



**MODERN HEALTH CARE SEEKING BEHAVIOR AT
HOUSEHOLD LEVEL IN MISHA WOREDA HADIYA ZONE
SOUTH, ETHIOPIA**

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Thesis report submitted to Jimma University, College of Public Health and Medical Sciences, Department of Health Education and Behavioral sciences in Partial Fulfillment of the Requirements for a Masters of Public Health (MPH) in Health Education and Health promotion

*March, 2013
Jimma, Ethiopia*

JIMMA UNIVERSITY
COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES
DEPARTMENT OF HEALTH EDUCATION AND BEHAVIORAL
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March 2013
Jimma, Ethiopia

Acknowledgment

Above all, I thank my God for the chance he give me on the right time and deserves to take all the credits and best thanks for the inception and completion of this thesis.

I would like to acknowledge my advisors Mr. Eshetu Girma and Mr. Yohannes Kebede for their unreserved guidance, encouragement and share experience through this thesis.

I sincerely thank, to Jimma University, department of health education and behavioral sciences give me this opportunity. I would like to extend my appreciation to Misha Woreda health bureau for support and cooperation in providing the information.

The study respondents and the whole community at large are always in my heart for their whole come effort and contribution in provision of the information.

Last but not least, I would like to thank the survey supervisors and data collectors for their relentless effort to accomplish data collection with due effort and passing all hard time and all MPH students for their constructive comments and encouragements throughout the thesis.

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Acronyms

CSA	Central Statistics Authority
CHA	Community Health Agent/armies
DHS	Demographic and Health Survey
MOH	Ministry of Health
NGO	Non-Governmental Organization
OPD	Out Patient Department
SNNPR	Southern Nations and Nationalities People Region
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
TTBA	Trained Traditional Birth Attendant
WHO	World Health Organization

Abstract

Back- ground: Making decision to seek modern health care are not fully understood, and many researchers conducts that availability and accessibility of modern health care services are the main factors affecting health care seeking behavior of individuals. Therefore, this study was aimed to assess modern health care seeking behavior at household level.

Methods: A community based, cross- sectional study, was conducted in misha woreda, from March 1-30/2013, 680 household heads were involved in the study, the study was conducted in seven randomly selected kebeles, systematic sampling technique was used to identify respondent households, as part of data collection process purposively selected individuals were involved in in-depth interview up to saturation of idea .SPSS window version16.0 and thematic method were used.

Result;-A total of 680 households including 4114 household members where involved, perceived report of symptoms/disease and utilization of modern health care service for illness was conducted, The prevalence of illness was 233(34.3%) during a recall period of four weeks preceding the interview. the most prevalent sickness in the area were fever, cough with or without sputum, multiple symptoms and abdominal pain with or without diarrhea during study period. Government and privet health care facilities were the most visited during illness. The most (69.5%) perceived access to health care facility whilst (54%) perceived appropriateness of the services for their health and (75.4%) perceived importance of health information to keep their and their family health, regarding the source of health information, HEPs and multimedia were the main source of health information. among factors that hinder modern health care seeking at standard time were (56%) economic problem, (29.5%) shortage of time and using left over drugs.

Conclusion: this study showed that sex, educational status, average monthly income, perceived severity of disease and the frequency of health information for household were significantly associated with the household modern health care seeking behavior.

Recommendation: health sector, educational sector and local health policy makers should strengthen working together. Government and privet health service providers should strengthen modern health care provision for those who are not able to get health care service due to economic problem. HEPs should develop a health information provision for those who are not able to get health information and increase the frequency of health information based on their need. House hold heads should develop open discussion among male and female household (heads) and family members about modern health care service and utilization of the service. Further exploration is needed for excess use of left over drugs and informal drug providers.

Keywords: health-care, health-care seeking behavior, household, household head.

CHAPTER 1

INTRODUCTION

1.1 Background

Developing health care policies and programmers requires knowledge about health care seeking behavior, so that possible difficulties with early diagnosis and effective treatment can be identified and so that appropriate interventions can be implemented. Early recognition of symptoms, presentation to health care facilities and compliance with effective treatment can reduce morbidity and there by mortality [1].It is important to realize that modern medicine provides only small proportion of health care in most countries of the world, medical manpower is often a scarce resource with most health care taking place beyond their jurisdiction [2].

Just as illness is not evenly distributed across population neither is the use of health services to understand the use of health services one must understand not only how people interpret their symptoms but also how they perceived the medical system and whether or not they have access to it, according to Harris and Gutman any behavior of individuals that promotes, protects or maintains one's health regardless of actual or perceived health status is known as health care seeking behavior [3].

In general, when a person undertakes activities for a feeling and defining an illness and seeking relief from it is known as illness behavior [4]. Although the exact process involved in making the decision to obtain medical care is not fully understood at present, enough data is not available to support a relationship between individuals' interpretations of deviation in physical functioning and social and psychological factors [3].

In Ethiopia the utilization of modern medicine could be dated back to start with the 16th century particularly during the reign of Emperor Liben Dingel, More recently the development and expansion of modern health services were started in 1930s, followed by the establishment of ministry of health (MOH) in 1948. Since then MOH was the major provider of modern health services in Ethiopia, Other health service like military, large corporation and state farms have directly participated in provision of health care under

government rule, Private clinics, drug retailers, and nongovernmental hospital are also secondary health care providers in the community, the overall health service coverage of modern medicine in 1990 was 46% when looking at the specific pattern of health-care use for children (ARI and diarrhea) modern health care-seeking levels appears extremely low[5].

The Ethiopian population faces high rates of morbidity and mortality mainly resulting from a high prevalence of communicable disease, about 75% of the population in Ethiopia suffers from some type of communicable disease and malnutrition, which are potentially preventable and treatable but they did not consult modern health care providers and life expectancy in Ethiopia were (53.9 for males and 57.5 for females) has remained low for many years infant mortality rate is estimated at 59 per 1000 live births, under-five mortality is estimated at 88 per 1000 live births, and the maternal mortality ratio is 676 per 100, 000 live births up to know high, therefore;- even if the health system development in Ethiopia were high but even know Ethiopia were among those countries with high morbidity and mortality rate[6].

1.2 Statement of the problem

Modern health care seeking behavior is not just a one off isolated event, it is part and bundle of a person's, communities and a family's economic, educational statuses, or a community's identity, which is the result of an evolving mix of social, personal, cultural and observed factors[7].

Worldwide modern health care seeking behavior outlines the main approaches within the health sector and it explore the wider relationship between populations and health systems development but it is not used as its function [3]. In the world at any given time, 70-90% population has a medical condition that is diagnosable and potentially treatable but 60-70% of them of people do not consult health practitioner but they consult deferent alternative service providers the commune reason is not known [8]. Even if successful adherence to modern health care programmers is determined by the interactions of sick people with modern health care systems it is not well stated and known in the world [9].

Similarly in Africa modern health care seeking behavior is not clearly known and not done in standard way and according to WHO report state over 75% of rural population in Africa seeks health care among traditional healers and studies were not clearly state the cause [10]. Few studies in Africa are national in coverage, methodologies can vary widely, and there is no commonly applied approaches many are focused on limited questions related to observed selection of provider at the time of illness and do not adequately investigate either the opportunities facing patients or their reasons for not choosing modern health care service over others [2].

Also in our country Ethiopia decision maker at household level to seek modern health care service during illness and other related things with modern health care seeking behavior were not fully understood, and many researchers conducts that availability and accessibility of health care services are the main factors affecting modern health care seeking behavior of individuals but they do not assess other related factors which influence the use of modern health care seeking behavior [9]. Primary Health care service coverage of Ethiopia is 89.9%, but Ethiopian households seek modern health care service from the total illness causes which faced by the population only for 41% of illness this shows there is a gap

between modern health system development and modern health care seeking behavior and up to know Ethiopia is among the countries with high maternal mortality 676 per 100, 000 live births and under-five mortality is estimated 88 per 1000 live births [6].

Although the exact process involved in making the decision to seek modern health care service and the related factors are not fully understood and clearly stated and at present time no enough data is available to support a relationship between health system development and household modern health care seeking behavior, even if some studies done shows only accessibility and availability are the main factor for non use of modern health care service but they do not assess other factors which contribute for non use of modern health care service [1].

In south Ethiopia also studies shows that major cause for none use of this modern health care service is lack of accessibility and availability of the service but even knows the health facility coverage were high but stile health system development and health care seeking behavior are not comparable therefore other related factors not assessed [11].

As proper understanding of modern health care seeking behavior could reduce delay to diagnosis, improve treatment compliance and improve health promotion strategies in a variety of contexts [8]. Utilization patterns also give an indication of current preferences amongst people already deciding to seek modern health care service or not to seek modern health care service [10].

This study also aimed to assess the modern health care seeking behavior of the study population at household level and related factors which influence the use of modern health care service within the expected time and the reason why community not use modern health care service according to health system development. Also tries to assess study population perception toward modern health care service, health information and related factors with health care seeking behavior. At the end this study expected to show modern health care seeking behavior of study population, related factors with modern health care seeking behavior and study population perception toward modern health care service, health information and source of health information.

CHAPTER 2

LITERATURE REVIEW

In most societies a person suffering from physical discomfort or emotional distress has a number of ways of helping oneself or seeking help from other people. He/she may, for example, decide to rest or to take a home remedy or ask advice from friends, relatives or neighbors or consult a local priest, folk healers or wise person or decide to consult a doctor. He/she may follow all these steps or perhaps only one or two of them [11]. At any given time, 70-90% population has a medical condition that is diagnosable and potentially treatable but 60-70% of them of people do not consult health practitioner [12].

2.1 Health care seeking and socio- demographic characteristics

Socio- demographic characteristics are important factors in the utilization of health care services. A sociological study in Canada found that women, younger person and well educated were more likely to treat their own symptoms than men. In Denmark, women were more likely than men to take care of their health [13]. In India, study showed that middle and higher education have a lower probability of falling sick. Similarly, the high and middle-income households have lower probability of falling sick than the lower income households. Older people have higher probability of falling sick than younger ones and higher household size has a negative relationship with probability of falling sick and women consult family members usually head of household (44.5%) and neighbor (30%) [14].

