Health seeking behavior among households with difference in income level, transportation access and cost affordability in Kersa woreda, Eastern Hrarghe, East Ethiopia

This policy brief describes factors that affect the health seeking pattern of residents in selected households in the 12 kebeles of kersa woreda, Eastern Hararghe

Introduction

Different studies report that households practice various strategies to meet their health care needs; such as use of self-treatment, traditional healers, modern treatment and so on. A delay in early and accurate diagnosis of illness is associated with level of knowledge and awareness of a disease. The health seeking pattern of individuals may be affected by a number of socio-economic and demographic factors.

In the Kersa longitudinal project area, from March to April 2008, respondents from 476 studied households were asked about factors that affect health seeking pattern of households in the study area. In this policy brief, the respondents were asked about the background characteristics of respondents, factors affecting health seeking behaviour, whether there is a difference in the health seeking pattern with the income level, transport accessibility and cost affordability of the modern health services.

Respondent characteristics

Household members who are age 18 and above were eligible for an interview, and one respondent was randomly selected in each studied household. 75.8% of the respondents are below 45 years of age and 10.3% were 60 years and above. Regarding the educational background, it was found in our survey that 81.9% of the respondents can not read and write. The marital status distribution indicates that 76.7% of the respondents are currently married. 13.0%, 7.4%, and 2.9% of the respondents are widowed, single and divorced, respectively.

Factors affecting health seeking behaviour

The distribution of different determining factors of health seeking behavior were identified. These factors have been reported in previous studies to affect the health seeking pattern of a community.

Income level

Income level of households were reported by various studies to affect the health seeking pattern of the family. In this study, the respondents have been asked about familys monthly income status and this was recorded by converting all means of the family annual income into monthly earnings, since most of them are farmers and not get their income on monthly bases. The average monthly income of 70% of the households is below 400 Eth birr. It was found in the study that with the increasing level of income level there is a decrease in the pattern of drug use without medical advice and an increase in the modern health service utilization. However, family monthly income was not significantly associated with health seeking behaviour of the family (P>0.05).

Fig 1. Distribution of health seeking behavior among different income level households
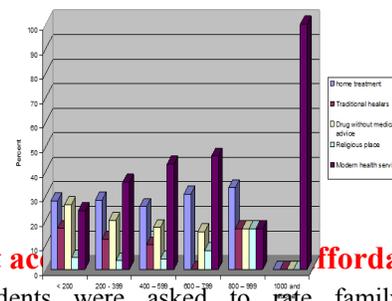
Transport access and cost affordability

The respondents were asked to rate family transport accessibility and cost affordability to the modern health services. Majority (53.2%) of the respondents have rated the family transport access as bad and very bad. The rest 11.3%, 18.9%, and 16.6% of the respondents have reported that they have very good, good, and moderate access for transportation to modern health institutions respectively. The cost affordability status to the modern health service was rated by majority (50.5%) of the respondents as bad and very bad. The rest have very good, good, and moderate cost affordability as reported by 4.6%, 14.5%, and 30.5% of the respondents respectively.
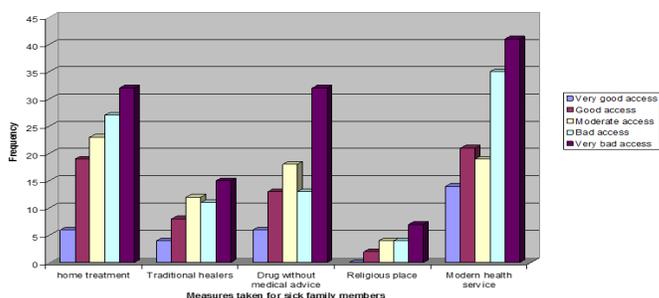
Fig 2: Pattern of health seeking behavior in the studied households with different transportation access to the health institution

In this study, there was a significant association (P < 0.05) between family cost affordability to health institutions and four health seeking patterns (utilizing home treatment, traditional healers, drug use without medical attention and modern health service). However, family transport accessibility to modern health institution was not significantly associated with the five health seeking mechanisms measured in the study (P > 0.05).
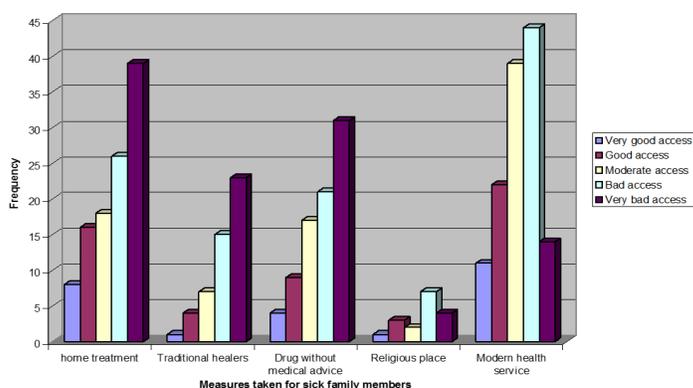

Fig 3: Pattern of health seeking behavior of Studied households with different cost affordability status of the modern health services

Policy Recommendations

Health seeking behaviour of individuals may be affected by various determining factors. In this study, the family income level, and cost affordability transport access were related to the health seeking pattern of households. It is recommended in this study that it is necessary to arrange public financing of modern health services for the poor and promote the quality and utilization of primary care services in order to improve the health seeking pattern of the community. This shifting from making use of modern health services needs proper attention particularly in resource poor settings where majority's complaint is about the high cost of health service and poor transportation facility.

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/ health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256
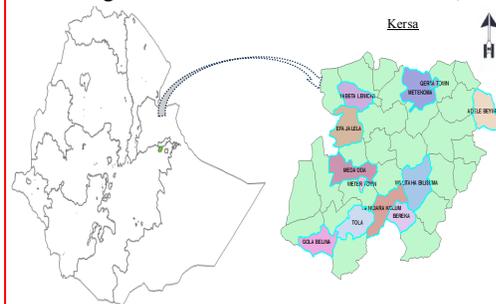
households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.