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Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

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Eva Wangeci Njuguna
Strathmore Business School
Strathmore University

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DETERMINANTS OF HEALTH SEEKING BEHAVIOR AMONG HEALTH WORKERS IN KENYA: A CASE OF AAR HEALTHCARE KENYA

DR. EVA WANGECI NJUGUNA



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SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER IN BUSINESS ADMINISTRATION IN

HEALTHCARE MANAGEMENT
Eva Wangeci Njuguna
Strathmore Business School
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NOVEMBER, 2021

DECLARATION

I declare that this work has not been previously submitted and approved for the award of a degree by this or any other University. To the best of my knowledge and belief, the dissertation contains no material previously published or written by another person except where due reference is made in the dissertation itself.

Dr. Eva Wangeci Njuguna

June, 2021



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The dissertation of Eva Wangeci Njuguna was reviewed and approved by:

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ABSTRACT

Whereas several studies have described health seeking behavior within the context of various diseases, and some among different population sub groups, the dominant perspective taken of healthcare workers has been that of service providers and not as consumers. This study sought to identify and assess the factors that influence health seeking behavior of healthcare workers in Kenya hence addressing this gap. The specific objectives were: to determine the predisposing, the enabling, and the 'need' factors that influence health seeking behavior of healthcare workers. To achieve these objectives the study focused on a particular sub-group, that is, health care workers at AAR Health care Kenya - a private for-profit health services provider with a national footprint. The study was anchored on the Andersen health behavior model and adopted a mixed methods research design. The study targeted 200 health workers with a focus on those working at the Nairobi Outpatient Centres. The study employed a stratified random sampling technique whereby a 30% sample was picked from each subgroup, resulting in a sample size of 55 subjects. Primary data was collected through a questionnaire and data obtained analyzed through descriptive and inferential statistics. To this end, the study found that predisposing factors such as age, gender, level of education, marital status, religion and ethnicity determined the health seeking behavior of HCWs. The study also established that quality of health services in the health facility, cost of health service, ability to pay for the health service, availability of drugs, medical health insurance coverage, and waiting time in a health facility influenced health-seeking behavior of HCWs. Need factors such as perceived health status, severity of their illness, the status of their illness, duration they have stayed with a disease/ illness, ability to self-medicate and having poor health perception influenced HCWs health seeking behavior. The regression indicated that there is a positive and statistically significant association between health seeking behavior of HCWs and need factors, enabling factors and while predisposing factors were found to be statistically insignificant with health seeking behavior of HCWs. The study recommends for up-scaling the coverage of the existing health insurance schemes including the National Health Insurance Scheme, for HCWs. There is need to increase the number of health facilities in under-served areas. The quality of care provided at health facilities also requires attention (improve quality of care) and ensure availability of drugs. It is expected that the findings of this study will be of benefit to the healthcare workers in terms of improving the health seeking behavior of HCWs. To policy makers and regulatory institutions, the findings may trigger policy formulation aimed at improving the health seeking behavior by HCW; and to scholars and researchers, the study add knowledge in the field of health seeking behavior of HCWs and also act as a basis for further research.

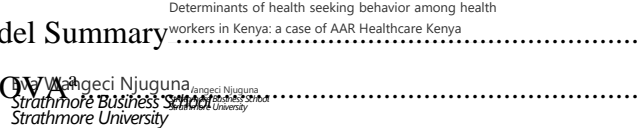
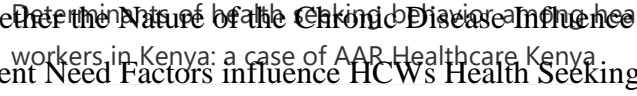
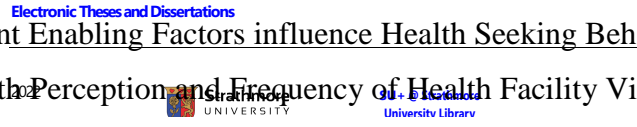
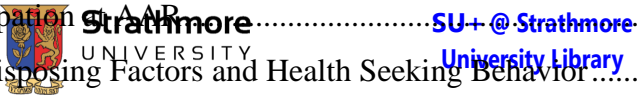
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ABBREVIATIONS

HCW	Health care workers
HSB	Health seeking behavior
NACOSTI	National Commission for Science, Technology and Innovation
OPC	Outpatient Centres
SPSS	Statistical Package for Social Sciences



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ACKNOWLEDGEMENT

I would like to thank God for enabling me to work on this dissertation and making it a reality.

I would like to thank my supervisor, Dr. Ben Ngoye, for his encouragement and for believing in me.



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DEDICATION

I dedicate this work to my children Liam and Elyana for bearing with me, in my absence, as I was working on this dissertation.