A study conducted in Ethiopia showed that the use of health care facility was significantly associated with sex, age, ethnicity, occupation, and education. Socio-demographic and economic factors significantly affected the occurrence of illness [15]. There were relatively higher reports of morbidity in the preschool age, as well as, during later life. There was also a preponderance of female (12%) versus male (6%) reporting illness. Age and sex were not significantly associated with the effect on the utilization of outpatient department (OPD) services. Low level of education and marriage also affect health service utilization [16].

Some studies show that women report more sickness than males. In Cheha Woreda in Gurage Zone 17% of female and 6% of male reported sickness, this survey shows that 15 sickness report in urban 8% sickness report in rural within four week report period [17]. The morbidity was considerably higher in rural area heads of households and wives had higher reported morbidity than other household member and this survey shows the sickness report from 26% within four weeks recall period [18].

From different age categories individuals report different types of sickness from an individual's 12-49 years who reported sickness the prevalence of sexually transmitted disease (STD) symptoms were 2.5% within two weeks of recall period the health care seeking behaviors were mainly influenced by perceived severity of illness and knowledge of symptoms. There are also other factors which may force a person to seek health service; among these was when sick individuals were affected by diseases like malaria [19].

2.2 Health care seeking behavior and choice of health care providers

Sickness prevalence and reporting varies according to socio-demographic and economic condition of the society. Despite the fact that, human being encounters a number of illnesses throughout the life, health care seeking depends up on the perceived severity and social norms the perceived sickness prevalence report is scarce at community level in developing countries a survey in Zambia showed that diseases like cough, fever, and diarrhea reported more frequently [20].

Like many developing countries there are no data available on sickness report in Ethiopia the first epidemiological investigation conducted by Italian doctors in 1940s reported malaria, Leshimaniasis and relapsing fever after World War II, health facility report indicated that majority of the diseases in Ethiopia was as in most third world countries were communicable diseases similar to the health Problems in most developing countries The 1960s report indicated that the most prevalent disease were malaria, ascariis, scabies and conjunctivitis [21]. Some studies also showed that under five children and mainly under two are more affected with fever and diarrhea. Health service utilization varies from place to place with number of factors despite the availability of modern health care services sick

individuals face difficulty in choosing the available health facilities the choice of a given provider may be determined by the perceived quality of its service. A study conducted in Zambia showed that 43.5% of sick individuals sought health care from health institutions. Of those, 24% chose a government clinic and health center and 8% visited private health institutions the level of traditional healer was relatively low [20].

Limited surveys conducted in Ethiopia showed that the health care utilization for any form of health problem in Amhara region was 38.7%, in Addis Zemen 57%, and in different base line study 48.9%. For those who did not visited health service providers the most important reasons were the disease did not need treatment from health institution and drugs were available in or from drug vender and some visited traditional healers [15]. Others claimed that their utilization was deterred by high cost for modern health care and distances [22].

Our knowledge about how and when families seek treatment for the prevalent illnesses remains incomplete [18].

A study conducted in Jimma hospital showed that 49.3% of sick individuals who reported to outpatient department within 1-7 weeks and 11.8% within 24 hours [23]. A study in east Showa showed that 25.5% of malaria patients visited malaria control laboratory within two days and the rest after 3 or more days for giving blood sample for malaria diagnosis [24]. Another household study showed that illness was reported in 17.3% of patient within 4-6 days, before survey and 21.6 % of reported within 7-14 days [20].

2.3 Alternative health care utilization among sick individuals

There are always alternative health care services to counter act or with stand the challenge of health problems with the limited availability of modern health care options [25]. WHO report state over 75% of population in Africa seeks health care among traditional healers. The main reasons include that it is integral part of every culture, socially acceptable, widest coverage. There are multistage resorts of health care provider from different group of sick individuals. So sick individuals initially resort health care service from traditional healers and additionally resort to modern health care [26].

A study conducted in Jimma hospital showed that 26.9% of rural and 12.3% of urban patients admitted to the hospital were found to use traditional medicine prior to their arrival to hospital [27].

The use of drugs from informal sector such as open markets and village kiosks encouraged the practice of self-medication. For self-reported sickness there was self-medication resorted from 28.5% - 81.5% from different surveys. The most common reasons reported for self diagnosis and self-medication were non-seriousness of disease, emergency use, and previous experience [28]. The effectiveness of health care is determined to some degree by consumer's satisfaction with the services provided. A client who is satisfied likely complies with the provided medical service at any longer period. Satisfaction found to have a direct relationship with increase in age but an inverse relationship with increase in educational level and associated with length of waiting, consultation time, and type of investigation performed [29].

When an individual's dissatisfied due to different reason there is non-compliance. Therefore non-compliance could be lack of money to buy drugs or feel the side effects of drugs to be intolerable or forget to take those [30]. Some community households categorized 34% of illness perceived as mild illness. These were referred to headache, body pain, 41% of sickness perceived as moderate these comprised diarrhea, abdominal pain and chest pain and 24% felt that the illness was sever and these were diarrhea with vomiting, persistent fever and injury with bleeding(31). When the villagers seek healthcare, it was found that rural Nepalese preferred to visit traditional health care providers first, before visiting other health workers. They prefer to visit traditional health care providers because they are highly accessible, do not charge cash, and can tell whether the diseases are caused by evil spirits [32].

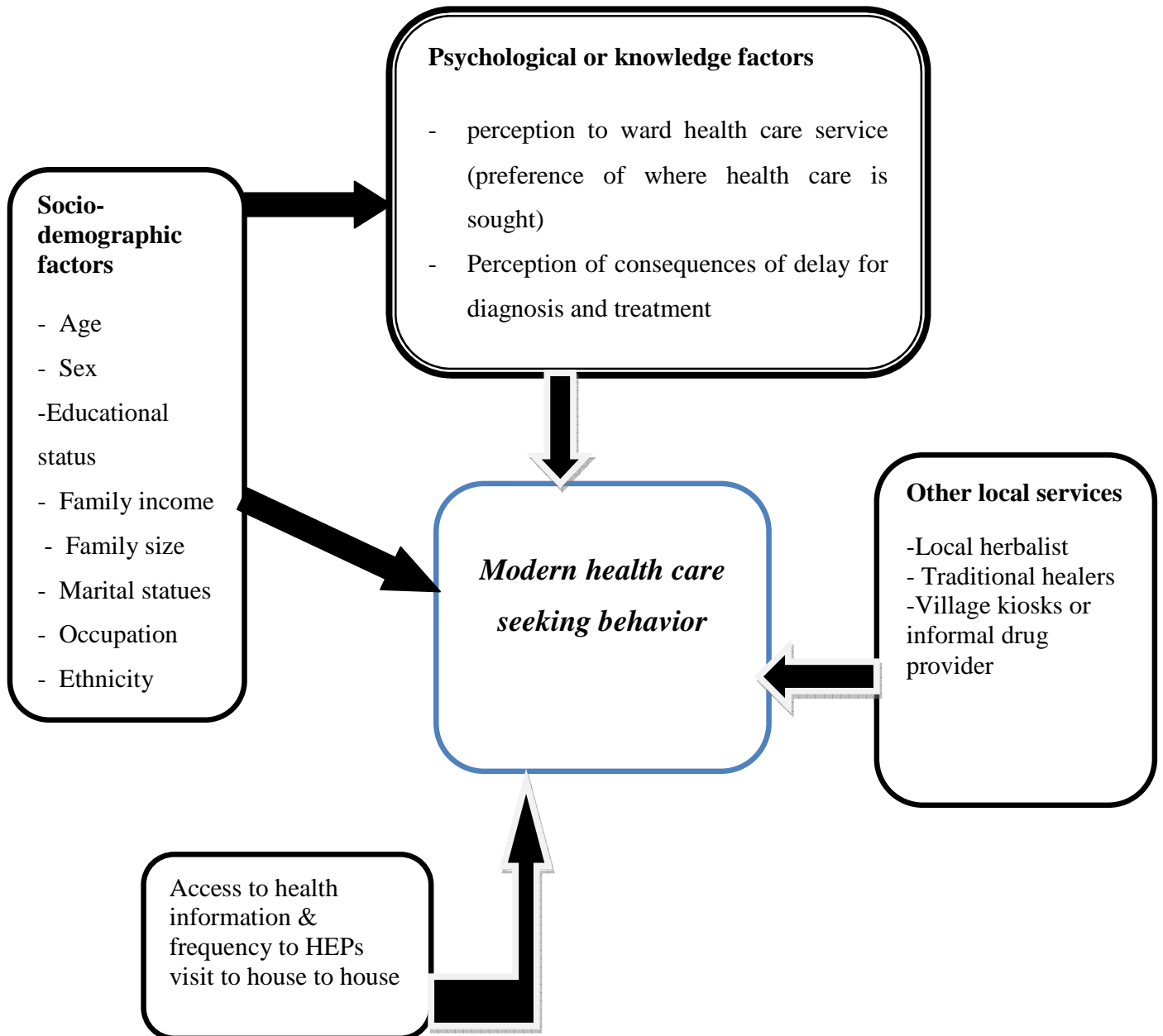


Fig: 1 conceptual framework for the study of modern health care seeking behavior at household level in Misha woreda (adopted and modified from behavioral model of health and behavior (22)).

2.4 Significance of the Study

In most of the studies done on modern health care seeking behavior shows that making decision to seek modern health care service are not fully understood, and other researchers conducts that availability and accessibility of modern health care services are the main factors affecting modern health care seeking behavior of individuals but this study tries to assess related factors in addition to accessibility and availability of modern health care services that affect modern health care seeking behavior, perception toward modern health care service, source of health information and related factors which contribute for non use of modern health care seeking behavior.

Therefore the finding of this study will help;-

- ❖ To assess difficulties for early modern health care seeking behavior and diagnoses can be identified and it helps to reduce mortality rate from the study area.
- ❖ To understand study population perception toward modern health care service & health information which helps to increase modern health care service utilization this leads to reduce mortality rate in study area.
- ❖ To know factors that affects modern health care seeking behavior and helps to acts on that factors to increase modern health care seeking behavior of the population.
- ❖ For local health policy makers to design health policy based on populations modern health care seeking behavior.
- ❖ To improve health promotion strategy program improvement and contribute to new program designs to local health policy makers then for higher policy makers.
- ❖ It also provides a basis for further investigation toward understanding what determines modern health care seeking behavior.

