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DETERMINANTS OF HEALTH-SEEKING BEHAVIOR AMONG PATIENTS AGED ABOVE 18 YEARS ATTENDING KIBAALE HEALTH CENTRE IV, KIBAALE DISTRICT. A CROSS-SECTIONAL STUDY.

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ABSTRACT

Background:
In Uganda, 19% of people suffer from illnesses monthly but 17% of them do not seek health care services with 21% practicing self-medication. These practices have contributed to a persistently high mortality rate of 10.2 deaths per 1000 population. This study was intended to assess the determinants of health-seeking behavior among patients above 18 years attending Kibaale health center IV, in Kibaale district.

Methodology:
The study used a cross-sectional descriptive study design that employed quantitative data collection methods. A sample size of 30 respondents who were selected using a simple random method was used. Questionnaires were used to obtain data from respondents which was presented in the form of tables, pie charts, and graphs using Microsoft Excel program.

Results:
Individual determinants were, 13(43.3%) were aged 46 – 60 years, 11(36.7%) had attained primary education, 28(93.3%) did not own a medical insurance and 19(63.3%) had long time illness. Socio-cultural determinants ranged from; 19(63.3%) being recommended to use traditional medicine by their cultures, 19(63.3%) being encouraged by their religious leaders to seek medical help to treat illnesses and 17(56.7%) having motorcycles as means of transporting sick individuals to the health center. With regards to health facility-related determinants; 25(83.3%) reported unavailability of drugs, 15(50%) waited for more than 2 hours before receiving medical care and 13(43.3%) reported lack of privacy.

Conclusion:
The health facility characteristics and socio-cultural norms and teachings greatly hindered the health-seeking behavior as compared to individual determinants.

Recommendation:
Health workers need to sensitize communities on the need to seek health care services even for minor illnesses as this could promote utilization of services by individuals without chronic illnesses.

Keywords: *Health Seeking Behavior, Kibaale Health Centre IV, Kibaale district*
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BACKGROUND

Health care-seeking behaviors (HSB) refer to any action or inaction undertaken by individuals who perceive themselves to have a health problem or are ill for purposes of finding an appropriate remedy, (Latunji & Akinyemi, 2018). Health-seeking behavior is situated within the broader concept of health behavior, which encompasses activities undertaken to maintain good health, prevent ill health, as well as deal with any departure from a good state of health (Akinyemi, 2018). The provision of high-quality health services that are inclusive, affordable, and accessible to all citizens is one of the key responsibilities of governments around the world (World Health Organization (WHO), 2019).

Health is a state of complete physical, mental, social, and spiritual well-being, not merely the absence of disease or infirmity. Understanding health-seeking behavior is the cornerstone of public health strategies. Failure to exhibit and appropriately identify health-seeking behavior delays opportunities to diagnose or treat older patients promptly, which may further exacerbate symptoms and increase future care costs (Arthur-Holmes et al., 2020)
Globally, over 800 million people spend 10% of their budget seeking quality healthcare services (WHO, 2019).

However, the quality-of-care patients desire is not obtained due to many constraints in accessing and utilizing the services such as poor attitudes of health care providers and long waiting times. Such situations hinder the future use of health care services compromising the universal health coverage (UHC) as well as high morbidity and mortality rates, (Abuduxike, Asut, Vaizoglu & Cali, 2020).

In China more than 90% of patients seek healthcare services in referral hospitals for conditions that can be managed by lower healthcare facilities, (Liu et al, 2020). This is because of the lack of trust in health workers at lower facility levels and inadequate diagnostic services. As a result, tertiary health facilities are overloaded with patients compromising the quality of health care, (Zeng et al, 2020).

There is a poor HSB in Africa compared to other parts of the world for instance 38.7% in rural Ethiopia and 54.6% in the Democratic Republic of Congo (DRC), (Begashaw, Tessema & Gesesew, 2016). Sub-Saharan African countries like Nigeria have a disproportionate distribution of healthcare services coupled with unfavorable cultural beliefs, poor community sensitization, and financial constraints thus hindering the HSB (Okojie & Lane, 2020). This leads to Africa accounting for 22% of the global disease burden and an adult mortality rate of 347 per 1000 population, which is the highest in the world (Likawunt, 2018).

East Africa's rural population faces inequality, and inaccessibility to timely quality care yet 76% of communities reside there, (Anthonj et al, 2019). This is evidenced by 25% of people in Tanzania do not seek health care services for their illnesses thereby high morbidity and mortality rates from treatable illnesses (Chomi et al, 2014).

Uganda's burden of disease is dominated by communicable diseases like malaria, diarrhea, and respiratory infections which account for over 50% of morbidity and mortality yet they are curable if timely care is sought, (WHO, 2018). The situation is attributed to the public health sector's challenges like irregular stock-out of drugs, long waiting times, and distance to health facilities as factors affecting the health-seeking practices of a community. Besides, the health sector challenges, illiterate communities trust traditional remedies that modern therapeutics compared to urban and civilized communities that often seek medical care, (Musoke, 2014).