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CHAPTER 1: INTRODUCTION

1.1 Introduction

This chapter aims to provide the background information of the study. It serves as the introduction section of the study which gives an overview of the concepts and the context of the study. The section discusses the concept of health seeking behavior, determinants of health seeking behavior and about health care workers in Kenya. It further highlights the research problem that the study sought to fill, the objectives of the study and the research questions. It also discusses the significance and scope of the study.



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1.2 Background of the Study

Health is a key part of our day to day lives, and lack thereof leads to destabilization of our lives. Its pre-eminence is also made explicit by being the 3rd Sustainable Development Goal (SDG) after no poverty (SDG1) and Zero hunger (SDG2). Health is known as a state of physical, mental and social well-being in which disease and infirmity are absent (World Health Organization, 1946). Behavior, on the other hand, has been defined as the way in which an animal or person behaves in response to a particular situation or stimulus (Levitt, Lidicker & Freund, 2009). Specifically, health-seeking behaviors (HSB), that have been defined as the behavior of people towards seeking their own health through provided health services (Bana *et al.* 2016), are closely related with an individual's health status (Latunji & Akinyemi, 2018).

While several studies (e.g. Kuire *et al.* 2015; Li *et al.* 2016; Osman *et al.*, 2020) have given a detail account of HSB in the context of various illnesses and diseases, most of these studies have been conducted among different population sub groups, with no notable study, to the best of our knowledge, seeking to understand the health-seeking behavior of Healthcare workers (HCWs). Consequently, this study aims to determine factors considered most important by HCW's when seeking health care for themselves. This chapter explains the background of the study, the problem definition, the research objectives and question, the scope of the study and the significance of the same.

1.2.1 Health Seeking Behaviour

Health seeking behaviour refers to the behaviour of people towards seeking their own health through provided health services (Bana *et al.* 2016). While health-seeking behaviors (HSB) are closely linked with the health status of an individual, which is key to a nation's economic development (Latunji & Akinyemi, 2018); inappropriate HSB has been linked to worse health outcomes, increased morbidity and mortality and poorer health statistics (Mwase, 2015). The practice of understanding health seeking behaviour has potential to reduce the occurrence of disease, disability and death (World Health Organization, 1998). Moreover, healthcare utilization is an immediate outcome of health seeking behaviour (Smith *et al.*, 2013; Shaikh & Hatcher, 2005).

Different models have been used to attempt to describe the health seeking behavior of humans, the most common being the Anderson model (Bradley *et al.*, 2002). This model presents health seeking behavior as a function of three groups of factors, namely: predisposing (psychosocial), Enabling and Need factors. The health belief model (HBM) is another, and it presents a person's particular health behavior as influenced by two major factors – perceived threat and perceived effectiveness. The first factor (perceived threat) is the degree to which the disease is perceived by the person as threatening, whether someone believes he or she is susceptible to acquiring the disease, and how severe that person believes it would be if it developed. The second factor, perceived effectiveness, takes into account not only whether the person thinks the behavior is useful, but how costly in terms of monetary value, time and effort it would be to carry out the preventive behavior (Oberoi *et al.*, 2016).

This study was anchored on Andersen health behavior model since it is the most widely accepted as a reliable on the use of health services and health-seeking behavior. This model outlines three groups of factors, (predisposing -psychosocial, enabling factors and need factors).

1.2.2 Determinants of Health Seeking Behaviour

A number of studies have been conducted to try and establish the determinants of health seeking behaviour among among different categories of people and sub groups. For example a study by Li et al. (2016) conducted a study on the impact of predisposing (age, gender, marital status, ethnicity and family size), enabling (education level, travel time to the nearest health facility, medical expense per capita, and health insurance coverage), and need factors (chronic disease) with the utilization of health services (i.e. physician visit and hospitalization) among rural residents in Guangxi, China. It was observed there is a significant association between need factor (chronic diseases) and health service utilization, after adjusting for all predisposing and enabling factors. It was also found that, age, gender, marital status, family size and education level were significant predictors of health service utilization. The travel time to the nearest health facility was associated with the utilization of physician visits, and expenditure on healthcare was a hindering factor of hospitalization. The study concluded that predisposing and enabling factors had a minor impact on health seeking behavior, while the need factor was a dominant predictor of health-seeking behavior among rural residents.

Shaikh and Hatcher (2005) also examined the factors influencing health seeking behaviour and health service utilization in Pakistan and in developing countries. The study revealed that the factors responsible for health behaviours can be seen in various contexts; that is, physical, socio-economic, cultural and political. Hence the utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, and economic systems, and the disease pattern and health care system itself. These factors can be broadly be categorized into Anderson's predisposing, enabling and need factors.

