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ASSESSMENT OF HEALTH SEEKING BEHAVIOURS AMONG COMMUNITIES IN MIKINDANI MUNICIPALITY

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Abstract: The study aimed at assessing the health seeking behaviors among communities in Mikindani Municipality. Specifically, the study intended to examine factors that influence or hinder health seeking behaviors among communities in Mikindani Municipality. This was an explanatory research which used qualitative research methods to determine respondent's attitude, feelings, and opinions on life experience towards health seeking behavior. This study involved 134 respondents including local government authorities, social welfare officers, healthcare workers and community members whose age ranged from 15-48 and above. The study employed Focus group discussions (10) each containing a group of 10 participants. Besides, the study used Key Informants Interviews (34) and desk reviews to further triangulate the findings from the Focus Group Discussions. The respondents were selected randomly since the entire population in Mikindani Municipality equally seeks medication once they are sick. The findings revealed that, social networks consisting of close relatives tend to counsel, advice, provide family support and sympathize with family members during illness influence health seeking behavior; cultural practices and religious beliefs influence health seeking behavior; gender inequalities while seeking treatment influenced many pregnant women to seek treatment to traditional healers and abandon hospitals. The study concluded that, health seeking behaviors is influenced by the kind of disease and the social-economic realities that shape and influence the way communities experience disease. The study recommended that, intensification of health education is required in heartening suitable health seeking behavior among people; and lastly, the government should improve the quality of health care that aligns with availability of drugs, patient-centred care, health profession-patient good relationship, enough health staff, and available facilities.

Keyword: *Health Seeking Behaviors, Communities, Traditional healing*

1.0 INTRODUCTION

Sickness is one of the major challenges that faces many Tanzanian households, and once a household is confronted with sickness the decision to seek medical care varies from one household to another in Tanzania. Some individuals in a household may decide to seek medical care from the informal health institutions like traditional healers or witch doctors while others

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may decide to go to the formal health institutions like clinics, health centers and hospitals and others may not seek any medical care at all (Corno, 2014). It is for this reason; therefore, this study major objective was to assess the health seeking behaviors among communities in Mikindani Municipality. Furthermore, the study specifically examined factors that influence or hinder health seeking behaviors among communities in Mikindani Municipality. The study by Corno (2014) indicates that, 68% of the ill population in Tanzania does not seek health care while 27% chooses formal health institutions such as clinics, health centers and hospitals. The factors hindering ill population not to seek health care include user fees, travel distance, educational level, and health facilities' quality, among others.

Health seeking behavior has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy (Bhat and Kumar, 2017; Deng and Liu, 2017; Penjor *et al*., 2019). This clearly explains a coherent picture of specific cultural features that affect people's health behavior (Fenenga *et al*., 2017; Mncono, 2018; Vasquez, 2020). The definition of a particular illness consists of signs and symptoms by which the illness is recognized, presumed cause of the illness and prognosis established (Banerjee and Dixit, 2017; De-Kok *et al*., 2018). These symptoms are in turn interpreted by individuals and or significant others and on labeling the problem, proceed to address it appropriately based on their contextual environment (Mncono, 2018).

According to Asfaw *et al*. (2018); Habtu *et al.* (2018) and Zhou *et al*. (2020), health seeking behavior is preceded by a decision-making process that is further governed by individual and/or household behavior, community norms and expectations as well as provider related characteristics and behavior. Also, Arnold, *et al.*, (2019) and Deolia *et al*., (2020) point that, behavior is also affected by the beliefs on the disease perception or attribute causation based on tradition, intuition, supernatural and magic behind certain diseases, such as evil eye, infection or accident and treatment is based on beliefs like by the medical doctors or traditional healers. People do not seek one source of health care and differ in their behaviors according to who is affected and what diseases are experienced (El-Ghitany *et al*., 2018). Other people see health outcomes to be in God's hands alone (Andarini *et al*., 2019; Deng and Liu, 2017). For this reason, the nature of care seeking is not homogenous depending on cognitive and non-cognitive factors that call for a contextual analysis of care seeking behavior. Context may be a factor of cognition or awareness, socio-cultural as well as economic factors (Deng and Liu, 2017).