The government through the Ministry of Health (MoH) and non – non-governmental organizations (NGOs) has put in effort to sensitize people to seek health care through radio talks, and television, increased the number of health facilities, and improved drug supply, (MoH), 2021). Despite the above interventions, more than 50% of community members in Kibaale district use herbal medicines as a modality of treatment irrespective of the presence of Kibaale Health Centre IV, (Kibaale Local Government Report, 2022). The study is to assess the determinants of health-seeking behavior in patients aged 18 years and above attending Kibaale Health Center IV in Kibaale district, western Uganda since no study of this kind has been conducted in the study area.

METHODOLOGY

Study design and rationale

This was a cross-sectional study on the determinants of health-seeking behavior among patients above 18 years attending Kibaale Health Center IV. The design was chosen because it was thought to be the most suited for the study and that it allowed the researcher to manipulate the study respondents to get the required data. It was also chosen because the nature of the study required the researcher to use it only once and not another time again.

Study setting and rationale

The study was carried out in Kibaale Health Center IV, Kibaale district in Kibaale town council.

It serves mainly the district of Kibaale although patients from neighboring districts also attend. The health center is approximately 236.1km by road transport from Kampala.

The health center's administration comprises an administrator, medical superintendent, nursing director and in charge, ward, and department in charge among others. It offers services like outpatient services, immunization services, laboratory, dental services, maternal child health, and tuberculosis clinic, the health center also has a theatre.

The study area was selected because it was familiar and accessible to the researcher.

Study population

The study population comprised of all patients who are above 18 years attending Kibaale health center IV.

Sample size determination

A total of 30 participants were used as the study sample size. This number of participants was thought to be large enough to ensure that the researcher obtained enough data to fulfill the study objectives and give valid research.

Sampling procedure

Simple random sampling was used to select the patients to participate in the study. The researcher wrote numbers 1-60 papers with 30 papers having option "YES" and 30 having option "NO" which were folded and placed into a small box. The study participants were then requested to pick one piece of paper from the box without replacing it and only those

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who picked papers with "YES" were considered for the study.

Inclusion criteria

All patients above 18 years old attending Kibaale Health Enter IV were eligible for the study.

Definition of variables

Dependent variables

Health-seeking behavior among patients above 18 years attending Kibaale Health Center IV.

Independent variable

These comprised the individual determinants of health-seeking behavior among patients above 18 years, socio-cultural determinants of health-seeking behavior among patients above 18 years, and health facility-related determinants of health-seeking behavior among patients above 18 years and above attending Kibaale Health Center IV.

Research instruments

The study employed a questionnaire as a data collection instrument. It comprised both structured and semi-structured questions on the determinants of health-seeking behavior among patients aged 18 years and above. The questionnaire was designed with guidance from the supervisor and pre-tested to reduce the ambiguity of some of its questions before it was used for the actual data collection. Pre-testing was done in another health center in the same area as Kibale Health Center IV.

Data collection procedure

The area under study was visited before the data collection exercise so that the researcher was well-oriented with the study area. During data collection, explanations about the purpose of the study to the study participants, data was collected by distributing the questionnaire to the randomly selected study patients.

Data management

Data was, corrected and checked for completeness by the researcher and then entered in Microsoft Excel. All filled questionnaires were kept in a safe place only accessible by the researcher and a password was used for electronic data.

Data analysis and presentation

Data was manually analyzed and results were presented in the form of tables, graphs, and pie charts using Microsoft Excel. The findings were presented in the form of figures, tables, and graphs explained using narrative.

Ethical considerations

This study was approved by Lubaga Hospital training schools, then issued an introductory letter to the study area where the in-charge approved the study to be conducted on the premises Respondents were asked to consent. Confidentiality and their identity were kept anonymous by using study numbers instead of their names during data collection.

RESULTS

Demographic characteristics of respondents

Table 1: Demographic characteristics of respondents. n = 30

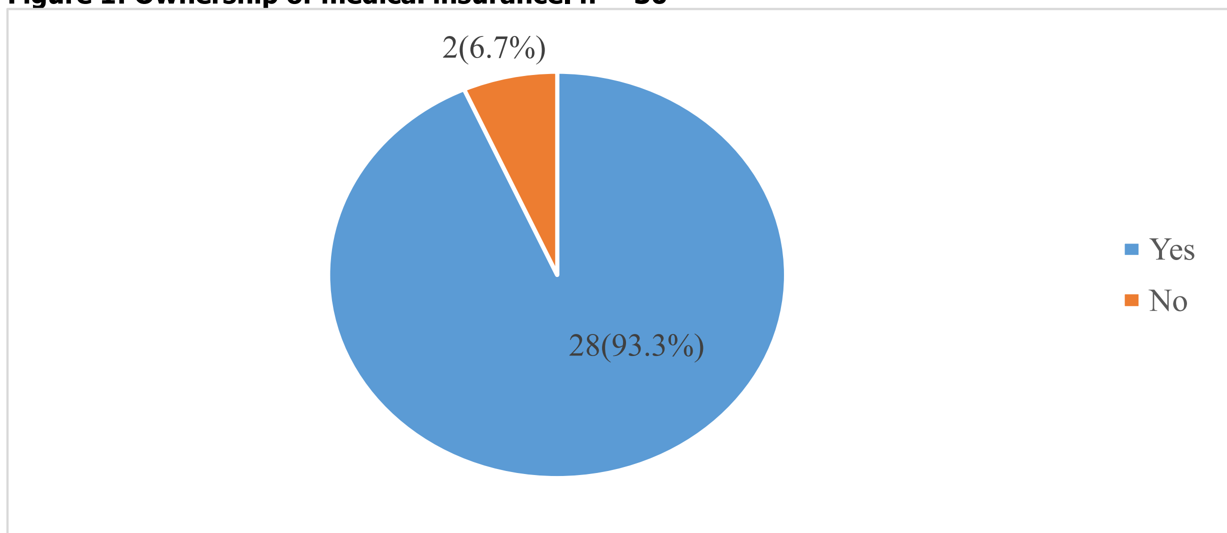
Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	13	43.3
	Female	17	56.7
	Total	30	100
Age (years)	18 – 30	5	16.7
	31 – 45	10	33.3
	46 – 60	13	43.3
	>60	2	6.7
	Total	30	100
Education	Did not attend school	7	23.3
	Primary	11	36.7
	Secondary	8	26.7
	Tertiary	4	13.3
	Total	30	100
Employment status	Unemployed	12	40
	Employed	18	60
	Total	30	100