Bana *et al.* (2016) also conducted a study to understand the healthcare seeking behaviour of nurses and doctors as well as the factors affecting it in tertiary care hospitals. The study adopted a cross-sectional design. The population comprised of 1,015 healthcare workers at four tertiary care hospitals who comprised of 234

doctors, 664 nurses, 60 pharmacist and 57 paramedical staff. The study concluded that among the healthcare workers, doctors had greater access to healthcare facilities. It was also concluded that majority of nurses did not seek healthcare when they get sick; and that self-medication was common in both groups (doctors and nurses). This study however did not establish the factors leading to varied healthcare seeking behaviour among nurses and doctors.

As shown by evidence from the various studies reviewed in various contexts show that the factors affecting health seeking behaviour can be categorized into Anderson's (1968) predisposing (social-demographics), enabling factors, and need factors. Most of these studies however have been conducted on other sub-populations and not on healthcare workers, hence the findings may not be generalizable in the context of this study. This study focused on predisposing factors, enabling factors, and need factors, and was limited to healthcare workers, who have been neglected in previous research.

Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

1.2.3 Health Workers in Kenya

Health care workers are those people that give care and services to those who are sick or need medical services such as laboratory technicians, nurses, doctors, other helpers including medical waste handlers, among others (Joseph & Joseph, 2016). HCW's are mostly seen as care givers and rarely are they seen as people who would actually need health care themselves. In fact, in most cases it is thought that since these workers are in the industry, they must be very healthy and if not, they have easy access to healthcare (Mohanty, Kabi & Mohanty, 2019). Therefore, rarely are there conversations coming up about the behavior pattern of seeking health care services among the said workers, and especially the group that gives the care directly, that is, doctors and nurses. Also due to the Hippocratic oath that goes ahead to refer to fellow colleagues as brothers, it is assumed that in case of illness, the health worker would have the issue addressed by their peers or that they would self-medicate (Mohanty *et al.*, 2019).

Moreover, it is universally known that the healthcare industry is one of the most hazardous environments to work in (Mossburg *et al.*, 2019). The burden of disease that is caused by sharps injuries and exposure to infectious diseases, is quite high (Rapiti, Prüss-Üstün & Hutin, 2005). Furthermore, several studies (e.g. Bana *et al.*, 2016; Joseph

& Joseph, 2016; Mohanty et al., 2019) have found that healthcare workers fare no better than the general population when it comes to non-communicable diseases such as diabetes and hypertension. They still engage in smoking, consuming alcohol, and other vices, and even suffer from obesity with little physical exercise despite knowing the health risks that all these pose (Mohanty *et al.*, 2019). Put succinctly, HCW will rarely “practice what they preach.” Similarly, if medical workers decide to self-medicate, do they take responsibility for bad outcomes and at what point do they decide that they need to seek medical attention, whether formally i.e. from a health care facility or informally i.e. from fellow colleagues? If the latter choice is preferred, then what happens to the privacy of this healthcare worker, that is, in terms of colleagues getting to know what they are suffering from? These are intriguing questions that the literature only partially answers.

HCW’s in Kenya just like in other countries across the work intimately engage with health service provision, and would be expected to therefore exhibit better health behaviors and have better outcomes. Anecdotal evidence however shows that they fare no better than the general population. Moreover, they seem to have escaped the radar of researchers in terms of considering them (the HCW’s) as consumers of their own services. Hence there are very few studies have been conducted on health seeking behavior of healthcare workers. This is the gap that this study sought to fill.

1.3 Problem Statement

HCW’s are the care givers in case of illness. They are a special group of people who have intimate knowledge of the system as far as health care is concerned and also they are the holders of the technical knowledge in healthcare (Reinhard *et al.*, 2008). It is therefore plausible that the health seeking behavior of this group would not be the same as that of ignorant people to the health system. It is thought that the action expected in case of illness, i.e. the health seeking behavior of HCW’s would be either self-medication based on their knowledge, seeking advice informally from colleagues in the particular area of study based on nature of disease or actually seeking consultation services formally from a health facility. This variety of choice in the action taken in case of illness hence begs the question, what determinants lead the HCW to take one decision over the other? Do they

always start by self-medicating or is it possible to go straight to a formal health facility for health care?

Empirical evidence for the assumptions implied and choices made are however lacking, and what we know is anecdotal rather than backed by real data. A review of studies shows that most studies on health-seeking behavior have been conducted among different population sub groups. For example, Li et al. (2016) and Shao *et al.* (2018) conducted studies on factors influencing utilization of health services among rural residents and migrants in China respectively. In Nigeria, Adam and Agbookhodo (2018) examined the socio demographic factors associated with the healthcare-seeking behavior of heads of households in a rural community. In Ethiopia, Ayanto and Aweke (2018) examined the health-seeking behavior and associated factors among a community in Southern Ethiopia.

In Kenya, the only relatable study by Neberey (2016) who examined health seeking behaviour among nurses working in public hospitals in Kakamega County, Kenya. This study however was limited to only nurses in a public hospital. We add to empirical evidence adduced by this literature, by focusing on a diversity of HCW within a private sector healthcare setting.