In their contention, Basch *et al*. (2018) and Cros *et al. (*2019) affirm that, a health care seeking behaviour involves recognition of symptoms, perceived nature of illness, followed by initially appropriate home care and monitoring. This may necessitate seeking care at the health facility, medication, and compliance. Amiri *et al*. (2019) emphasize that, treatment failure may require a return to the health facility or an alternative care provider. Thus, client-based factors, provider-based factors caretaker perceptions, social and demographic factors, decision making power,

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social networks which involve close people who give counseling, advice, family support and feeling of sympathy toward family members in illness and biological signs and symptoms work synergistically to produce a pattern of health seeking behavior (Haque *et al.*, 2019; Hossain *et al*., 2020). What is then observed as a sequential behavior pattern often drawing from redefinition of illness and a multiplicity of treatment sources (Dheresa *et al*., 2020).

A Health Belief Model (HBM) developed by social psychologists Hochbaum and Rosenstock in 1950's guided this study to explain the health-seeking behaviors among communities in Mikindani Municipality. This model enables identification and understanding of people's health-seeking behavior beyond their knowledge, attitudes, and practices (Didarloo *et al*., 2017; Sheppard and Thomas, 2020). The major tenet of the Health Belief Model is based on the notion that, behavior is a function of the subjective value of an outcome and of the subjective probability or expectation that a particular action will achieve that outcome (Patterson *et al.*, 2018; Mohammandi *et al.*, 2017).

According to Aldohaian *et al.* (2019) and Masoudiyekta *et al.* (2018), Health Belief Model is based on the idea that people are more likely to change their behavior and adhere to treatments if: (i) they perceive that they are at risk of contracting the disease (perceived susceptibility), (ii) they perceive the disease might have an unfavorable outcome (perceived severity), (iii) they perceive the proposed health behavior to be both effective and practical (perceived benefits), (iv) they perceive the barriers to adopting the behavior to be minimal (perceived barriers), (v) they perceive themselves to have the ability of applying and practicing the specific behavior proposed (perceived self-efficacy), and (vi) they have the cues for motivating their actions such as internal cues (pain, symptoms, past experiences) or external cues (advice from friends, relatives and mass media campaigns) (cues to action). The specificity of the Health Belief Model is suitable in explaining the individual decision-making processes as regards to health-seeking behavior which is described as status of women (culture), age and sex (social), income/household resources (socioeconomic), cost of care (economic), distance and physical access (geographical, quality (organization) (Bhat and Kumar, 2017; Deng and Liu, 2017; Shao *et al*., 2018; Penjor *et al*., 2019).

Even though several studies have been done in Tanzania with regards to health seeking behaviour, there is huge variation of factors influencing or hindering health seeking behaviour from one region to the other or from one disease to the next. Many existing studies from the reviewed literature, have only studied specific kinds of diseases health seeking behaviour like TB, Malaria, Cancer, children illness, maternal health, among others. Furthermore, these studies have also been conducted in big cities including Dar es Salaam, Morogoro, Kilimanjaro, Mwanza etc while a small number has been able to study small towns of Tanzania such as Mikindani Municipality. The intention of this study, therefore, was to assess health seeking behaviors samong communities in Mikindani Municipality with a view of drawing recommendations to address the plight.

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2.0 METHODOLOGY

Mikindani Municipal Council was selected for this study because of its high literacy level amongst the population (Male 78.1% and Female 71.9%) URT (2010) compared to other parts of the country. However, the communities in Mtwara region and in Mikindani continue to hold on to old traditions, are affected by poverty, illiteracy, high cost of hospital medication and consultation among others greatly affect the health seeking behavior of the communities.