Source: Primary Data

Table 1 shows that the majority of the respondents, 17(56.7%) were female while the minority of the respondents, 13(43.3%) were male. Most of the respondents, 13(43.3%) were aged 46 – 60 years while the least, 2(6.7%) were aged above 60 years.
More than a third of respondents,
11(36.7%) had attained primary education while few 4(13.3%) had attained tertiary education. Majority of respondents, 18(60%) were employed while the minority 12(40%) were unemployed.

Individual determinants of health-seeking behavior among patients above 18 years

Figure 1: Ownership of medical insurance. n = 30



Source: Primary Data

Figure 1 shows that almost all respondents, 28(93.3%) did not own medical insurance.

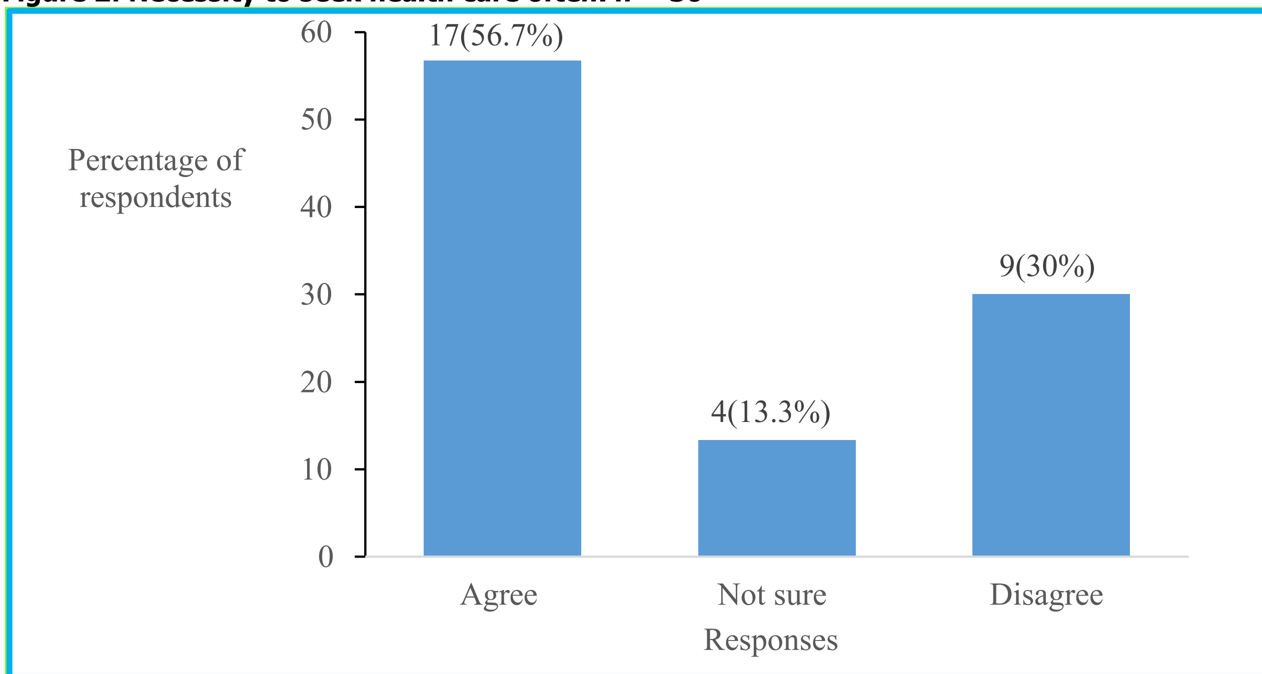
Table 2: Type of illness. n = 30

Variable	Frequency (f)	Percentage (%)
Onset of illness		
Emergency	5	16.7
Recently	6	20
Long time go	19	63.3
Total	30	100
Description of state illness		
Mild	5	16.7
Moderate	9	30
Severe	16	53.3
Total	30	100

Source: Primary Data

Table 2 indicates that the majority of respondents, 19(63.3%) had long-term illness while the minority 5(16.7%) had an emergency illness. Most of the respondents, 16(53.3%) had severe illness while the least, 5(16.7%) had a mild illness.

Figure 2: Necessity to seek health care often. n = 30



Source: Primary Data

Figure 2 shows that more than half of respondents, 17(56.7%) agreed that it is necessary to seek health care often while the least, 4(13.3%) were not sure.