Moreover, the perspective taken in most studies narrowly define HCW as care-givers and not as some-time consumers of healthcare may have contributed to the minimal studies that have been done to determine/assess the relation of various factors to the HCWs health seeking behavior. The study addressed this gap by particularly assessing whether the determinants of health seeking behavior for this unique (HCW) population are similar to those described by the Anderson Model for the general population, and if so, whether the factors have a similar magnitude of effect on the HCW's health seeking behavior.

1.4 Research Objectives

1.4.1 Broad Objective

The broad objective is to assess the determinants of health seeking behavior of healthcare workers in Kenya: a case of healthcare workers in AAR Healthcare Kenya.

1.4.2 Specific Objectives

- i. To determine predisposing factors that influence health seeking behavior of HCW's in AAR Healthcare Kenya.
- ii. To establish enabling factors that influence health seeking behavior of HCW's in AAR Healthcare Kenya
- iii. To examine need factors that influence health seeking behavior of HCW's in AAR Healthcare Kenya.

1.5 Research Questions

Drawing from the Anderson Model, the study will seek to answer the following research questions:

- i. What are the predisposing factors that influence health seeking behavior of HCW's in AAR Healthcare Kenya?
- ii. What are the enabling factors that influence health seeking behavior of HCW's in AAR Healthcare Kenya?
- iii. What are the need factors that influence health seeking behavior of HCW's in AAR Healthcare Kenya?

1.6 Scope of the study

This study was carried out among HCW's in AAR Healthcare Ltd in the Nairobi region. AAR was selected as the case study since it is one of the largest private for-profit health service delivery institution, with a wide and dispersed footprint in Nairobi and countrywide. A sample of 15 OPC from the facilities within Nairobi/Kenya was used and the respondents within these OPC included general practitioners, specialists (known locally as consultants), nurses, lab technicians, pharm techs, physiotherapists, nutritionists, receptionists and general assistants.

1.7 Significance of the Study

The study is expected to be of significance to various individuals, institutions and stakeholders. First, the study will be of significance to healthcare workers not only in AAR Healthcare, but also in other healthcare institutions. The study gives a nuanced understanding of the factors that influence health seeking behavior of HCW's. The

findings and recommendations of this study will therefore contribute to improvement of health seeking behavior of HCWs for a better healthy nation.

The study may also be of value to policy makers (such as the government) and regulatory institutions such as Kenya Medical Practitioners and Dentists Council. The findings of this study may trigger policy formulation aimed at improving the health seeking behavior by HCW.

The survey may also be beneficial to the scholars and researchers as it will add knowledge in the field of health seeking behavior of HCWs; which has limited literature and empirical evidence. The study will also be a source of reference to the future scholars and researchers, and will act as a basis for further research.

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Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

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Recommended Citation
Njuguna, E. W. (2021). Determinants of health seeking behavior among health workers in Kenya: A case of AAR Healthcare Kenya [Thesis, Strathmore University]. <http://hdl.handle.net/11071/12687>

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CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review which covers past literature of relevance to the study. In this section, the study discusses other authors work and findings as guided by the research objectives. It also maps out the knowledge gaps that remains unfilled. Lastly, the chapter presents the conceptual framework, which captures the hypothesized interaction between the variables in the study.



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2.2 Theoretical Review

This study is anchored on the Andersen health behavior model (Andersen, 1968). The Andersen health behavior model is widely accepted as a reliable tool for the study on the use of health services and health-seeking behavior. This is a multilevel model that incorporates both individual and contextual determinants of health services use. It “divides the major components of contextual characteristics in the same way as individual characteristics have traditionally been divided; those that predispose, enable, or suggest need for individual use of health services” (Andersen, 2008, p. 652). Based on this model therefore, health service utilization is a sequential and conditional function of three sets of factors: predisposing (demographic and social) factors, enabling (economic) factors, and need (health outcomes) factors (Jang et al., 2010).

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Predisposing factors reflect the individuals propensity to use health services. Predisposing factors include the demographic characteristics of age and sex as “biological imperatives” (Andersen & Davidson, 2001, p. 7), social factors such as education, occupation, ethnicity and social relationships (e.g., family status), and mental factors in terms of health beliefs (e.g., attitudes, values, and knowledge related to health and health services). Contextual factors predisposing individuals to the use of health services include the demographic and social composition of communities, collective and organizational values, cultural norms and political perspectives (Babitsch, Gohl & von Lengerke, 2012).

Enabling factors are the resources that may facilitate access to services. They include financing and organizational factors are considered to serve as conditions enabling services utilization. Individual financing factors involve the income and wealth at an individual's disposal to pay for health services and the effective price of health care which is determined by the individual's health insurance status and cost-sharing requirements. Organizational factors entail whether an individual has a regular source of care and the nature of that source. They also include means of transportation, travel time to and waiting time for health care (Babitsch et al., 2012).