The study used an exploratory research design to capture respondent's attitude, feelings, and opinions on health seeking behaviour (Cheung *et al.,* 2016). This design allowed the researcher to examine factors that influence or hinder health seeking behaviors among communities in Mikindani Municipality through interviews and Focus Group Discussions to obtain qualitative data related to the objectives of the study.

Probability sampling (Simple random sampling) was used to select the study participants to capture their experience on health seeking behaviour. Walliman, (2011) states probability-based sampling designs apply sampling theory and involve random selection of sampling units. This sampling technique was used for this study since the essential feature of a probability-based sample is that each member of the population from which the sample was selected has a known probability of selection and every community member of Mikindani Municipality has sought health services of some sort in their life. Mikindani Municipality officials guided the identification of study participants and identified Shangani ward for this study to be conducted. It is from Shangani ward the lower-level government respondents were selected. The selection also included community members from 15 years and above who took part in this study.

This study had a sample size of 134 respondents involved in both Key Informants Interviews (KII) and Focus Group Discussions (FGD). This study administered a total of 34 KII, 4 KII were conducted to 4 officials from Mikindani Municipality specifically from the Social Welfare department and Health department; the remaining 30 KII were conducted to Ward Executive Officers, Village Executive Officer, Sub-village Chairpersons, Ward councilors and two citizens (man and woman) from Shangani ward. A total of 10 FGDs were conducted comprised of 10 men FGD, 10 women FGD and a Mixed (both 5 men and 5 women) FGD making a total of 100 FGDs participants from the same ward.

Qualitative data obtained from various sources was transformed into findings without using formulas in the transformation process (Patton, 2002). Results from Focus Group Discussion written texts were organized and tape-recorded data were transcribed into written notes that could be read and understood easily. Thereafter, the data were explorative analyzed and interpreted into logical descriptions simultaneously with many expressed voices from respondents some of which have been presented as respondents' statements (Yin, 2017).

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3.0 RESULTS AND DISCUSSION

3.1 Social-demographic Characteristics

The socio-demographic characteristics are important in determining the understanding of the opinion of the respondents towards the subject under study (McCormick, 2017). In addition, they help to justify the representativeness of the sample (Rwegoshora, 2016; Laurie, 2017). Age, gender, education level, marital status and occupation were the composition of respondents included (Table 1).

Table 1: Socio-Demographic Characteristics of Respondents

Age (Years)	n	%	**Gender**	n	%	**Education Level**	n	%
15-25	7	21%	Male	15	44%	No education	3	9%
26-36	9	26%	Female	19	56%	Primary	14	41%
37-47	8	24%				Secondary	13	38%
48>	10	29%				Tertiary	4	12%
Total	34	100%		34	100%		34	100%

Occupation	n	%	**Marital status**	n	%
Famer	10	28%	Single	6	18%
Employed	6	18%	Married	13	38%
Business	7	21%	Divorce	5	15%
Fisherman	6	18%	Others	10	29%
Others	5	15%			
Total	34	100%		34	100%

The aim of looking on the gender distribution is based on roles and relationships between men and women in the specific population. Gender perspectives create a unique social roles and relation between women and men. The role of male and female in the society differ from one society to another (Bonham, 2017; Tobias, 2018). The sex of respondents is not only considered as biological aspect in sociological theories but also has social implications in shaping the attitude, perception, and actions of an individual. Being a man or a woman is a social construction which affects the way an individual acts in social interaction including perception on health seeking (Torees-Avilez *et al*., 2016). Education is an important factor in individual's life as it influences the pattern of thinking, reasoning, and judgment (Katz *et al*., 2017).

The marital status of this sample is an indicator of population density which shows that, health seeking cuts across users whether they are in marriage or not. Moreover, it was important to make use of proper understanding of marital status of the respondents because matters of healthy are the subject of humanity, thus, being in marital relationship or not affects people's perception alike. Being in marital relationship or not can determine the freedom of choice and power to decide on a particular course of life (Linstrom *et al.*, 2019).