Table 3: Worrying about signs and symptoms of illness. n = 30

Variable	Frequency (f)	Percentage (%)
Very worried	21	70
Moderately worried	2	6.7
Not worried	7	23.3
Total	30	100

Source: Primary Data

Table 3 indicates that the majority of respondents, 21(70%) were very worried about the signs and symptoms of the illness while a minority of the respondents, 2(6.7%) were moderately worried.

Socio-cultural determinants of health-seeking behavior among patients

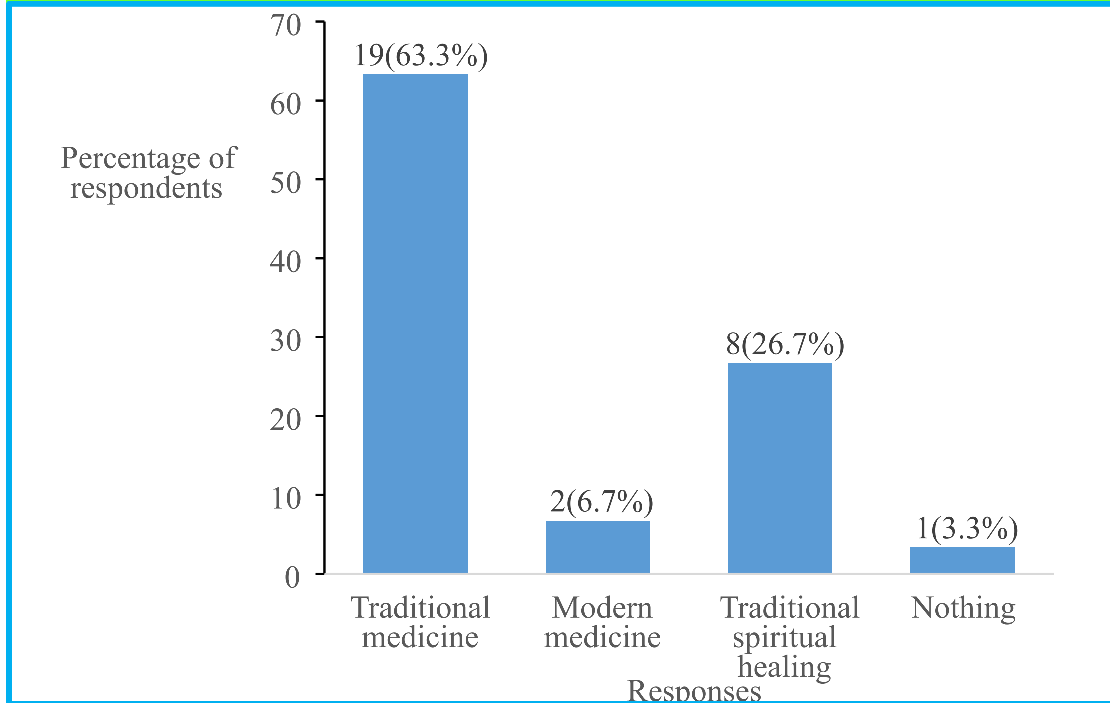
Table 4: Marital status and need for permission to seek health care. n = 30

Variable	Frequency (f)	Percentage (%)
Marital status		
Single	7	23.3
Married	21	70
Divorced	2	6.7
Total	30	100
Need for spouse's permission to seek medical care		
Always	12	40
Sometimes	10	33.3
Never	8	26.7
Total	30	100

Source: Primary Data

Table 4 showed that the majority of respondents, 21(70%) were married while the least, 7(23.3%) were single. Most of the respondents, 12(40%) required for spouse's permission to seek medical care while the least, 8(26.7%) never needed a spouse's permission.

Figure 3: Cultural recommendations regarding seeking health care services. n = 30



Source: Primary Data

Figure 3 indicates that the majority of the respondents, 19(63.3%) were recommended to use traditional medicine while only 2(6.7%) were recommended to take herbal medicines only.

Table 5: Religion and religious leaders teaching regarding the treatment of illnesses. n = 30

Variable	Frequency (f)	Percentage (%)
Religion		
Catholics	10	33.3
Muslims	8	26.7
Born again	5	16.7
Anglicans	4	13.3
Adventists	3	10
Total	30	100
Religious leaders teaching regarding the treatment of illnesses		
Pray to God/Allah for healing	7	23.3
Seek medical help	19	63.3
Avoid religiously unacceptable medicine components like insulin	4	13.4
Nothing	0	0
Total	30	100

Source: Primary Data

Table 5 shows that a third of respondents, 10(33.3%) were Catholics while the least, 3(10%) were Adventists. The majority of respondents, 19(63.3%) were encouraged to seek medical help to treat illnesses while the least, 4(13.4%) were taught to avoid religiously unacceptable medicine components like insulin