CHAPTER 3

OBJECTIVES

3.1. General Objectives

- To assess modern health care seeking behavior at household level in Misha Woreda Hadiya Zone south, Ethiopia.

3.2. Specific Objectives

- To identify Perceived reports of symptoms (type of diseases) prevalent among members of the selected households.
- To assess Perception towards modern health care service.
- To assess access to health information.
- To determine modern health care seeking behavior at household level.
- To identify factors that affects modern health care seeking behavior.

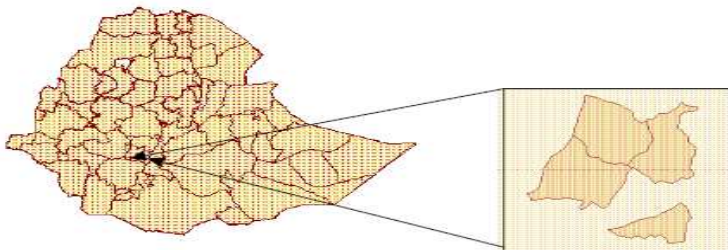
CHAPTER 4

MATERIALS AND METHODS

4.1 Study Area and period

The study was conducted from March 1-30/2013 in Misha Woreda, Hadiya Zone, southern nations and nationalities and peoples' region of Ethiopia. Misha Woreda is one of Woreda found in Hadiya zone and which located 18km from Hossana town,(Zonal town) and were located 248 Km, south of Addis Ababa and 238Km north of Awassa (capital town of SNNPRG).

The woreda is bounded by Gurage and Siltie zone in the north, Gibe woreda in the west, Lemo woreda in the east and Gomebora woreda in the south. Misha woreda is one of the eleven woreda found in the zone and the woreda has 35 kebeles with a total population of 90,840 according to 2007 Ethiopian censuses (17). According to the semi-annual report of Misha Woreda administration health office for 2005, Misha Woreda have 7 health centers, and 3 drug stores 35 health posts With regard to the private sector, 2 middle level clinics, 4 lower level clinics, 2 drugstores is available in Misha woreda(19).



Map of Ethiopia showing the different Zones



Map of Hadiya Zone showing the different Woredas in the zone

Fig.2 Map of Ethiopia and Map of the study area (Hadiya Zone, Misha Woreda)

4.2 Study Design

A community based cross-sectional study design supported with qualitative finding was conducted.

4.3 Source and study Population

4.3.1 Source Population;

All households residing in Misha woreda were source population.

4.3.2 Study Population

A randomly selected household from study population

4.3.3 Study Unit

Heads of households were study unit

4.4 Eligibility Criteria

4.4.1 Inclusion Criteria

Households that lived in the kebele for six or more months, before the study began were included & purposively selected individuals of age greater than 18 years who were volunteers to take part were included in in-depth interview.

4.4.2 Exclusion Criteria

Those house hold heads, which were critically sick and unable to communicate and respond to question, were excluded.

4.5 Sample Size Determination:

Sample size[n] was determined using single population proportion formula by considering 28%, morbidity (sickness) prevalence which is taken from study done with similar objective [15].

Margin of error (%) [d] = 5%

Expected prevalence (%) [P] = 28 % (prevalence of sickness/disease)

Design effect [D] = 2

Confidence level [$Z_{\alpha/2}$] at 95% = 1.96 (Z value at alpha=0.05)

Estimated non-response rate = 10%

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2}$$

$$n = \frac{(1.96)^2 (0.28) (1-0.28)}{(0.05)^2} = 309$$

Considering design effect of 2 and non-response rate of 10%, the total sample size was **680** households.

4.5 Sampling Procedure

In misha woreda there were 35 kebeles found, to select sample kebeles from the woreda simple random sampling method (SRS) was used and then seven kebeles were selected the total household size of the seven Kebeles were 1568 then from these target households that the required sample size was taken according to the size of household numbers from each Kebele or by using proportionate allocation of total sample size for selected seven kebeles.

To select respondent households systematic random sampling method were used by calculating K value using N/n and which is proportional to sample size of households for each kebele and the members that was participate in the in-depth interview were purposively selected respondents who were perceived as rich of information on modern health care seeking behavior of the study population, and their selection were based on their experience, exposure of community health activity and length of stay with study population the sample size for this qualitative part was determined by saturation of data ;- those were includes health professionals, trained traditional birth attendant [TTBA], and community health armies(agents).

During selection of respondent households the first household were selected by using lottery method and the next households were selected at fixed interval at K value which is calculated by dividing total household numbers of selected kebeles for total sample size $K=N/n=4$ therefore next to the first household all households were selected at fixed 4 house interval.

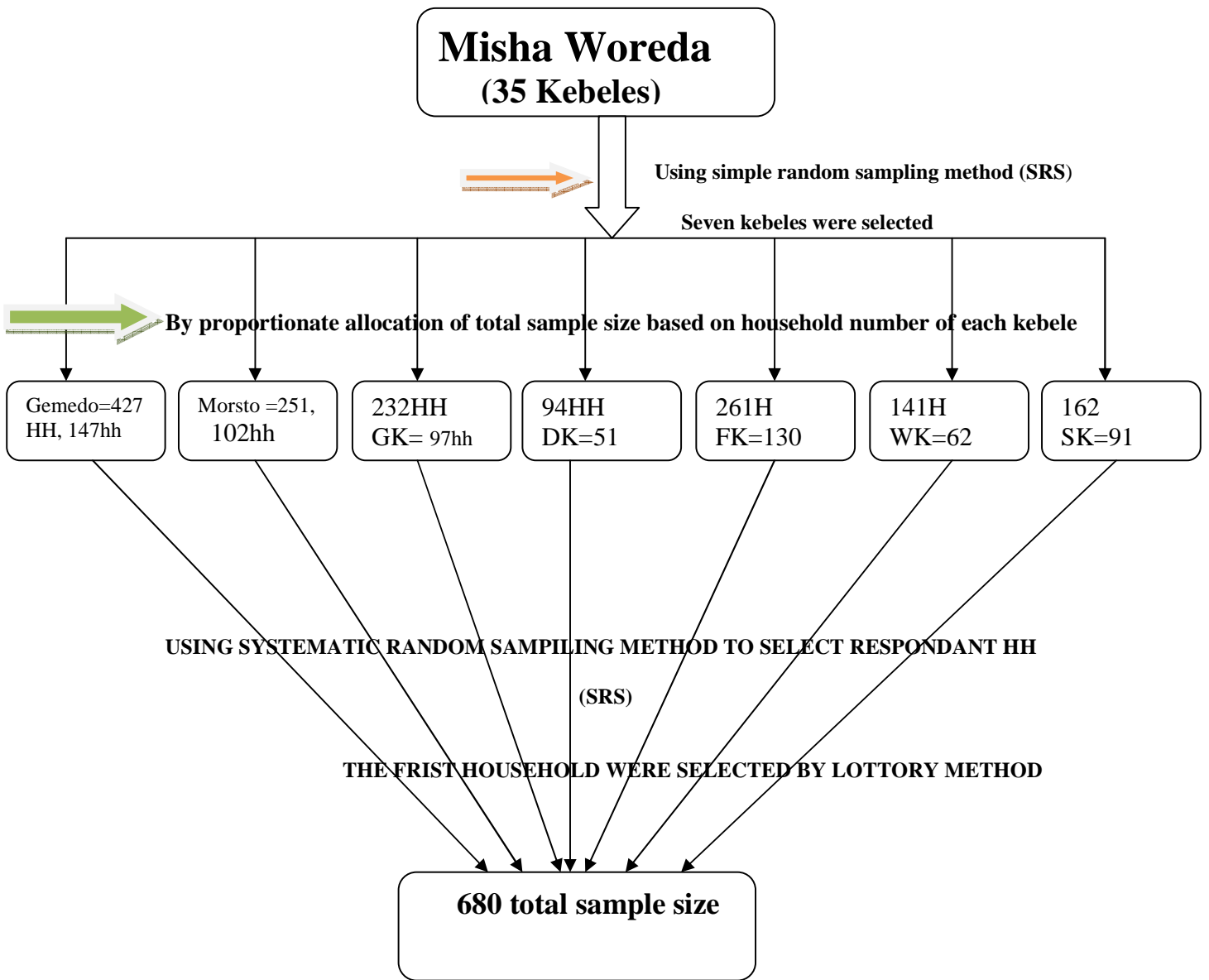


Fig 3; - Sampling techniques to select respondent, households for the study on modern health care seeking behavior in Misha Woreda, from march 1-30 /2013

4.6 Measurements

To assess modern health care seeking behavior, WHO standard was used base on the time when they seek modern health care service after development of illness by using the time interval which is stated as standard by WHO to categorize good and poor modern health care seeking behavior who seek health care 3-24houers after development of illness have good modern health care seeking behavior above standard time poor health care seeking behavior and also perception toward health care service, health information were also assessed by using related questions which are used to see perceptions of the study population to ward modern health care service and health information.

4.7 Study variables

4.7.1 Independent Variables:

- Socio-demographic characteristic
- Perception to ward modern health care service
- Reported Local services
- Types of Perceived report of symptoms/disease
- Access to house to house health information,

4.7.2 Dependant Variables:

- Modern health care seeking behavior

4.8 Instruments & Data Collection Procedure

Standard data collection instrument was adapted from literatures which have similar objective [15, 17, 18,]. The questionnaire were adapted in English and translated from English to Hadiygna and re-translated back to English by two different persons to check the consistency of the instrument.

Data collection was started from the first household which was selected by lottery method and the next household was selected by using systematic random sampling method by calculating K value by dividing total households of selected kebele for sample size= N/n The household head

(male) or housewife were asked to report the illness faced and health service utilization and related factors within 4 weeks prior to the survey & their past experience.