The study found that, respondents have different economic activities that help them earn income either daily or monthly. The purchasing power is among the issues which contributes to decision making when an individual is seeking health care services (Wildavsky, 2017). The study holds

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that, having reliable income generating activity influence individual's capacity to access and seek healthcare services.

3.2 Factors Influencing Health Seeking Behavior

The study sought to examine factors that influence or hinder health seeking behaviors. Table 2 below offers an overview of all the findings presented in four broad themes, termed as four 'A's: Accessibility, Acceptability, Availability, and Affordability which are in line with the Health Belief Modal 6 major tenets that assessed health seeking behaviour among communities in Mikindani Municipal as seen below:

Table 2: Themes and subthemes

S/N	THEMES		SUBTHEMES
		1.1	Cost (Transport)
		1.2	Distance (Physical inaccessibility)
		1.3	Low reliability
1.	Accessibility	1.4	Road
		1.5	Poor quality
		1.6	Security
		1.7	Delay
		2.1	Excessive bureaucracy
2.	Acceptability	2.2	Health workers' behavior
		2.3	Community attitudes/knowledge
		2.4	Gender aspect
		2.5	Power on decision making
		2.6	Beliefs
3.	Availability	3.1	Drug supply and stock
		3.2	Extensive advertisements
		3.3	Social networks (friends, peers, family)
4.	Affordability	4.1	Treatment costs

3.2.1 High Costs for Treatment

In this study, cost was often identified as a factor for health seeking to both the private and public sectors. The study also revealed that, people prefer to consult traditional healers who charge the lowest fee. Respondents explained that, costs for medication are too high from consultation to treatment. Even if direct costs are affordable, or if medical services are free, indirect costs (for transport and special food) limit access to treatment or lead patients to interrupt therapies. During an interview session at Sokosela Street, a 35-year-old mother was quoted saying the following with regards to cost:

> *"These hospitals seem to do business with our health. Once you enter the hospital you must pay consultation fee, later you pay for medical checkup, and when found with diseases, you pay a lot of money for medication. Sometimes, I do not go to the hospital,*

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*instead I seek tradition medicines which are not expensive" (*KII, 27th June 2020- Sokosela Street).

The findings are supported by Hertz *et al*. (2019) who found that 10% of cardiovascular patients in Kilimanjaro Region the cost of care in the health facility affected their health seeking behavior. These patients decided not to seek health care in pre-hospital phase because they know they could not afford the costs. Furthermore, 6.3% patients in the same study during in-hospital phase they claimed the cost of testing and treatment was high and they could not afford.

3.2.2 Accessibility to the Health Facilities

During the study, it was also found that distance (physical inaccessibility) to health facilities influence health seeking behavior. Long distances limited people to seek certain health care services. For example, during an interview, one informant at Ligula Street said that:

*"To reach a health facility services for instance, some must walk, some use bicycles. With the introduction of boda-boda motorcycle taxi seems at least to serve us in seeking health care. However, the cost to hire boda-boda motorcycle remains a challenge to some of us" (*KII, 26th June, 2020- Ligula Street).

As it can be seen from the findings above, the problem of distance to health facilities is aggravated by the high poverty levels which affect expenditure on transport. Some patients including those that are disabled or pregnant may not attempt long distances to seek health care without adequate means of transport. Also, roads are impassable during rainfall.

This study was further supported by Senkoro *et al*. (2015) who conducted a study on health seeking behavior among TB patients in Tanzania and found out that, 55% of the respondents had to walk to access the nearest health facility to receive treatment. The respondents had to walk approximately 30 minutes, and some used between 25-90 minutes to reach a health facility, this long distance discouraged many patients to seek health care in time. The study further indicated only 31% sought medical care in time while 49.8% did not seek medical care because of long distances to the health facility.