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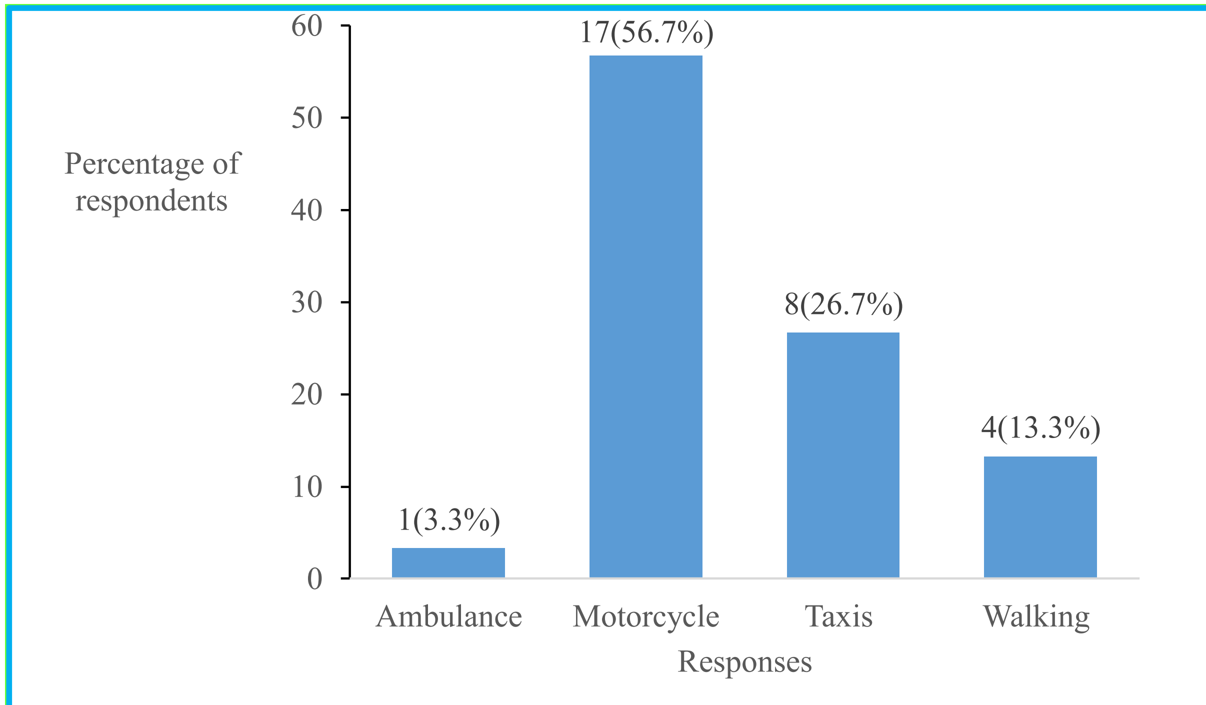
Table 6: Community members handling of sick individuals. n = 30

Variable	Frequency (f)	Percentage (%)
Isolate them	1	3.3
Stigmatize them	4	13.4
Escort them to the hospital	22	73.3
Offer financial assistances	3	10
Total	30	100

Source: Primary Data

Table 6 indicates that the majority of respondents, 22(73.3%) were escorted to the hospital by community members while 1(3.3%) isolated sick patients.

Figure 4: Transport means available in the community for transporting patients to the health center. n = 30



Source: Primary Data

Figure 4 indicates that the majority of respondents, 17(56.7%) had motorcycles as means of transporting the sick individual to the health center while only 1(3.3%) reported the presence of ambulances.

Table 7: Distance to the nearest health facility. n = 30

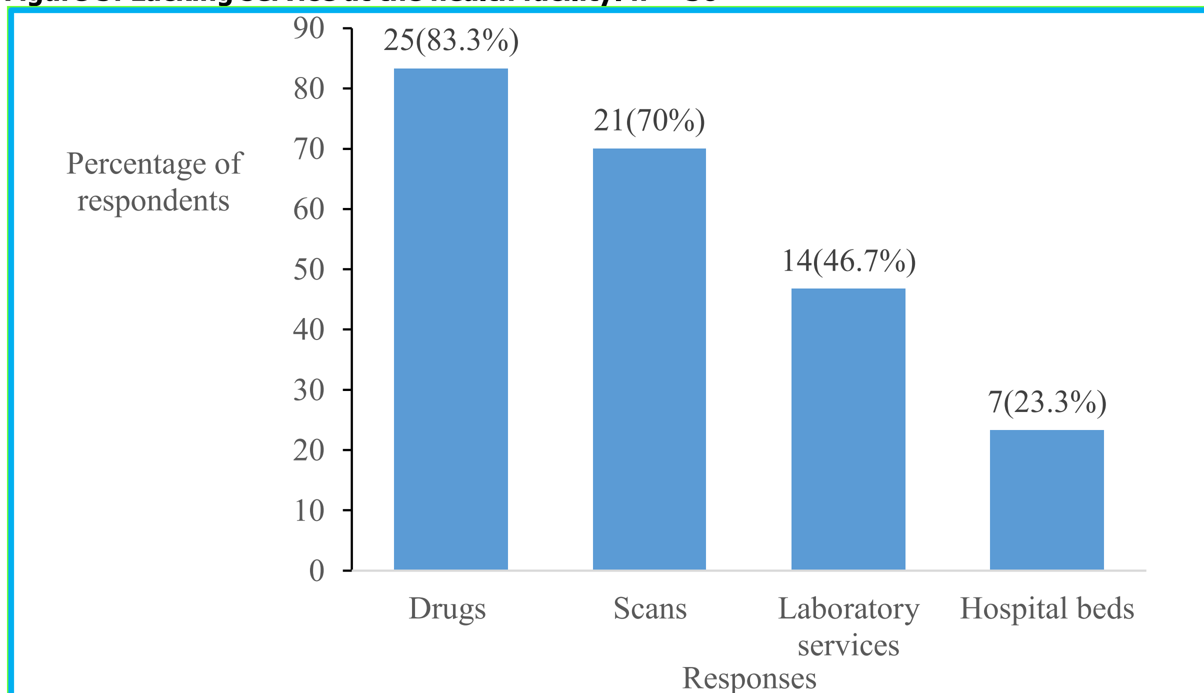
Variable	Frequency (f)	Percentage (%)
<5 kilometres	1	3.3
5 – 10 kilometres	2	6.7
10 – 20 kilometes	5	16.7
More than 20 kilometres	22	73.3
Total	30	100