Seven diploma nurses were recruited as data collector from the study area speaking Hadiyigna, and have previous experience of data collection. The supervisors were consisting of two health officers were selected as supervisor considering their knowledge of data collection practice as a source of information for data collectors. The qualitative data collection was used in-depth interview guideline for purposively selected informant and this informants perceived as rich of information on modern health care seeking behavior & their selection were based on their experience, exposure of community health activity and duration of stay with study population. They were health professionals, community health armies and trained traditional birth attendant (TTBA). The interview was tape-recorded and the facilitators were taken notes, the principal investigator was interview the interview, one interview was takes 40 up to 45 minutes. The principal investigator was done the transcription.

4.9 Data Quality Management

To assure the quality of the data before data collection Standard data collection instrument was adapted from literatures which have similar objective [15, 17, 18] then the questionnaire was adapted in English and translated to hadiyigna and re-translated back to English by two different persons who have experience on translation of hadiyigna and English to keep reliability of tools.

Training was given for data collectors and supervisors for two days to have common understanding on the tools and objectives of the study.

Pre- test were performed at 5% (34 households) of eligible population at nearby woreda called Gibe woreda which is 12km away from the study area and these population have almost similar socio-demographic characteristic of study population, the result of the pretest was discussed with the team, and some corrective actions were taken and to keep the validity of tools i.e. to check the tools measures the intended objectives or not.

Supervision was done by two health officer supervisors during data collocation and every collected data were checked daily for its completeness and correctness.

4.9 Data Analysis:

After the data collection, data was checked manually for its completeness and consistency then entered, cleaned and rechecked for its completeness by SPSS versions 16.0 and farther analysis was done. The analyses were done using descriptive interpretation for socio- demographic variables using frequencies tables, mean SD and charts were used to summarize the data and bivariate and multivariable logistic regression analysis were done, and those variables with P value < 0.05 in bivariate analysis were candidate for multivariable logistic regression analysis.

A backward stepwise LR method was used to identify independent associated factors of modern health care seeking behavior, independent associated factor were identified and outcome variables were checked for its association using, odds ratio, the significance was checked using p value <0.05 at 95% confidence interval. For qualitative data the response was transcribe to hadiygna and translate to English and the main response was categorized in its themes then the findings were triangulated with the quantitative finding and the main response from the respondent was reported using narrative and mention in direct quotation.

4.10 Operational Definitions

Modern health care seeking behavior: - is a process of 'seeking health care from modern health care service' extends over time, those who seek modern health care within 3-24 hours after development of illness were have good modern health care seeking behavior and those who seek health care above 24 hours after development of illness were have poor health care seeking behavior (13).

Health care institution: is which provides curative service that can be owned by public, private and non-governmental organization.

Household: a group of related people or family living together under same household.

Illness: the subjective response of the patient and of those around him to his being unwell

Kebele: The smallest administrative unit in an urban and rural area.

Self-medication: where ill-health is first recognized and all the therapeutic options initiated and utilized or without consulting medical practitioners.

Sickness: the social connotation and socially acceptable role of an ill person.

Traditional medicine/non modern medicine: spiritual, religious, and experience based knowledge and practice applied to treat patient with apparent illness and sickness.

4.11 Ethical Considerations

The ethical approval and clearance were obtained from jimma university Ethical Committee than formal letters was written from the woreda health office and the necessary explanation about the purpose of the study and about its procedure, assurance of confidentiality, the right not to participate on the study without any consequences was done for the study participants.

4.12 Strength of the study

1. It employed community based study.
2. It used triangulation of finding to strengthen one finding with the other.

4.13 Dissemination plan for the results

The result of this study will be disseminated to:-

Jimma University, college of public health and medical sciences, department of health education and behavioral sciences after approval by above bodies the result will communicate with woreda health office, Zonal health department and to different institutions working on health care activities, finally, efforts will be made for publication.

CHAPTER 5

RESULT

5.1 Socio-demographic characteristics of household respondents

A total of six hundred eighty households were participated in the study producing with a 100% response rate.

From the respondents 373(54.9%) were males, 307(45.1%) were females.

The mean age of respondents was 41(\pm 10.20) years, majority of respondents were within the age group of 25-44 years.

Regarding religions of the households 504(74.1%) belonged to protestant group, followed by Orthodox Christian 163(24%).

Hadiya was a dominant ethnic group which accounts 590(86.8%), followed by Gurega 67(9.9%).

In terms of occupation farmers accounts 382(56.2%), among respondents 564(83%) earn less than 600birr per-month.

The literacy status showed that 172(25.3%) were not able to read and write, followed by 1-6 grade were 168(24.7%).

Regarding marital status of respondents nearly all 648(95.3%) married, 22(3.2%) were widowed, 9(1.3%) were divorced and the median household size was 6 and 421(61.9%) were having less than six family members; the maximum family size was 18 household members (table.1).

Table1.Socio-demographic characteristics of household respondents in misha worda, March 1-30/2013(n=680).

Background characteristics		Frequency	%
Sex	Male	373	54.9
	Female	307	45.1
Age	15-19	11	1.6
	20-24	178	26.2
	25-34	268	39.4
	35-49	138	20.3
	50-54	85	12.5
	55 ⁺	11	1.6
	Education level	Illiterate	210
Grade 1 – 6		170	25.0
Grade 7—12		135	19.9
Able to read & write		129	19.0
Collage graduate		36	5.3
100≤		11	1.6
Income category	101-300	231	34.0
	301-600	322	47.4
	≥601	116	17.1
Occupation	Farmer	382	56.2
	Local NGO	156	22.9
	Governmental	50	7.4
	Merchant	39	5.7
	Daily laborer	19	2.5
	Student	18	2.6
	Unemployed	16	2.4
	Marital status	Married	648
Widowed		23	4.2
Divorced		9	1.3
Religion	Protestant	504	74.1
	Orthodox	163	24.0
	Catholic	8	1.2
	Muslim	5	0.7
Ethnicity	Hadiya	590	86.8
	Gurage	67	9.9
	Others*	23	3.4

Others*includes, kambata, Amahera, tigerya

5.2 Perceived sickness profile & modern health care seeking behavior in misha woreda, March 1-30/2013

From the total 233 sick individuals, at a time of survey, males accounts 105(45%) and females were 128(54.9%), this shows that the sickness report among females were higher than males. The minimum age of sick individual was 1 year and the maximum age was 75 years, mean age of sick was 27(\pm 18.2) years. Majority of sick individuals with age group were from 5-44 years.

By religion from sickness causes 187(80.3%) was Protestant that dominant religion followed by Orthodox Christian 42(18%), Marital status of sick individual 115(49.4) were married, 109(46.8) were unmarried and 4(1.7%) were divorced. By ethnicity Hadiya account 219(94%), followed by guraga 8(3.4%).

Regarding to sick's monthly income were 139(59.7%) were without any income and majorities were with less than 600birr per-month, Out of sick individuals 82(35.2%) were illiterate, 41(17.6%) can read and write, 58(24.9%) 1-6 grade and only 6(0.9%) were collage graduate.

There were 233(34.3%) prevalence of reported sickness during the four weeks study period, the majority of reported sickness include;-

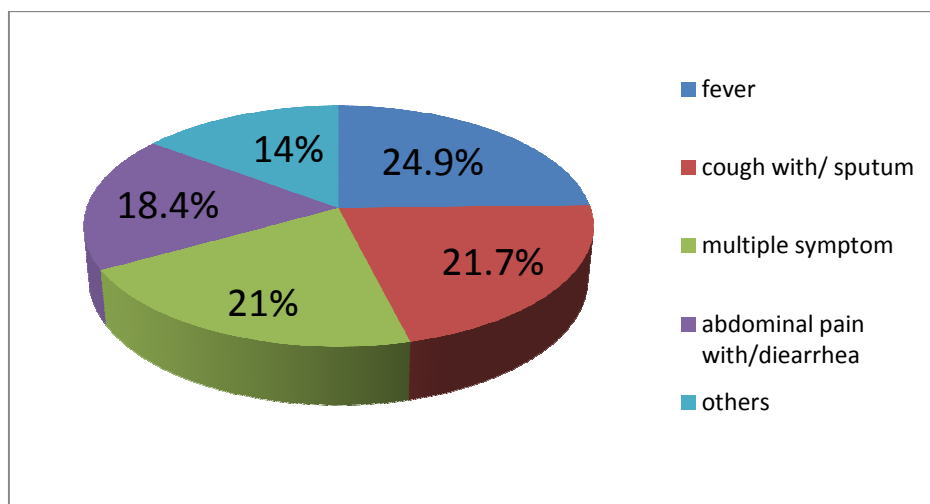


Fig.4 perceived sickness report, prevalent in misha woreda from March 1-30/2013.

From total respondents, 360 (53%) has good modern health care seeking behavior which they need health care at standard time which is 3-24 hours after development of illness the rest 47% has poor modern health care seeking behavior(table.2).

Table2. Perceived sickness profile & modern health care seeking behavior in misha worda, March 1-30/2013(n=233)

Background characteristics		Frequency	%
Sex sick	Female	128	54.9
	Male	105	45.1
Age of sick	0-4	19	8.2
	5-14	59	25.3
	15-24	30	12.9
	25-34	34	14.6
	35-44	47	20.2
	45-54	25	10.7
	≥55	19	8.2
Occupation of sick	Housewife	73	31.3
	Student	70	30
	Unemployed	43	18.5
	Farmer	33	14.2
	Others*	14	6
Religion of sick	Protestant	187	80.2
	Orthodox	46	19.8
Marital status of sick	Married	115	49.4
	Unmarried	109	46.8
	Widowed	9	3.8
time to seek health care	Immediately in 3-24hrs	139	59.7
	keep until self relief	58	24.9
	When the illness worst	36	15.4
Perceived illness profile	fever with/without	58	24.9
	cough /without sputum	51	21.7
	Multiple symptoms	49	21
	Abdominal diarrhea	43	18.5
	Others**	32	13.9
From experience, time to seek modern health care(n=447)	Immediately in 3-24hrs	221	49.4
	illness become worst	113	25.9
	Keep until self relief	110	24.6

5.3.Perceptions to ward modern health care service & health information in misha woreda, March 1-30/2013

As shown in table 3, from a total respondents, 473(69.6%) reported perceived access to modern health care facility, whilst, 368(54%) perceived appropriateness of the services to their health status, 99(14.6%) were not perceived that early treatment were important to gain health status and 5(0.7%) did not know the importance of were using early diagnosis and treatment.