3.2.3 Poor Quality of Service at the Health Facility

During in-depth interviews and FGDs, it was revealed that low- or poor-quality services, discourage people from seeking health care. When facilities are staffed with professionals, open, reliable, and affordable, utilization rates respond positively. Approximately many health facilities can still be rejected by a community due to lack of knowledge or previous exposure, low awareness of potential benefits or poor acceptability of services, on social, cultural, or religious grounds. The continued absence of essential drugs especially at public health facilities was identified. The provision of expired drugs mostly at public health facilities made people

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ignore or avoid health facilities because of the usual trend of no drugs or providing expired drugs. This leads to self-medication or use of traditional healers. A 33-year-old man explained this during an interview:

> *"When you go a public hospital, after diagnosis and medicine prescription, you are told the prescribed medication is not available. You will instead be directed to a nearby private pharmacy. This continuous trend of lacking drugs discourages us" (*KII, 26th June, 2020- Maduka Makubwa Street).

Mremi *et al*. (2018) in their study found similar findings with this study which concluded that, poor quality services such as availability of medicines and qualified human resources were the major factors that influenced the community to decide where to go and seek health care. The continuous lack of the aforementioned challenges affected the health seeking behavior of many community members on the preference for accessing health care services.

3.2.4 Unequal Distribution of Health Budgets

Unequal distribution of financial means was another factor which affects medical services provision. About 85% of health expenditures are given to central and main hospitals. But these hospitals access only 10% of the population. The rest of the population, counting 15% of the financial means are meant for health care of 90% of the population. However, the problem of regular out of stock drugs due to poor selection and quantification of medicines, poor records management, lack of prioritization, long procurement process (bureaucracy) for drugs from the main government suppliers increase the problem.

Mremi *et al*. (2018) in their study strongly affirm the need for allocating more budgets to the health facilities that save more people. The study indicates that, villages and population served by each facility was determined and found that the 38 health facilities were serving a total of 114 villages with a total population of 274, 420 in Mtwara. This translates to one facility serving three villages and a population of 7, 222 people. With these statistics, it is very clear there is need to revisit budget allocations in the health sector from the regional and district hospitals to the health facilities found at the lower levels.

3.2.5 Gender Inequalities on Health Treatment

During the focus group discussions, participants unanimously said gender inequalities (biasedness) on health treatment was one of the major reasons leading them to decide to seek health in different settings. Participants said that, there is evidence of slightly different behavior in responding to male and female sicknesses. This mainly refers to the characteristics of the health providers and attitudes of individual attending the health facility. In some cases, the health providers attend men and boys better than women and girls. Also, non-acceptance of being treated by the opposite sex, in particular women who refuse to be seen by male nurses/doctors

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due to experienced existing biasness in the opposite sex. One participant in a focus group discussion further explained that:

> *"I experienced difficulties when I was pregnant. When I found out I was going to be attended by a male nurse, I refused and decided to go to another hospital".*
> (FGD, 28th June, 2020-At Maduka Makubwa Street).

Furthermore, this study has found out that when women are pregnant and feel the pain of giving birth, are being abused and mocked by nurses that they were enjoying having sexual intercourse with their partners, but they cry while giving birth. The disrespectful treatment and abuses received by women giving birth led to abstinence from health services and instead prefer consulting some traditional birth attendants and even faith-based centers (churches) for solutions and treatments during pregnancy and their general antenatal care. In one family at Ligula Kati Street, a 37-year-old mother of four children, had this to say:

> *"My mother-in-law is a midwife. She understands the progress of the pregnancy. So, she is easily available and attended me until I delivered" (*KII, 25th June, 2020-Maduka Makubwa Street).

Hertz *et al*.(2019) in their study support this finding by indicating that, 12% of the respondents said some health attendants are rude, uncaring, and lazy hence discourages them to seek health services in the health facilities.