Source: Primary Data

From Table 7, the majority of the respondents, 22(73.3%) were living in a distance more than 20 kilometers from the health center while only 1(3.3%) was living in a distance less than 5 kilometers.

Health facility-related determinants of health-seeking behavior among patients

Figure 5: Lacking service at the health facility. n = 30



Source: Primary Data

Figure 8 indicates that the majority of the respondents, 25(83.3%) reported unavailability of drugs while the least 7(23.3%) reported unavailability of hospital beds at the health center.

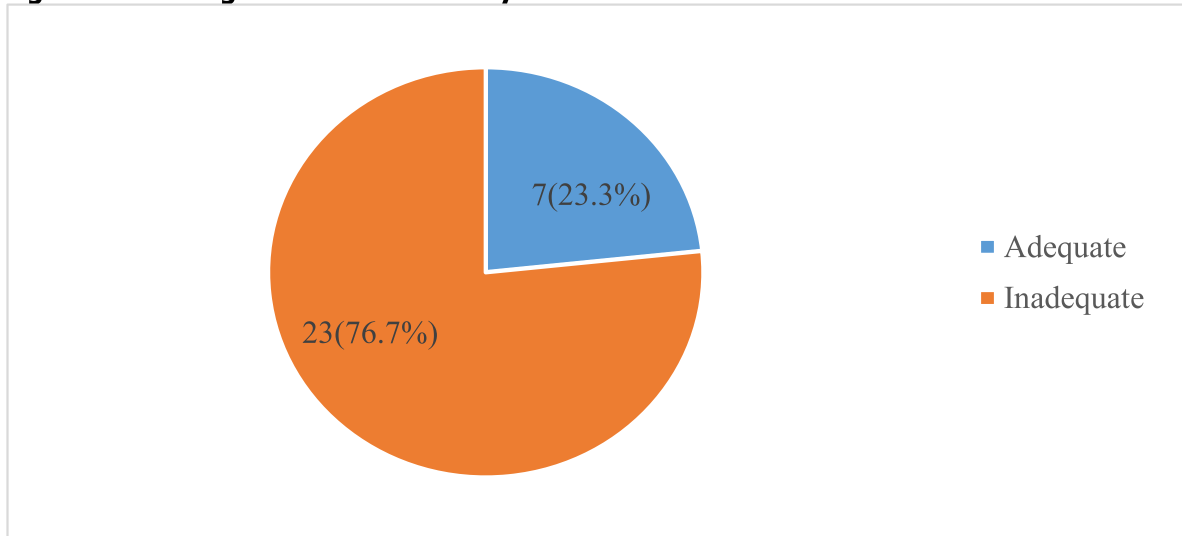
Table 8: Description of the quality of services and waiting time at the health facility. n = 30

Variable	Frequency (f)	Percentage (%)
Quality of services		
Good	6	20
Moderate	13	43.3
Poor	11	36.7
Total	30	100
Waiting time at the facility		
Less than 30 minutes	4	13.3
30 minutes to 2 hours	11	36.7
More than 2 hours	15	50
Total	30	100

Source: Primary Data

Table 8 shows that most of the respondents, 13(43.3%) rated the quality of the services to be moderate while the least, 6(20%) considered it to be good. Half of the respondents, 15(50%) waited for more than 2 hours before receiving medical care while the least, 4(13.3%) waited for less than 30 minutes.

Figure 6: Staffing at the health facility. n = 30



Source: Primary Data

Figure 6 shows that the majority of respondents, 23(76.7%) reported that the health facility had inadequate staff while a minority of the respondents, 7(23.3%) reported that the health facility had adequate staff the health facility.

Table 9: Costs and attitude of health workers .n = 30

Variable	Frequency (f)	Percentage (%)
Costs of healthcare services		
Free	3	10
Affordable	6	20
Expensive	21	70
Total	30	100
Attitude of health workers		
Polite	4	13.3
Harsh	20	66.7
Rude	6	20
Total	30	100

Source: Primary Data

Table 9 shows that the majority of the respondents, 21(70%) regarded the costs of health care services to be expensive while a minority of the respondents, 3(10%) regarded the costs of health care services to be free. Two-thirds of the respondents, 20(66.7%) regarded health workers to be harsh while only 4(13.3%) regarded health were polite.