In in-depth interview participants' opinion also supports the above finding; - Is accessibility of modern health care facility in your area? Majority of the participants frequently mentioned there was accessibility of modern health care facility but up to know there is some low perceived adequacy of health care service in the area, For example, a participant said:

“Modern health care facilities are accessible in our area, but stile there is low perceived adequacy of the service in the community which needs government attention to enhance modern health service use.”(A 35 years HEPs).

From the total six hundred eighty households 513(75.4%) perceived that health information were important to keep health status of their family, 131(19.3%) perceived that health information not help to keep health status of their family, 36(5.3%) not know the importance of health information.

Regarding to the source of health information, 405(59.5%) get health information from, health extension workers (HEPs), 121(17.8%) get health information from multimedia, 40(5.9%) get health information from both health extension and multimedia but 114(16.8%) has no accesses for health information. The qualitative study finding also supports this finding most participants mentioned that they get health information how to keep personal hygiene, environmental hygiene and importance of using modern health care service during illness including other health related issues. For instance, a participant said:

“In our community perception toward health care utilization, importance of keeping environmental and personal hygiene and seeking health care during illness were improving due to health information provided by HEPs and multimedia.”

(36 years TTBA).

Table.3 perception toward modern health care service, & health information (n=680) in misha woreda March 1-30/2013

Variables		Frequency	%
Accessible	Yes	473	69.6
	No	207	30.4
Appropriateness of the health care service	Yes	368	54
	No	182	26.8
	Indifferent	131	19.2
Result of Rx seeking delay	Death	334	49.1
	Delay relief time	243	35.7
	Reduce Rx potency	79	11.6
	I don't know	24	3.6
Is getting early diagnosis & Rx important	Yes	531	78.2
	No	66	9.7
	Indifferent	82	12.1
Types of Ds your family need health care service	For all Ds	331	48.7
	For sever Ds	319	46.9
	Other*	30	4.4
Perceived importance of health information	Yes	513	75.4
	No	131	19.3
	I don't know	36	5.3
Frequency of getting health information in a month	Once	425	62.5
	Four time	174	25
	Three time	47	6.9
	indifferent	34	5
Source of health information	Health extension	405	59.6
	multimedia	121	17.8
	No access	114	16.8
	Both HEPs &MM	40	5.9

Others* bleeding, respiratory problem

5.4 Modern health care seeking behavior and related factors in misha woreda, March 1-30/2013.

From the total respondents some of them 237(37%) use other than modern health care services before visiting modern health care service. Of them 109(18.2%), uses local drug providers like kiosks, 77(11.3%) were uses home treatment, 51(7.5%) uses traditional treatment, 431(63.4%) uses the modern health care service. A similar pattern was also observed in in-depth interview discussions. Do you use other alternative health care service providers before using modern health care service during illness? Almost half of participants said “yes I use” they use drugs left in their home, nearby drug providers and traditional herbal medications providers however; they need this modern health care service if the sickness become worst.

A 40 years old male nurse said;-

“In the community most of the time family member’s during sicknesses stay at home until it become worst and complicated by using different alternatives like; using left over drugs, local drug providers and keeping until self relief in fact they need modern health care service when the sickness become worst.”

Among other factors which contributes to non use of modern health service within the expected time in study area were economic problem 381(56%), shortage of time 200(29.4%), religious factor account from the total house hold 26(3.8%), lack of road toward modern health care service 17(2.5%), (table.4). In the qualitative study, also the majority of the participants state that reason for non use of modern health care service were facing economic problem, lack of time to go health care facility that is way they visit services with low cost & near to their home.

A 34 years health extension professional said...

“In fact Most of sick individuals in our community visit different alternative services like traditional herbal medicine, local drug providers ‘pastal hakem’ before visiting modern health care service due to income problem lack of time and they found near to their home.”

Table.4 Health care seeking behavior and related factors in misha woreda, March 1-30/2013(n=680)

Factors for modern health care seeking behavior		Frequency	%
From experience place of visit for family illness	Government health facilities	234	37.9
	Privet health care unite	197	29.5
	Local kiosk/drug providers	109	16
	Home treatment	77	11.3
	Traditional treatment	51	7.5
	Others*	12	1.8
	Shortage of money	381	56
The main reason not to use modern health care service	Shortage of time	210	29.4
	Not knowing where service	46	8.2
	Religious factor	26	3.8
	Unavailability of road	17	2.5
Who decide to get health care at a time of illness(n=223)	Father	155	66.5
	mother	52	22.3
	others	26	11.2
	Neighbors	98	42.1
The first person contact during illness out of home(n=233)	Grandparent	89	38.2
	relative	26	11.2
	Relatives	21	9
	Religious leader	17	7.3
	Others**	8	3.4
	Took left over drug	93	41.9
Measures taken at home during illness(n=233)	Rest	81	36.8
	preying	33	9.8
	None	15	6.4
	Encourage food and fluid	11	4.7

Others*prying, consulting knowledgeable person **friends, closer one,

5.5 Significantly associated factors of modern health care seeking behavior in misha woreda, March 1-30/2013.

Table.5 Contains regression estimates for variables which are significantly associated with modern health care seeking behavior at the final model; -they are, sex; educational status, frequency of health information, average monthly income and perceived severity of disease were significantly associated with modern health care seeking behavior at finale model. For instance, females are about 2 times more likely to seek modern health care than males during illness or being female increase modern health care seeking behavior from 28.5%-71.6%, 0.52 (95%, CI, 0.285, 0.716, P=0.001). A person who can read &write about 11 times more likely to seek modern health care service than illiterates or reading & writing increase modern health care seeking behavior from 2%-8%, 0.09(95%,CI; 0.02, 0.08, p=0.001).

A person who was collage graduate about 13times more likely to seek modern health care service during illness than illiterates, increase 10%-70%, 0.08 (95%, CI; 0.01,0.07, p=0.001).

Table 5.Regression estimate for independent associated factors of modern health care seeking behavior in misha woreda, March 1-30/2013

Variables		Crude OR 95%CI	Adjusted OR 95%
Constant		-	-
Sex	Male	1	
	Female	0.68(0.50,0.92)	0.52(0.28,0.71)**
	Illiterate	1	1
Education	Read &w	1.28(3.8,3.6)	0.09(0.02,0.08)*
	1-6 grade	4.06(1.6,14.0)	0.5(0.02,0.12)
	7-12 grade	5.015(2.103,17.9)	0.03(0.03,0.07)
	Collage G	2.007(0.82,7.41)	0.08(0.01,0.07)*
Income	100≤	2.057(2.9,18.1)	6.01(5.42,6.008)*
	101-300	8.04(6.1,13.3)	8.08(4.9,7.0)**
	301-600	1	1
	≥601	0.147(0.07,0.3)	0.2(0.08,0.18)**
Perceived severity of illness	For all	1	1
	For sever	1.058(1.1,2.07)	0.12(0.08,0.19)**
	Other	1.586(0.75,3.05)	1.897(2.8,4.70)
Frequency of health information	Once	1	1
	Three time	1.09(0.86,4.05)	2.01(1.4,3.4)*
	Four time	2.099(1.18,7.50)	1.828(1.41,4.01)*
	No access	3.264(1.2,4.3)	1.450(1.6,3.07)*

P* < 0.05, P** < 0.01

CHAPTER 6

DISCUSSION

This study showed that perceived sickness prevalence reported was 34.3%, in the study area within four weeks of recall period. Other supportive study conducted on the bases of recall period of two weeks in Gurage zone dabat health project showed that the sickness report were 21%, Other supportive study done in cheha woreda showed that the sickness report in 4 weeks recall period were 23% [16, 17, 18]. In the above two base line studies the sickness report is lower than this study this may be due to difference in nature of study area and duration of study period.

With regard to sex, sickness was reported 128(54.9%) of females and 105(45.1%) of males from total sick individuals. In cheha woreda base line study showed that by sex 17% of female and 6% of males report sickness. Other supportive study done in Denmark, shows that women were more like to take care of their health [13,15,16], similarly in this study and in the above studies as mentioned report of sickness by females is greater than males and in this study being females significantly associated with modern health care seeking behavior. This is supported being female increase health care seeking by 43.1 %, 0.52(95% CI; 28.5%-71.6 % P=0.001). This may be due to that females take care of their and their family health than males.

With regard to age 5-44 years have report an excess sickness than other age, but it is not conformed statistically in this study, opposite of other studies age is not statically significant , in other similar study in Adami Tulu showed that 12-49 years of age groups report more disease syndromes than other age groups [19].

Also in this study educational status of household head, significantly associated with modern health care seeking behavior, other supportive study conducted in Ethiopia showed that health care seeking was significantly associated with, educational status and average monthly income of household heads [13, 14, 15]. Similarly in this study, educational status of house hold head and average family monthly income were significantly associated with modern health care seeking behavior.

A person who can read write 11times more likely to seek modern health care service than illiterates or reading & writing increase from 2% to 8%, 0.09(95%, CI;-0.02,0.08,P=0.001) this may be due to those who can read & write get different information by reading simply than illiterates.

This study also showed that the most prevalent symptoms were fever, cough with or without sputum, abdominal pain with or without diarrhea, multiple symptoms within four weeks of study period. Other supportive study done in Zambia shows that disease like cough, fever, and diarrhea reported more in developing countries [21, 22]. The trend of reported sickness throughout the study showed that there was commonly reported sickness, nevertheless there were prevalent sickness that have been reported from place to place and this may be due to environmental and personal sanitation problem in developing countries including Ethiopia.

In this study from the sickness cases during the survey time and their paste experiences on health care seeking behavior from all respondents above half 53% need modern health care service within standard time 3-24 hours after the development of illness which has good health care seeking behavior and 47% need modern health care service above the standard time, has poor health care seeking behavior. Other supportive facility based study done in Jimma hospital shows that 49.3% of sick individuals who report to outpatient department within 1-7weeks and 11.8% within 1-24houers. Other study in east showa also show that 25.5%of malaria patients visited malaria control laboratory within 1-48 hours [18, 23, 24, 25].These may be explained that sick individuals resorted the modern health care service based on the perceived severity of the disease and after all the possible trials of alternative health care in their surroundings in both above baseline study good health care seeking behavior is lower than this study it may be due to study area and time variation.