3.2.6 The Effect of Social Networks, Culture and Religious Beliefs on Health Seeking Behavior

During the in-depth interviews and FGDs, it was explained that beliefs on the disease perception or attributes of the causes of illness are natural, observable, and manipulated. Informants revealed that, the set of beliefs about the cause of illness sometimes are attributed to tradition, intuition, supernatural and magic. Cultural and religious beliefs significantly affect health seeking behaviors. Informants revealed that, there are some illnesses which required different treatment or management approaches that some illnesses are best suited to be treated by the medical doctors, while other diseases are most suited to be treated by traditional healers. Some illnesses are caused by natural causes and are best treated by biomedicine. Other people see health outcomes to be in God's hands alone, in most cases this tends to have fatal impacts in the face of illness. For instance, if an illness is perceived to be caused by an evil eye, only prayers and traditional cures are deemed appropriate. This argument was given by participants based on their life experiences. For example, a 29-year-old mother at her home Ligula Shuleni Street explained this fact in the following excerpt:

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> *"When I feel sick, I go to hospital. But when no illness is diagnosed, I attend traditional healers at the same time attending church prayers" (*KII, 26th June, 2020-Ligula Shuleni Street).

In the study conducted by Chibwana *et al*. (2009) indicates that, cultural beliefs play a great deal in health seeking behavior to many community members. The study shows local beliefs regarding etiology of fever strongly influenced health-seeking patterns. For instance, caregivers are likely to consult traditional healers when they believe that childhood fever is due to witchcraft or are linked to maternal ailments, such as *mauka*. In almost all FGDs, traditional healers were mentioned as the first resort for 'mauka' related childhood fever since it was believed that the mother's illness had to be treated first.

The findings of this study have revealed that, social networks which involve close people who gives counseling, advice, family support and feeling of sympathy toward family members in illness also influence health seeking behaviors. Informants expressed that, once they are sick, they initially consult their friends for recommendation before visiting any health care. For example, an 18-year-old man explained the following during an interview:

> *"I once had frequent night meres, followed by headaches. I told my uncle who advised me to see a traditional healer while also attending church prayers and the problem ended" (*KII, 26th June, 2020-Maduka Makubwa Street).

Okinyemi *et al*. (2019) their study comprehends these findings by indicating that social networks and relationships have great contribution to health seeking behavior in Africa. Their study findings indicate, the type of relationship between mother of under-fives and head of households affect health seeking behaviour for treatment of diarrhea and ARI symptoms in Eastern, Western and Southern Africa.

4.0 Conclusion and Recommendations

This study therefore concludes that, health seeking behaviors is influenced by the kind of disease and the social-economic realities that shape and influence the way communities experience disease. It is therefore important to note that, the nature of health seeking is not homogenous depending on cognition or awareness, socio-cultural as well as economic factors considered as levels of accessibility, acceptability, availability, affordability. Moreover, the study revealed that, health seeking behavior among communities in Mikindani Municipality is affected by high cost of private and public hospital services hence the need to consult traditional healers with low costs; long distances to the health facilities also affect health seeking behavior; poor quality services in the health facilities greatly affect the health seeking behavior; unequal treatments existing in the health facilities also affect health seeking behavior among pregnant women;

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lastly, cultural beliefs and social networks all contribute to communities seeking treatment to the traditional healers and forsake existing health facilities.

Based on these conclusions, this study recommends that, for an improved health seeking behaviour among communities in Mikindani Municipality, the government should intensify health education to the community members to hearten suitable health seeking behavior among people. The government should ensure acceptable engagements are made to meet the health needs by ensuring equal balance of health expenditure and avoid unequal distribution of financial means. The government should also increase investments on infrastructure, particularly public transport, to enable approachability to health care. The government should further improve the quality of health care that aligns with availability of drugs, patient-centred care, health profession-patient good relationship, enough health staff, and available facilities.

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