Figure 7: Description of health facility environment. n = 30

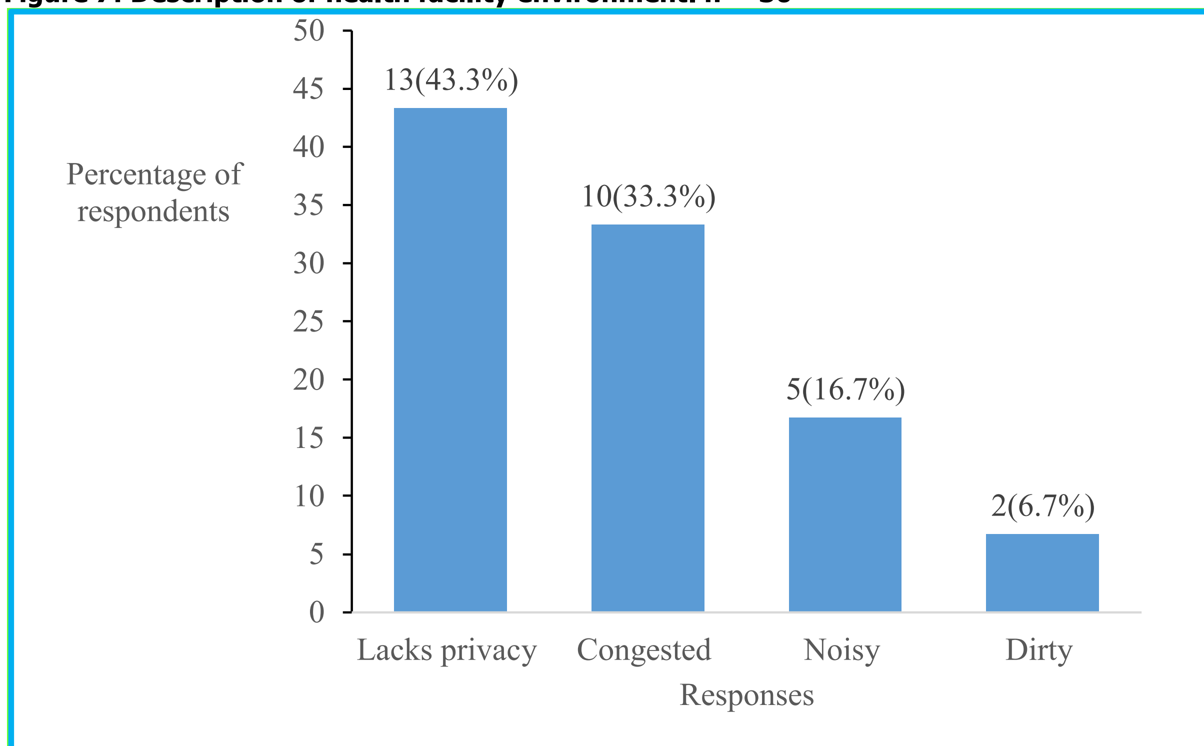


Figure 7 shows that most of the respondents, 13(43.3%) reported a lack of privacy while at least, 2(6.7%) regarded it to be dirty.

DISCUSSION

Individual determinants of health-seeking behavior among patients above 18 years

Most of the respondents 13(43.3%) were aged 46 – 60 years. This could be because the increase in age is associated with a weakening of the immune system high risk of multiple diseases that require frequent seeking of health care compared to those of young age. This is contrary to a study by Chauhan et al, (2015) done in India revealed that rural communities often sought for health care services for a young individuals than the elderly, and also a study by Almaqhawi et al, (2022) which revealed that 75% of individuals aged above 60% frequently visited health care services.

Study results show that more than a third of respondents, 11(36.7%) had attained primary education. This implied that most community members have low education levels and hence unlikely to accept and acknowledge the need to seek health care services. This is in line with a study by Zeng et al, (2020) which revealed that 74.1% in primary school and below were more frequently seeking medical help than those in high school. On the contrary, a study by Okojie and Lane (2020) showed that 41.8% with secondary and 34.9% with tertiary education sought treatment at health facility

Almost all respondents, 28(93.3%) did not own a medical insurance. This could be due to the lack of a national insurance policy thus making it difficult for people to use out-of-pocket money to seek health care services. This is in support with a study by Zeng et al, (2020) which revealed that 60% of patients were uninsured. On another hand, a study by Latunji and Akinyemi (2018) revealed that 81.6% of respondents with medical insurance had good HSB compared to those without medical insurance.

The study results showed that the majority of respondents, 19(63.3%) had long-term illnesses. This could be because patients with chronic illnesses are given routine follow–up schedules hence likely to utilize health care services. This is in agreement with a study by Abuduxike et al, (2019) which revealed that 68% who frequently sought healthcare services did not have any chronic illnesses. Another study by Ng'ambi et al (2020) revealed that healthcare services are often sought for patients with chronic illnesses.

More than half of respondents, 17(56.7%) agreed that it is necessary to seek health care often. This might be due to extensive media adverts that encourage people to seek medical care thus believing it necessary. This is contrary to a study by Shukia and Gupta, (2018) which found that respondents believed that it was unnecessary to seek health care when they have mild illnesses.

Socio-cultural determinants of health-seeking behavior among patients

Study findings revealed that the majority of respondents, 21(70%) were married. This might be due to men's superiority in families based on African traditions and this could hinder utilization of services in cases where the spouse denies permission. This is in line with a study by Adekune (2019) which found that 71.9% who utilized healthcare services were married.