In this study the perceived severity of the disease was significantly associated with modern health care seeking behavior. A person who face perceived sever disease 8 times more likely than other disease not perceived sever disease or perceived severity of disease increase modern health care seeking behavior from 8% to 19% with 0.12(95%, CI;-0.08, 0.19,).

From the total house hold respondents 69.4% perceived that modern health care service was important to gain their health status, and 30.6% perceived that gaining health status by modern health care service were based on the sickness type and the disease severity. Other supportive study done in Zambia shows that human being encounters a number of illnesses throughout the life ,health care seeking depend up on the perceived importance of modern health care service and perceived severity of sickness and the social norm, including the perceived sickness prevalence report[21].

When coming to types of measures taken at house hold level in this study shows that, rest account 36.8%,nothing was given 6.4%,self medication or took left over drug 41.9% and others 14.9%. Other similar study shows that a person suffering discomfort or emotional distress have a number of ways of helping oneself or seeking help or he/she may decide to rest, or to take a home remedy or ask advice from friend, relatives or neighbors or consult local priest, folk healers[12,26].

With regard to decision to use modern health care service in the house hold level father account 66.55%, mother 22.3% and others 11.2%. male household make majority of decision, this may be due to income source in the family and male dominance in addition to decision making regarding to consultation household head were the most important person consulting and being a contact person at household level followed by mothers during sickness. In Indian study shows that women consult family members usually head of household (male) for family health care service (44.5%), and neighbors (30%) [14]. It was obvious that household head was controlling the economy and more responsibilities were given in the society, so that it would not be different in our setting but despite that females are associated factors for seeking modern health care service during illness but males were decision maker to seek modern health care.

From individuals who uses health care service 63.4% of sick individuals from the total respondent households sought care from modern health care institution from them 27.5%, were uses private health service providers, the rest uses government health care providers, for their sickness. Other supportive study in rural Dabat showed that 27.8% of people use modern health care facility for their sickness and other survey done in cheha worda use modern health care service that account 48.9% [14, 18, 21].

This study also shows the role of other health care providers on modern health care service was showed that local kiosks or local drug providers 41%, traditional healers account 34.9%. Similar study done in Africa shows 75% of population seek health care from traditional healers, other study done in Jimma town shows that peoples use drugs from informal sectors such as open markets and village kiosks encouraged the practice of self medication [8, 27, 29] Therefore these local service providers had great role in hindering modern health care service utilization and these were the major factors which affect early treatment and diagnosis.

In this study main cause's way peoples did not use modern health care service at standard time were, Shortage of money (income) account 56%, shortage of time account 29.4%.religious factors 3.8%, no road availability 2.5% and not knowing were health service was given 8.1%. Other supportive study which was done in Butajira rural health project shows that the main cases for non use of modern health care service were mainly due to economic or income problem and related things other study done North West Ethiopia shows the same things [23,31,32). In this study average monthly income of household were significantly associated with modern health care seeking behavior.

This study also were assess access and perceptions toward health information were from the total respondents 75.4% perceived that health information was important to keep health status of their family, 19.3% not perceived that health information was important to keep health status of their family, 5.3% did not know the importance of health information. From them 59% gets from health extension workers 17.5% get health information from multimedia, 5.9% from both and 16.8% not has access for health information though out four weeks duration. In this study frequency of health information were significantly associated with modern health care seeking behavior. Therefore health information was important to resort modern health care service within the community.

Limitation of the study

1. The sickness was perceived (oral report) not medically identified.
2. The real nature of the sickness was not considered.
3. There was time limit to follow sick individuals in different time.
4. On their reporting past experience about modern health care seeking behavior there were recall bias.

CHAPTER 7

CONCLUSION & RECOMMENDATION

7.1 CONCLUSION

In conclusion the prevalence of sickness in this study in the study area were 34.3% during study period and the most prevalent sickness include;- fever, cough with or without sputum, multiple symptoms, and abdominal pain with or without diarrhea were prevalent during four weeks study period. The government health institutions and private health care units were visited with high proportion in times of illness. Hemorrhage (Kentarot), mech and yamexelbasheta are some kinds of illnesses/sickness for which treatment is sought from other than modern health care service.

Most of households seek modern health care for their illness from modern health care facilities at a standard time of 3-24 hours after the development of illness which have good modern health care seeking behavior. Most house hold heads have better perception to ward modern health care service, early diagnosis and treatment.

Visiting modern health care service within a standard time is facilitated with; - being literate, member of higher average monthly income of households, perceived severity of sickness, frequency of health information and being female. Despite females facilitate seeking modern health care at times of illness; males (heads) are major decision maker to seek modern health care for the household members during illness.

From factors which contribute for non use of modern health care service during illness was economic problem, sharing left over drugs and shortage of time were the main factors. The most households' respondents perceived that health information was important to keep their family health status and multimedia and health extension workers were the main source of health information for the households. There were self medication report from the sick and the community the reasons were these local drug providers (kiosks) and traditional healers were available in the area and their cost was lower and no long weighting time than modern health care service. Health extension workers, community health armies and trained traditional birth attendants (TTBA) were good promoters of modern health care service utilization.

7.2 RECOMMENDATION

For Zonal health department and woreda health office;

- ❖ Should strengthen working together with educational sectors and with economic sector to enhance good modern health care seeking behavior.
- ❖ Strengthen health care provision for those who are not able to get modern health care service due to economic problem.

For health extension professionals;

- ❖ Develop health information provision for those who are not able to get health information at household level.
- ❖ Should strengthen and increase the frequency of providing health information for the community members based on their need.

For household heads

- ❖ Should develop open discussion among male and female household (heads) and family members about health care service and utilization of the service.

For future researcher

- ❖ Further exploration is needed “why excess left over drug utilization and informal drug providers are with high rate of utilization by the community.”

REFERENCES

1. Hausmann Mueala S, Muela Ribera J, Nyamongo I: *Health-seeking behavior and the health system response. Disease Control Priorities Project (DCPP). 2007; Working Paper no.14; 003*
2. Helman C. *An Introduction for health professionals' culture Health and illness Wright Publisher Bristol 2006; pp 7-611*
3. Quinn ME et al. *Factor of nutritional health-seeking behavior. Finding from the Georgia Centenarian study, Journal of aging health Feb 2004, 9(1): 90-104*
- 4 Taylor S.E. *Health psychologies. Second education; McGraw-Hill New York; 2007*
- 5 Kloos H. Kassie W. *Modern health services. The ecology of health disease in Ethiopia; 2004*
6. *Central Statistical Agency of Ethiopia: Ethiopian demographic and health survey: report. Maryland, USA: ICF Macro Calverton; 2011.*
7. Case A, Menendez A, Ardington C: *Health seeking behavior in Northern KwaZulu-Natal. In CSSR Working Paper No. 116, Cape Town; 2005*
8. Ahmed, S Adams, A Chowdhury, M and Bhuiya, A *Gender, socio-economic development and health-seeking behavior in Bangladesh Social Science and Medicine,2000; 51(3). 361-371*
9. Raman SA, *Utilization of Primary Health Care Services in Rural Bangladesh: the population and provider perspectives Unpublished PhD Thesis, London School of Hygiene and Tropical Medicine, University of London; 2007*
10. Helander B. *Getting the Most Out of It: Nomadic Health Care Seeking and the State in Southern Somalia University of Uppsala, Nomadic Peoples; 2009 No 25/27, p. 122-132,*
11. *Central Statistical Agency of Ethiopia: Ethiopian demographic and health survey: report. Maryland, USA: ICF Macro Calverton; 2005.*

12. Ebrahim G.J. and Rarker J.P. *Primary health care. Reorienting organization up port* Macmillan publisher, New York 2002; pp: 1
13. WHO regional publication European series. *The use of health services measurement of levels of health*, Holland W.W. et al; Dec.2008
14. Gupta I. and Dasgupta *Health seeking behavior in urban Delhi An exploratory study*; 2006
15. Zein A. Z. et al. *The prevalence of perceived morbidity in Addis-Zemen town Ethiopia. Ethiopian journal of health development* 2008; 2(1):19-26.
16. William C.C. *Illness behavior. Medical sociology Sixth edition, practice hall printer Englewood Cliff* 2008: 107-112
17. Asefa M. et al. *Developing a model Woreda to generate base line data and establish continuous registration of vital events in Cheha Woreda, Gurage Zone. Ethiopian journal of health development, special issue Jan. 2006; 13*
18. Fantahun M. et al. *Dabat Rural health Project, North-west Ethiopia. Report of the base line survey. Ethiopian journal of health development Special issue 2001; 15:14-16*
19. Tesfay F .Kassaye M. Kebede D .*community based survey of sexually transmitted disease syndrome in Admi Tullu Addis Ababa. Ethiopian journal health development; 2007 14(1); 7-12*
20. Diop F., Seshmani V., and Mulenga C. *Household health seeking behavior in Zambia. Technical report No. 20 Partnership for health reform. May, 2009.*
21. G/mariam A., Lemma F. and Alem Y. *Utilization of traditional medicine among in patient in Jimma hospital, Ethiopia. Ethiopian journal of health development 2006; 7(2):119-124.*
22. Buschkel W.F.L and Slikkerveer L.J. *Health care in East Africa, Illness behavior of East Oromo in Hararghe, Ethiopia. Van Gurum, 2006*

23. Lema F., G/Mariam A. and Kebede M. Assessment of the user characteristics of outpatient Service of Jimma hospital, *Ethiopia journal of health development*. 2009; 7(2):118-123
24. Shamebo D. et al. The Butajira Rural Health Project: Health needs and care in Ethiopia. A Case for improved and equitable services *Ethiopian journal of health development, Special issue*.2008; 8: VI-V14
25. Deressa W.et al. Treatment seeking for malaria patients East Showa Zone, *Ethiopia journal of health development* April 2010; 17(1): 9-15
26. Kaba M. Utilization of plant medicine for treatment of health problem. The case of the Oromo of Chora district Illubabor Zone western *Ethiopia journal of health development* Dec. 2007.10(3): 161-165
27. Sindiga I., Chacha N.C. and Kaunah M.P. *Traditional medicine in Africa; East Africa educational publisher Ltd; Nairobi; 2009*
28. Fanta F. Effect of cost sharing (in terms of revolving drug fund) on health service utilization in Wolaita Zone, SNNPR, Ethiopia. A thesis submitted to Addis Ababa University. 2008.
29. Worku S. and G/mariam A. Practice of self-medication in Jimma town. *Ethiopia journal health devel*. 2006, 17(2): 111-116.
30. Berhat HM. Et al. Patient satisfaction in developing countries *Social science and medicine*2006; 48: 989-996
31. Abula T. and Worku A. Patient non-compliance with drug regimens for chronic disease in northwest Ethiopia. *Ethiopia journal health devel*, Dec. 2009; 15(3)
32. Jimba M. The need for linking health care seeking behavior and health policy in rural Nepal *Harvard School of public health Takim program in international health*.2007-2009

ANNEX

Annex I. English Version Questionnaires

This questionnaire is prepared for collecting information on modern health care seeking behavior at household level among household members in Misha Woreda Hadiya Zone.