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On need factors, at the individual level, Andersen and Davidson (2001) differentiate between perceived need for health services (i.e., how people view and experience their own general health, functional state and illness symptoms) and evaluated need (i.e., professional assessments and objective measurements of patients' health status and need for medical care). At the contextual level, they make a distinction between environmental need characteristics and population health indices. Environmental need reflects the health-related conditions of the environment (e.g., occupational and traffic and crime-related injury and death rates). Population health indices are overall measures of community health, including epidemiological indicators of mortality, morbidity, and disability.

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The Andersen health behavior model was found to be the most suitable theory for this study since it is widely accepted as a reliable on the use of health services and health-seeking behavior. The other alternative model/ theory of health-seeking behavior is the health belief model (HBM). This model indicates that a person's particular health behavior as influenced by two major factors – perceived threat and perceived effectiveness. The Andersen health behavior model is however much of a multilevel model since it incorporates both individual and contextual determinants of health services use. Hence, it was found to be more suitable for this study.

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2.3 Empirical Review

This section presents a review of previous studies conducted at global, regional and local level on the determinants of health seeking behavior. The section has been divided based on the study objectives; that is, predisposing factors and health seeking behavior; enabling factors and health seeking behavior; and, need factors and health seeking behavior.

2.3.1 Predisposing Factors and Health Seeking Behavior

According to the Anderson model, predisposing (demographic and social) factors such as (age, gender, marital status, ethnicity and family size) may influence or affect health service utilization or health seeking behavior (Li *et al.*, 2016). In a study done to evaluate the HSB during times of illness among adults in a resource poor setting in Ghana, Kuire *et al.* (2015) compares the behavior of the poor in seeking health services against the rich both of which are enrolled in an insurance scheme. It uses the Anderson's behavioral model of health services utilization as a guide to examine the factors that influence health care services utilization in a poor resource setting. The study demonstrated that despite the introduction of National Health Insurance Scheme (NHIS) in the country, the poor people of Upper West Region (UWR) are less likely to seek treatment in health facilities predisposing them to further health complications and consequences. It was established that four of the selected socio-demographic (predisposing) factors were significantly associated with seeking treatment in a health facility during last illness in this study. Individuals who were 35 years or older were more likely to seek treatment in a health facility during their last illness relative to those between 18-34 years. Respondents who rated their health status as fair were more likely to seek treatment in a health facility during their last illness relative to their counterparts who rated their health as good. Individuals who reported they had secondary education were less likely to seek treatment in a health facility during their last illness compared with their counterparts with tertiary education. In comparison with Christians, traditionalists had lower odds of seeking treatment in a health facility during their last illness.



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Pullicino et al. (2016) examine healthcare seeking behaviour in urban and sub-urban regions in Malta. A descriptive, cross sectional study design was adopted. Seventy practicing general practitioners were selected randomly from the Malta Medical Council Family Medicine register. The chi-square test was used to test for differences in demographic and health care characteristics between the urban and sub-urban primary health care service. None of the predisposing factors/predictors (age and gender) emerged to be significant for coping better with illness after general practitioners visit.



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In Ethiopia Mekonen and Yenealem (2019) investigated level and factors affecting healthcare utilization for low back pain (LBP) among nurses in Gondar town, Ethiopia. This was a cross-sectional study conducted on 422 nurses using stratified sampling technique. A regression analysis was conducted to establish factors associated with healthcare utilization. It was found out that healthcare service utilization for low back pain was not common practices among nurses. It was concluded that strategies that focus on nurses' gender and educational level differences should be in place to promote care usage and the health care seeking behavior.

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In another study, Asfaw, Ayanto and Aweke (2018) examined the health-seeking behavior and associated factors among community in Southern Ethiopia. The study found out that males were about two times more likely to have low level of health-seeking behavior than females. Widowed participants were about five times more likely to have low health-seeking behavior when compared to married individuals. Those with low education were found to be more likely to have low health-seeking behavior than those with higher education.

Recommended Citation
Asfaw, Ayanto and Aweke (2018). Health-seeking behavior and associated factors among community in Southern Ethiopia. *Journal of Health Services Research and Practice*, 24(1), 1-10. doi:10.1177/1075426818791111

Recommended Citation
Njuguna, E. W. (2021). *Determinants of health seeking behavior among health workers in Kenya: A case of AAR Healthcare Kenya* [Thesis, Strathmore University]. <http://hdl.handle.net/11071/12687>

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Osman et al. (2020) investigated the health care seeking behavior of foreign workers' and the demographic and socio-economic variables that influence it. A total of 502 questionnaires were collected and a multiple logistic regression was used to establish the demographic factors that influence health care seeking behavior among the respondents. It was found out that tendency to avoid medical treatment is associated with gender, marital status. However, in cases of mild sickness, these demographic factors did not influence the workers' healthcare seeking behavior.

