicated to the patient.

Effective interventions to strengthen patient complaints systems require integration into institutional processes to

facilitate documentation and learning for continuous improvement of services delivered (Hsieh, 2010). Participation of patients in their care has been associated with outcomes of improved services utilisation and better health outcomes (Edward et al., 2015). Patients' rights communicated directly by the health provider and customised to the demographics of the patients may improve on practice of the responsibilities.

The Kenya Essential Packages for Health (KEPH) has targeted health services for levels of care to sub- populations (cohorts) based on the broad definition of the developmental stages to ensure equitable access to health care (Atun et al., 2013). The study found that the patient's demographic characteristics of age, level of education and duration of time they had visited the health facility were significantly associated with both awareness of their rights and practice of their responsibilities according to the PRC.

The relationship between age and health literacy was consistent with findings where the young adults had better literacy levels compared to the older adults (Krist et al.,2017; Tille et al., 2019). The level of education was statistically significantly associated with awareness and practice of patients' rights. The demonstration of tacit awareness may be varied where the source of awareness is not structured to facilitate a standard evaluation method(Sanford, Schwartz, & Khan, 2020). The findings were consistent with a study where the health seeking behaviour of patients with a higher educational level was associated with better health outcomes(Morgan et al., 2018).

The duration of time a patient visits a health facility provides the opportunity for conceptual learning. The more the visits to a primary health care facility, the more the opportunities for updated information through individualised contact with the



health care providers and the displays of health promotion materials in the facility. The findings were not consistent with other studies where the number of patients' visits to the primary health care facility was not significantly associated with health literacy (Karimi et al., 2014). Health literacy that empowers users of health services with awareness, attitude, and skills to improve health outcomes should be related to the health needs of the primary health care facility and be context specific.

## 5.0 Conclusion

The findings indicate that patient demographic characteristics like age, level

of education and the duration they had visited the health facility for services had an influence on the health literacy of patients based on the PRC. It is recommended that health facilities should have a structured approach to health literacy on PRC that targets demographic characteristics along the patients' developmental stages through specific components of primary care health services.

## 6.0 Acknowledgment

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