Consent form

001. Questionnaire identification number /-----/-----/

002. Region: SNNPR

003. Zone: Hadiya

004. Place; Mish woreda

005. House number -----

Greetings

Introduction:

My name is _____ I am working as a data collector in a survey conducted by the collaboration of, Jimma university college of public health and Medical sciences, and Department of health Education and behavioral sciences so as to assess the type of sickness you have encountered, the type of modern health care seeking behavior, decision making for seeking health care and the role about the local healers for modern health care seeking behavior at household level. Your name will not be written on this form and will never be used with any information you tell me. You don't have to answer any questions that you don't want to answer and you may end this interview at any time you want to.

However, your honest answers to these questions will help us better understand what people think and do about modern health care seeking behavior during sickness. We would greatly appreciate your help in responding to this survey. Would you be willing to participate?

1. Yes 2. No

Signature of interviewer certifying that informed consent will be give verbally by respondent. -----

Result codes: completed 1, respondent not available 2, refused 3, partially completed 4, others 5

005: Interviewer code [-----/-----] _____

006: Date of interview: [-----/-----/-----] Checked by supervisor: Name _____
Signature _____ Date _____

Part One: Socio-demographic variables of household head	
101.house number :	_____
102 .Sex of respondent	1. Male 2. Female
103 Age	._____
104. Employment of household (head)	1. Housewife 2. Farming 3. Government employee 4. Private Business 5. Student 6. Trader 8 Not employed
105. Religion	1. Orthodox 2. Protestant 3. Catholic 4. Muslim 5. Others_____
106 Marital statuses	1. Single 2. Married 3. Widowed 4. Separated
107 Family sizes	1. _____
108. Ethnic group	1. Hadiya 2. Kabata 3. Wolita 4. Oromo 5. Guragie 6. Others.....
109 Monthly income	1.-----
110. Educational status	1. Illiterate 2. Read and write 3. 1-6 grade 5. Graduated from college 4. 7-12grade
111. Is there a sick individual in the household since the last one month?	1. Yes 2. No if no skip part two
112 If yes, what is the relationship of the sick individual with the household head?	1. Wife 2. Husband 3. Son 4. Daughter 5. Relative (state) 6. Servant
113 Do you think there is modern health care service access in your area?	1.yes 2.no
114. Do you think using modern health care is important to gain health during illness?	1. Yes 2.no 3. I don't know
115. While you or your family gets ill when you/family need modern health care service?	1.Immediately with 3-24hour 2.keep until self relief 3. when the illness become worst 4. I don't need any health care service
116. What do you think the result of dalliance to treatment and diagnosis?	1. Death 2.Delay relief time 3.Reduce treatment importance 4.I don't know
117. For which type of disease you or your family need health care service?	1.For all type of disease 2 For sever disease 3.other -----

118. Do you visit any other health care service provider before using modern health care?	1.yes 2.no
119. If yes, which one you use or visit?	1. Local drug providers 2. Using left over drugs 3.teraditional medicine 4.home remedy

Part II

<i>Part Two: Socio-demographic variables of sick individuals</i>	
201.Sex	1. Male 2. Female
202.Age	1. _____
203.Occupation	1. House wife 2. Unemployed 3. Government employee 4. Farmer 5. student
204.Religion	1. Orthodox 2. Protestant 3. Catholic 4. Muslim 5. Others _____
205.Marital Status	1. Single 2. Married 3. Widowed 4. Separated
206.Ethnicity	1. Hadiya 2.Kambata 3. Guragie 4. Oromo 5. Dawuro 6. Others
207.Educational status	1. Illiterate 2. Read and write 3. Grade1-6 4. Grade 7-12 5. College graduate
208.Monthly income of sick person	1. -----

Part Three: Sickness Profile for those households who has sickness cause during study

301. If you/your family member were sick in the last one month, which kind of symptom did you have?/ the individual have?	1. Cough with or without sputum 2. Fever with chill and rigor 3. Abdominal pain with diarrhea 4. Skin disorder 5. multiple symptom 6. Others
302. How long have you been sick? Before seeking modern health care service?	1. within 3-24 2. Keep until self 3.when it become worst
303. Who was the first person to decide to get modern health care service at home?	1. Father 2. Mother 3. Others (specify) _____
304. Who was the first person contacted at this event out of household?	1. Grandparents 2. Neighbors 3. Religious leader 4. Others (specify) _____
305. What type of measure was taken at home level?	1. None 2. Rest 3. Abstinence of fluid and food 4. Encourage fluid and food 5. Pray for preying 6. Took left over drugs 7. Other_____
306. What kind of measure have you taken? (have you gone mention it?)	1. Home treatment 2. Rest 3. Traditional treatment 4. Private health care unit 5. Hospital 6. Health center 7. Nothing
307. Do you think health care service is important to gain your health?	1.yes 2.no 3 I don't think
308. Have you gone health service facility for recent sickness?	1. Yes 2. No
309. When did you go to health care provider? [After what time from development of illness]?	1.
310. If yes for (Q. No. 309) where did you seek the treatments?	1. Home remedy 2. Traditional healer 3. Private health care 4. Public facility 5. Health center
312 How many times have you/your family visited the care provider in the last 1 month?	1. Number of visit____
313 In addition to the above mentioned health care unit which health care units have you visited others?	1. Hospital 2. Health center 3. Clinic 4. Traditional healer 5. Local healers 6. Others_____
314 What was the main reason for visiting	1. Because it s not relived 2. I have not satisfied

additional health service?	3. Referral 4. Insisted from relatives 5. Others-----		
315 From the most recent symptoms you had, have you received any treatment?	1. Yes 2. No		
316 If you have not received treatment what were the reasons?	1. Shortage of money 2. shortage of time 3. Long distance 4. Do not believe in Biomedical Therapy 5. Hatred for health care Providers 6. Others_____	Yes 1 1 1 1	No 2 2 2 2
316 Do you think health information is important to keep your or your family health?	1.yes 2.no 3.I don't think		
317. From where you or your family gets health information/education?	1. from mass media 2.from health extension 3. From others-----		
318. How often within a month you or your family gets health information/education?	1.every day 2 three time 3 four time 4. Once 5. No I haven't get health information		
319. Do you think health information help to improve your/family modern health care seeking behavior?	1 .yes 2. No 3.I don't know		

Part Four: Health care seeking from traditional healers/providers

401 What is the most important reason for resorting traditional healers? More than one answer is possible and circles all response.	1. I don't get cure from medical care 2. They do not charge to much 3. They are respectful 4. There is no long waiting 5. Treatment is effective 6. Maintain confidentiality 9. Because, they are near
402 What type of medication have you sought from traditional healer?	1. Massage 2. Herbal medication 3. Tattoeing/cauterization 4. Spiritual care 5. other (specify)-----

Part Five: No treatment and self treatment	
501 If you have not visited a health care provider what is your most important response for not receiving any treatment?	1. Lack of money 2. Lack of time 3. Long distance 4. Do not know where it can be treated 5. thought getting well from symptom without treatment
502 According to the main cause of your most recent symptoms, from where do you believe is the best treatment available?	1. from traditional healers 2. Symptoms disappear without treatment 3. modern health care institutions 4. Local drug providers 5. Others_____
503 Do you believe that getting early treatment is beneficial for people who are sick?	1. Yes 2. No
504 If you have not got treatment in institutions what is the most important reason for preferring self treatment for the disease mentioned above?	1. I know the treatment myself 2. Diseases is not serious 3. It is cost effective 4. Maintain confidentiality 5. In health care there is long waiting time 6. In health care reception is not good 7. Others_____
Questionnaire Two: This part of questionnaire is prepared for those who have no sick individuals in the household for the preceding one month.	
601. From your experience when you or your family member become sick when you or your family need modern health care service after development of illness?	1. immediately within 3-24 hours 2. keep until self relief 3. when it become worst
602. Would you please mention a kind of symptoms, from the family, anyone who have been sick within the last couple of months?	1. Cough with /without sputum 2. Fever with chills and rigor 3. Abdominal pain with diarrhea 4. Multiple symptoms 5. Other.....