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Shao *et al.* (2018) sought to explore the influencing factors on health services utilization of migrants in Beijing. The study use a sample of 2014 inter-provincial migrants and 4578 residents with Beijing “Hukou” who were 15 years old and above. Stratified cluster sampling method was adopted. Data was collected through a structured questionnaire. The study was anchored on Anderson health service utilization model, which was used to demonstrate the effects of the explanatory variables on health seeking behavior from predisposing, enabling and need variables. The results shows that age, ethnicity were the major determinants, affecting migrants to receive health services. Ethnicity was found to be the predisposing factor with a strong and consistent effect of health services seeking behavior.

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In Nigeria, Adam and Aigbokhaode (2018) examined the socio-demographic factors associated with the healthcare-seeking behavior of heads of households in rural community. This was a descriptive cross-sectional study conducted in 2014 among 410 household heads in Ivhionone, Fugar in Edo State, Nigeria. Data was collected using a questionnaire. It was found out that marital status, level of education, age and gender were the socio-demographic factors associated with healthcare-seeking behavior. In a study to determine the factors influencing HSB among civil servants in Ibadan Nigeria, Latunji and Akinyemi (2018) also found out that factors such as completing tertiary education, and having lower household sizes, were significantly associated with seeking appropriate health seeking behaviour.

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2.3.2 Enabling Factors and Health Seeking Behavior

Based on the Andersen health behavior model, authors such as Li et al. (2016); Andersen et al. (2002) have revealed that enabling resources (e.g. health insurance or income) may have an effect on health seeking behavior. A review of literature shows Latunji and Akinyemi (2018) conducted a study to determine factors most important to civil servants when seeking health care. This was a descriptive cross-sectional study conducted among 337 civil servants working in the Federal Secretariat, Ibadan Nigeria. Data was collected through a semi-structured questionnaire. The findings show that enabling factors such as providing good services, affordability of such services and proximity were considered the most important service

characteristics in seeking health seeking behaviour. Health insurance scheme or coverage was found to have a significant association with seeking appropriate health seeking behaviour.

The above findings agree with those of Abuduxike et al. (2019) who also examined factors that influence healthcare utilization in Northern Cyprus; and found out that health-seeking behaviors were determined by enabling factors such as education, income, insurance status and ability to pay by oneself.

In Uganda, Musoke *et al.* (2014) assessed the health seeking practices and challenges in utilizing health facilities in a rural community in Wakiso district. This was a cross sectional survey which used a sample of 234 participants. The study utilized quantitative collected through a questionnaire. It was found out that participants' occupation was associated with health seeking behaviour. It was also established that the most significant challenges in utilising health services were regular stock-out of drugs, high cost of services and long distance to health facilities.

In another study, Gopal (2015) assessed the factors influencing health seeking behavior for malaria treatment in children under five years in Uganda. This was a cross-sectional study conducted on 368 caregivers of children under five yearsof age. A questionnaire was used to collect data which was analyzed through descriptive and inferential statistics. The study established that level of income of the caregivers, the level of education (secondary) of the caregiver was associated with health seeking behaviour. Other enabling factors such as long waiting hours and availability of drugs at health centres influenced treatment seeking behaviour.

Peng et al. (2010) assessed the factors associated with health-seeking behavior among migrant workers in China. The study used a sample of 2,478 migrant workers in Beijing, who were picked using multi-stage stratified cluster sampling method. Data was collected through a structured questionnaire. The study found out that insurance coverage is significantly associated with health-seeking behavior. High cost of health service was found to be a significant obstacle to health-care access. The study concluded that provision of medical insurance and provision of affordable health care services can improve the health-seeking behavior. The findings are

consistent with those of Osman et al. (2020) who found out that monthly income hindered workers in Malaysia from accessing health care, which results in many of them being unable to obtain appropriate medical treatment in case of sickness. This shows that economic factors (monthly income/ household wealth) has a significant effect on health-seeking behavior.

Locally, Nebert (2016) conducted a study to explore health seeking behaviour among nurses working in public hospitals in Kakamega County. This was a cross-sectional study was conducted in Kakamega County. Data was collected using a questionnaire and analyzed through logistic regression analysis. It was found out that there was also a significant association between enabling factors of satisfaction with health services accessible to nurses in the County and the quality of health services in the County with health seeking behavior.

2.3.3 Need Factors and Health Seeking Behavior

The need factors represent potential needs of health service use, such as self-perceived health, chronic conditions, and restricted activity (Jang *et al.*, 2010). Andersen behavioral model of healthcare utilization postulates that need factors (for example both the patient and the medical provider's view and experiences, chronic diseases/severity of illness), influence an individual's decision to seek healthcare (Andersen, 1995). A study by Shao et al. (2018) on the factors influencing health services utilization of migrants in Beijing, found out that having chronic disease and the degree of symptom were the major determinants affecting migrants to receive health services. The degree of symptom as the need factor was found to be a strong and consistent determinant of health services seeking behavior.