The study established that the majority of the respondents, 19(63.3%) were recommended to use traditional medicine by their cultures. This might hinder individuals from seeking medical care early as they initially use traditional medicines until the situation fails when they resort to modern therapeutics. This is in agreement with a study by Musinguzi et al, (2018) which found that cultural recommendations and the availability of traditional, medicine were preventing patients from utilizing health facility care services. Furthermore, a study by Atholere (2017) reported that 40% of cultures believed in local herbs.

Results of the study revealed that the majority of respondents, 19(63.3%) were encouraged by their religious leaders to seek medical help to treat illnesses. This might be because most religious doctrines are pro-life and thus support interventions that can preserve it. This is in line with a study by Beukes (2021) done in Johannesburg revealed that Charismatic Christianity was found to encourage HSB through teachings of self-control, self-respect, and healing through medicine.

According to the study majority of respondents, 22(73.3%) were escorted to the hospital by community members. This could promote comfort and confidence in patients that they are loved in society thus motivating them to seek health care services. the findings are in agreement with the study by Ogunkorode et al, (2021) in Nigeria explored that patients who received support in the form of encouragement and financial assistance had utilized health care services. However, a study by Abdulai et al, (2022) found that a lack of social support for sick patients leads to poor HSB.

Study results indicated that the majority of respondents, 17(56.7%) had motorcycles as a means of transporting sick individuals to the health center. This could hinder the seeking of health care for critically sick patients who can sit on the motorcycle thereby poor utilization of health care services. This contradicts a study by Enuameh et al, (2016) which revealed that 41.1% went to hospitals by using vehicles.

The findings of the study revealed that the majority of the respondents, 22(73.3%) were living at a distance more than 20 kilometers from the health center. This could be due to the uneven distribution of health care services in the community thereby predisposing patients to high transport costs which prevent them from utilizing health care services. This is contrary to a study by Natukunda et al, (2020) which revealed that those in distances less than 5 kilometers were twice as likely to seek healthcare services than those in longer distances.

Health facility-related determinants of health-seeking behavior among patients

According to study results, the majority of the respondents, 25(83.3%) reported unavailability of drugs. This could be due to delays and inadequate stocking of the drugs by national medical stores (NMS) which creates a bias among patients to resort to alternative treatments. This is contrary to a study by Demisse et al, (2019) which revealed that 74.9% reported the availability of adequate medication.

Half of the respondents, 15(50%) waited for more than 2 hours before receiving medical care. This might be due to inadequate staffing at the facility and yet long waiting hours interfere with other routines of the patients hence discouraging them from seeking the services. This is in line with a study by Adei et al, (2022) which found that long waiting times to receive health care hindered utilization. However, a study by Liu et al, (2019) done on China's waiting time for health care services was moderate at 15 – 30 minutes for 60.1% which enhanced their seeking health care.

The findings of the study showed that the majority of the respondents, 21(70%) regarded the costs of health care services to be expensive. This might be due to bribes asked by health workers and the absence of drugs and diagnostic services hence requiring patients to seek them from nearby private health facilities which are expensive. This is in line with a study by Kohno et al, (2022) which revealed that found that expensive costs of medical costs were preventing 30% of patients from seeking medical care services.

Study results indicate that most of the respondents, 13(43.3%) reported a lack of privacy. This might be due to poorly designed clinics without screening curtains and this instills fear in community members that their disease might be known by other members hence refusing to utilize the service. In support of the findings, a study by Abdulaai et al, (2022) revealed that the absence of privacy at the healthcare facility hindered the uptake of the services. On the other hand, Omotoso et al, (2022) revealed that healthcare facilities were offering privacy to their patients which enhanced their utilization of healthcare services.

CONCLUSION

Individual determinants with a negative impact on HSB among patients above 18 years were low education levels, lack of medical insurance unlike older age, chronic illnesses, and perceived necessity to seek health care.
Socio-cultural determinants that hindered the uptake of health care services were cultural recommendation to use traditional medicine, the absence of nearby health facilities, and community ambulances, and the need for a partner's approval to seek health care services. however, encouragement by religious leaders to seek medical care and social support were promoting the HSB of community members.
Health facility determinants for example unavailability of drugs, long waiting hours, high costs of medical services, and absence of privacy were limiting the health-seeking behaviors of
patients.

RECOMMENDATIONS

The Ministry of Health should establish more public health facilities and stock them with necessary logistics like drugs to reduce the distances traveled and costs incurred that prevent communities from seeking health care services.
The Ministry should advocate for a national insurance policy to enable underprivileged communities to afford medical care services.
There is a need to modify the patient flow system to minimize the waiting time. Furthermore, strict policies should be implemented to ensure that health workers arrive early at work to avoid making patients wait for so long.
Health workers need to sensitize communities on the need to seek health care services even for minor illnesses as this could promote utilization of services by individuals without chronic illnesses.
Health workers should advocate for the supply of screening curtains to promote privacy thus instilling confidence among health workers about the services.
Patients should distance themselves from negative cultural teaching that discourages seeking health care services but rather rely on information given by health care workers.
Implication of the study to nursing practice
There are many hindrances to the health-seeking behavior of patients some are modifiable through health education and advocation by nurses as well as adherence to nurses' professional standards.

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ABBREVIATIONS

DRC: Democratic Republic of Congo
HSB: Health Seeking Behavior
MoH: Ministry of Health
NGO: Non – Government Organisation
UHC: Universal Health Coverage
WHO: World Health Organization

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The study was not funded

Conflict of interest

No conflict of interest declared

Author Biography

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