603. Do you think access of modern health care facility in your area?	1.yes 2.no
604. Do you think using modern health care service important to gain health during illness?	1.yes 2.no
605. Do you believe that getting early treatment is beneficial for people who are sick?	1. Yes 2. No
606. For what type of disease you or your families need modern health care service?	1.for sever disease only 2.for all disease
607. For the sickness what did think is the cause?	1. Evil eyes 2. Shortage of nutrient 3. Microorganism 4. Curse from God
608. When you or your family says the disease/sign and symptom is sever?	1-----
609. Do you use other service before visiting modern health care service?	1. Yes 2. No
610. If yes, which alternative service you or your family use before going to modern health care service	1. Home remedy 2. use leftover drugs 3. Local drug providers 4. herbal medication 5. Other.....
611. Do you think health information is important to keep your or your family health?	1. Yes 2. No 3. I don't know
612. Do you get health information?	1.yes 2.no
613. From where you or your family got health information?	1. Multimedia 2. Health extension 3.both 4. Other.....
614. How often you or your families get health information within a month?	1. No access 2.once 3. Three time 4. five time
615. Who make a decision to seek modern health care service during illness at home level?	1. Father 2. Mother 3. Others (specify) _____
616. What are the main factors that hinder to sick individuals to visit modern health care unit?	1. Religious factor 2. Shortage of time 3. Shortage of money 4. Road is not available 5. If one do not know health care unit 6. Others_____

617. Where do you visit for household family sickness?	<ol style="list-style-type: none"> 1. Home treatment 2. Local drug providers 3. Traditional treatment 4. Private health care unit 5. Government health care unit 6. Others__
618. If you are going to be sick where do you want to get a treatment?	<ol style="list-style-type: none"> 1. Government health care unit 2. Private health care unit 3. Local healer 4. Traditional health provider 5. Others_____
619. Have ever visited traditional healers or got advice or treatment from hem	<ol style="list-style-type: none"> 1. Yes 2. No
620. If yes what is the most important reason for resorting traditional healers?	<ol style="list-style-type: none"> 1. They do not charge too much 2. No long weighting time 3. The treatment is effective 4. Because, they are nearby 5 Others_____
621. Have ever taken self treatment for previous sickness?	<ol style="list-style-type: none"> 1. Yes 2. No
622. If you have got treatment by yourself what are the reason for preferring self treatment for the disease mentioned above?	<ol style="list-style-type: none"> 1. I know the treatment myself 2. It is cost effective 4. In health care there is long waiting time 5. In health care reception is not good, 6 other---
623. What type of medication have you sought?	<ol style="list-style-type: none"> 1. Massage 2. Herbal medication 3. Local drugs 4. Spiritual care 5. Advice 6. Others _____
624. Where do you believe that the recent sickness would be treated?	<ol style="list-style-type: none"> 1. Symptoms have no cure 2. Symptoms disappear without treatment 3. From traditional healers 4. From modern health care institutions 5. Others_____

Annex II In- Depth Interview Guideline

I am from Jimma University Health Education and Behavioral science Department. I am here to explore household modern health care seeking behavior and associated factors .This study is for partial fulfillment of my master's degree. I want your opinion and knowledge background about the aforementioned area. All information and discussion will be confidential.

Your response is very important for health promotion and planning and implementation of health Care provision in the community. So that, you are kindly requested to participate in this study I am grateful for participation.

Code No. _____ Age _____ Sex _____

Occupation _____ date of Interview _____

Place of Interview _____

Time of Interview _____

For how long have you served _____

Working area _____

Section one: in depth interview guides

1. How do you define sickness? From your experience?
2. What are the causes for sickness? How?
3. From your point of view and experiences what type sicknesses are classified under severe, moderate and mild sickness?
4. Do you think there is health care facility in your area?
5. At household level who is the first person to be contacted for seeking help?
6. According to your experience what type of diseases are considered mild, moderate and severe?
7. Where is the appropriate place to seek health care? Way? When you seek health care?
8. Do you think accessibility of modern health care service in your area? Do you use it?
9. Do you think using modern health care service is important to gain health during illness? How?
10. What that types of health care services providing in the environment?
11. Do you think health education is important? How?
11. According to your experience what are the source of health education in your area?
12. What are health care providers in this area? Which one is best for you and your family?

Hadyigna version Questionnaire

Ku xaamiche guudukoke minn gaatena yoomanina minnabarose xesammo amanna fayyaoma sedanna masso fayyome awwado uwwo kaane baaga affeba yoo luwwa hasso baessa essoluwa ssorobemina masakame ssoroba.

Xxamichoman dabbach uwiimina shenatamamo-----anchee shennatancha

Minni aborrore bikinna wonnshakam xxamicha

101.minni xiggoo.....	1.....
102.goncho,menntecho ?	1. goncho 2. mentecho
103 ummure maoo.....	1.....
104. minne aniche baxe marecho?	1 .abuulancho 2. dadarancho 3. losancho 4. minnamata 5 .muuleke
105.amanate marechoo ?	1. yasusana 2 .maramana 3 .muselincho 4. kattolekech 5 .muuleke
106.minna esseyayana?	1 .aggesamo 2 agesummoyo 3.aggesateramo 4. Minntecholetooko
107. minn abboroseklobakatomm maoo?	1.....

108.hinnka shuumoinsata qaarantetoke	1.Hadyicho 2.kambatecho 3. Woolayetecho 4. Guuragekecho
109.agaana sedogabbaye maoo	1.....
110.loossana hinnkana loosata	1.Xaafemaqaannacha xaannomo 2..Xaffema qannachaxanoomoyo 3.looaffabatammaramo 4. omilameaffebatomaramo 5.unvarrestaaffebatomammam
111. xessammumann miinana kahguuagannana yoohona	1.yooko 2. baa
112.yookoyetlasa xissamumanche minnanchenna yoo shennatanch marrecho	1.bettoo 2.landechota 3.baxanchota 4.qqaremanchoo
113.faaayooma awadena hassesotaqammuw ka heggegonaa yooko yetta ammantoohona	1.ooya 2.baa 3.loomoyoo
114.ke'eabbarose xxesamo ammana hinnkane ammane lassaga faayoom minna mattakamooke	1.qaaqesom 2.laambal laassaga 3.keemuukuyamaarukareta 4.faaayoomminna mallomoyo5.muulakeyolas a6.keranebaaga mallomo

Lammibaxxancha; haachiuggude beekena x ammo xammichuuwa Xiisammu mannch bekkena laabao xamichuwa

201. shehaxe marechoo?	1.gooncho 2.laandecho
203.ummure kekke maoo.....	1.....
204.bbaxe kekke maarecho	1.abbulancho 2.ddarancho 3.llossancho 4.baxxebaana
205.ammanate maarecho	1.yaasusanata 2.maaramenata 3.muusellinchoo 4.kaatollekechoo 5.muulake
206.tiddale oggore hinnkedata	1.aagesamo 2.aggessummoyoo 3.aagessateeraamoo 4.maanitecholetooko
207.lossane oggore hinkkedata	1.qqaanaomo 2.qannama xannomoyo 3.6 affebatomaramo 4.12 affebatomaramo 5.coolage massamamo

Xisseoggora kuuro xamichuwwa

<p>301.kaa higgsu agganana xxisaamu manni aabarossana yoolase xissommik oggore hinkkdata</p>	<p>1.kuxesoko aakeetaeddata 2.ebbesokohhuxetanoo eddataa 3.ooracholaabasa 4.ellaa 5.muulaak</p>
<p>302.ayyata xissomka haagare qoosukoke</p>	<p>1.aanigaagema 1.ammibamane 3.qaareihoomane 4.muulak</p>
<p>303.xissominna qaarara masetonn hinkaan ammana masuuko haakemmima matoona</p>	<p>1.loobakatammana massako 2.laam baala masako 3.maatesaanata massako 4.maateaggana maasako</p>
<p>304.minninasa ayyata gaasa xisoomo laaukkoke</p>	<p>1.anna 2.ammata 3.abbayoo 4.ayyata 5.qaaroo 6.muulake</p>
<p>305.Xharamokokeeseamana minmane muulakee aayeta</p>	<p>1.ollamane 2.kassuw 3.qaarmane 4.mullake</p>
<p>306.Xessomina masetako luwmaarecho?</p>	<p>1.Mina yooqarara uwinamo 2.maresaaqaraara massakko 3.Abbaqaraleminna maraako 4.mahhame mannemoyoo</p>

307.faaayoom temertatammarem faayahooma eggereminna awwadohoo laboohona?	1.ooyya 2.laaomooyo
308.faaayoom temertaseedakamoke hanniseta?	1.exxtenshionessa 2.loobaakate exxawuwinsa 3.eddiluwinsa 4.mmulake.....
309.qaaqesso xessamu maanch hakem minna maarem awwade marrechoo?	1.lhoomanna gaatessoko 2.qaarraraawwawado eddoko 3.mumulake...
310. keennaheggegonna hekkeminna uwwoo taaqamuuyooko labbohoona?	1.ooyyaa 2.baa 3.loomoyoo
311.kennuu ammabana faayyoom awwado uwwoo kannona kann ellaga awaxeta laqahoona	1.ooyyaa 2.loomoyoo 3.maataatareta

Xessammumane minnana baa minn abbarosenna xaammakam xaamechuwaa

101. Xessaamumani minnaana hauulase xessammu manch moosso xisse haagara kuutakammona?	1.kuuxesemaa[akete baaka] 2.huuxessema[eebbaedda te 3.aafuusema 4.muulaak.....
602.kuuxesse asherroona maashekaa ehokooyetaakamoke maarechhoo?	1.maani ellenata 2.leenna mooaamoo baa foochchanata 3.bbaketarahinnata 4. muulaake.....

<p>603.keennuw moechaana hinnkedoo xisoo foorenaa loobakata baadesookoo yettakamooke?</p>	<p>1.loobakaata xeessshaare 2.ellamma sabboohare 3.huunnedema 4.lammoyoo</p>
<p>604.kaaxessante xessena haakeminna maatahenna awwaxethenna?</p>	<p>1. ooyaa 2.maarummoyoo 3.xessekaamohaare mareennate 4.muulaake.....</p>
<p>105.hinnkaa xessuwinate haakeminna mattakamoke?</p>	<p>1.loobakata keemmoo.xessenate xaale 2.maatamate xessenate 3.huundaam xessenate 4.muleke</p>

DECLARATION

Assurance Of The Principal Investigator

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision if required progress reports as per terms and conditions of the collage of public health and medical science in effect at the time of grant is forwarded as the result of this application.

Name of the student: **Abera Feyisa**

Date march, 13, 2013

Signature.....

APPROVAL OF THE ADVISORS

This thesis has been submitted with my approval as University advisors for examination.

Name of the first advisor: **Mr. Eshetu Girma**

Date.....

Signature.....

Name of second advisor: **Mr.Yohannes Kebede**

Date.....

Signature.....