Abuduxike et al. (2019) examined the health seeking behaviors of people using public and private health facilities, and to assess the factors that influence such healthcare utilization in Northern Cyprus. This was a cross-sectional study that was conducted in two polyclinics among 507 people using a structured questionnaire. Data was analyzed through descriptive statistics and multivariable regression analyses. The study found out that health-seeking behaviors were

determined by need factors including chronic disease status and having poor health perception.

Adhikari and Rijal (2015) conducted a study on the factors affecting health seeking behavior of senior citizens of Dharan, Nepal. This was a household survey which adopted descriptive cross-sectional design, with a sample of 400 senior citizens resident of Dharan. Data was analyzed through descriptive and inferential. The study findings show that majority of the respondents considered treatment as waste of money. Half of the respondents revealed that they utilized formal health institutions only in major chronic conditions. This shows that need factor (chronic disease/conditions) has a positive effect on health seeking behavior. The above findings are in line with those of Musinguzi *et al.* (2018) who conducted a study on factors influencing compliance and health seeking behavior among hypertensive in Mukono and Buikwe in Uganda; and found out that factors such as perceived severity, adverse effects, and perceived fears of lifelong dependence on medicines were associated with health seeking behavior.

Simineh *et al.* (2019) assessed the factors associated with mothers/caregiver's health care seeking behavior for their children in Northwest Ethiopia. This was a community based cross-sectional study of rural mothers living in Aneded district. Questionnaires were used to collect data which was analysed using regression analysis. It was found out that having awareness of childhood illness and severity of the illness were need factors associated with mother's healthcare seeking behavior during their child illness. These findings agree with those of Begashaw, Tessema and Gesesew (2016) which revealed that perceived severity of disease, acute duration of disease and short distance from health facilities had statistically significant association with health care utilization and health seeking behavior.

In another study, Tesfaye *et al.* (2018) applied the Anderson-Newman model of health care utilization, to help identify the factors that either facilitate or impede antenatal care (ANC) utilization in Ethiopia. The study sought to examine the predisposing, enabling and need factors associated with antenatal care utilization. This was a community-based descriptive cross-sectional study, which was conducted on 1294

women. Data was collected using face to face interviews and analyzed through regression analysis. It was found out that perceived importance of ANC and awareness of pregnancy complications were significant need factors associated with seeking antenatal care.

In a study by Nebert (2016) on the health seeking behaviour among nurses working in public hospitals in Kakamega County, Kenya. It was found out that there was a significant association between the need factors of severity of illness and current general health with health seeking behavior of nurses. The study concludes that the need factors are significant in explaining the health seeking behavior of nurses in Kakamega County.



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Having looked at the above literature, it is clear that certain factors will affect different groups and populations differently and therefore it would be interesting to know what factors would determine the HSB of health workers. Does their proximity to health care services automatically mean that they have appropriate HSB? Does their intimate knowledge of the system and in-depth knowledge of medicine mean they never delay treatment and they always get appropriate treatment?

2.3.4 Health Seeking Behaviour

Health seeking behaviour means the behaviour of people towards seeking their own health through provided health services (Bana *et al.* 2016). While health-seeking behaviors are closely linked with the health status of an individual, which is key to a nation's economic development (Latunji & Akinyemi, 2018); inappropriate HSB has been linked to worse health outcomes, increased morbidity and mortality and poorer health statistics (Mwase, 2015).

The practice of understanding health seeking behaviour has potential to reduce the occurrence of disease, disability and death (World Health Organization, 1998). Moreover, healthcare utilization is an immediate outcome of health seeking behaviour (Smith *et al.*, 2013; Shaikh & Hatcher, 2005). Different models have been used in an attempt to describe the health seeking behavior of humans, the most common being the Anderson model (Bradley *et al.*, 2002). This model presents health seeking behavior as a function

of three groups of factors, namely: predisposing (psychosocial), Enabling and Need factors.


The health belief model (HBM) is another, and it presents a person’s particular health behavior as influenced by two major factors – perceived threat and perceived effectiveness. The first factor (perceived threat) is the degree to which the disease is perceived by the person as threatening, whether someone believes he or she is susceptible to acquiring the disease, and how severe that person believes it would be if it developed. The second factor, perceived effectiveness, takes into account not only whether the person thinks the behavior is useful, but how costly in terms of monetary value, time and effort it would be to carry out the preventive behavior (Oberoi et al., 2016).

2.4 Research Gaps

Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

Table 2.1: Summary of Empirical Studies and Gaps

Author	Topic	Findings	Research gap
Kuure <i>et al.</i> (2015)	Health seeking behaviour during times of illness: a study among adults in a resource poor setting in Ghana.	The predisposing factors were significantly associated with seeking treatment in a health facility.	The study was conducted in Ghana and compared the behavior of the poor and the rich in seeking health services and not on HCWs.
Pullicino <i>et al.</i> (2016)	The influence of Patient Characteristics on Healthcare-Seeking Behavior: A multilevel Analysis of 70 Primary Care Practices in Urban-Suburban Regions in Malta.	None of the predisposing factors/ predictors (age and gender) emerged to be significant for coping better with illness after general practitioners visit.	The study was conducted in a Malta, and not in Kenya and focused on patients and not HCWs.
Asfaw, Ayanto and Aweke (2018)	Health-seeking behavior and associated factors among community in Southern Ethiopia: Community based	Study found that education as one of the predisposing factors affect health-seeking behavior	The study was conducted in Ethiopia, and focused on community members (patients) and not HCWs. The study

	cross-sectional study guided by Health belief model		study was guided by Health belief model while this study is anchored on Andersen health behavior model.
Shao <i>et al.</i> (2018)	Analysis of health service utilization of migrants in Beijing using Anderson health service utilization model.  Electronic Theses and Dissertations 2022	Results showed age, ethnicity were the major determinants affecting migrants to receive health services, while ethnicity was found to be the predisposing factor with a strong and consistent effect of health services seeking behavior.	The study was limited to migrants in Beijing, China, which is a different population setting from this study which is limited to HCWs in Kenya.
Latunji and Akinyemi (2018)	Factors influencing health seeking behaviour among civil servants in Ibadan, Nigeria. Eva Wangeci Njuguna Strathmore Business School Strathmore University	Findings show that enabling factors were considered the most important and have a significant association with health seeking behaviour.	This study was conducted among civil servants in Nigeria; which is different from this study which focuses on HCWs in Kenya.
Musoke <i>et al.</i> (2014)	Health seeking behaviour and challenges in utilizing health facilities in Wakiso district, Uganda. Recommended Citation Njuguna, E. W. (2021). Determinants of health seeking behavior among health workers in Kenya: A case of AAH health care Kenya (Thesis, Strathmore University). http://hdl.handle.net/11071/12687	Found out that participants' occupation was associated with health seeking behaviour.	Study was limited to patients in Uganda. This population setting is different from this study which focuses on HCWs in Kenya.
Gerald (2015)	Assessing Factors Influencing Health Seeking Behavior for Malaria Treatment in Children under Five Years in Rwimi Town Council Kabarole District. This work is available for free and open access by Strathmore University Library. For more information, please contact library@strathmore.edu	Found that various enabling factors are associated with health seeking behaviour.	The study was focused on health seeking behavior for malaria treatment by children under 5yrs in Uganda. The findings of this study therefore cannot be generalized in the case of this new study.
Nebert (2016)	Health seeking behavior among nurses working in public hospitals in Kakamega County,	Found a significant association between enabling factors and health seeking behavior.	Though this study was conducted in Kenya, it was limited to nurses only working in public hospitals

	Kenya.		in Kakamega County. Hence the findings may not be generalizable to all health care institutions.
Abuduxike et al. (2019)	Health-seeking behaviors and its determinants: a facility-based cross-sectional study in the Turkish Republic of Northern Cyprus.	Found out that health-seeking behaviors were determined by enabling factors and need factors.	Study was conducted on patients using public and private health facilities in Cyprus, which is a different population setting from the HCWs.
Adhikari and Rijal (2015)	Factors affecting health seeking behavior of senior citizens of Dharan, Nepal.	Found out that need factors have a positive effect on health seeking behavior.	The study focused on senior citizens resident of Dharan, Nepal. The findings of this study cannot be generalized in the case of this new study which focuses on HCWs in Kenya.
Tesfaye et al. (2018)	Tesfaye et al. (2018) applied the Anderson Newman model of health care utilization, to help identify the factors that either facilitate or impede	Study found out that need factors had a significant association with seeking antenatal care.	Study was conducted on patients seeking antenatal care (ANC) in Ethiopia; which is a different population setting from the HCWs which this new study focused on.

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2.5 Conceptual framework

The conceptual framework presented in Figure 2.1 below is based on Andersen's behavioral model of health-care services utilization. Based on this model the independent variables are: predisposing factors, enabling factors, and need factors while the dependent variable is the health seeking behavior.

The predisposing factors were measured by socio-demographics (age, gender, marital status, education, religion and ethnicity); need factors were measured by illness status, illness severity and duration of disease; while enabling factors were measured by cost of health service, health insurance coverage, household income/ wealth, quality of health services, availability of drugs, distance to health facility, and waiting time for health. On the other hand, health seeking behavior was measured by Type (health facility, alternative care); Site (clinic/hospital outpatient department/ herbalist); purpose (preventive, illness related, custodial care); and time (timing of visit, frequency of visit).



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Independent Variables

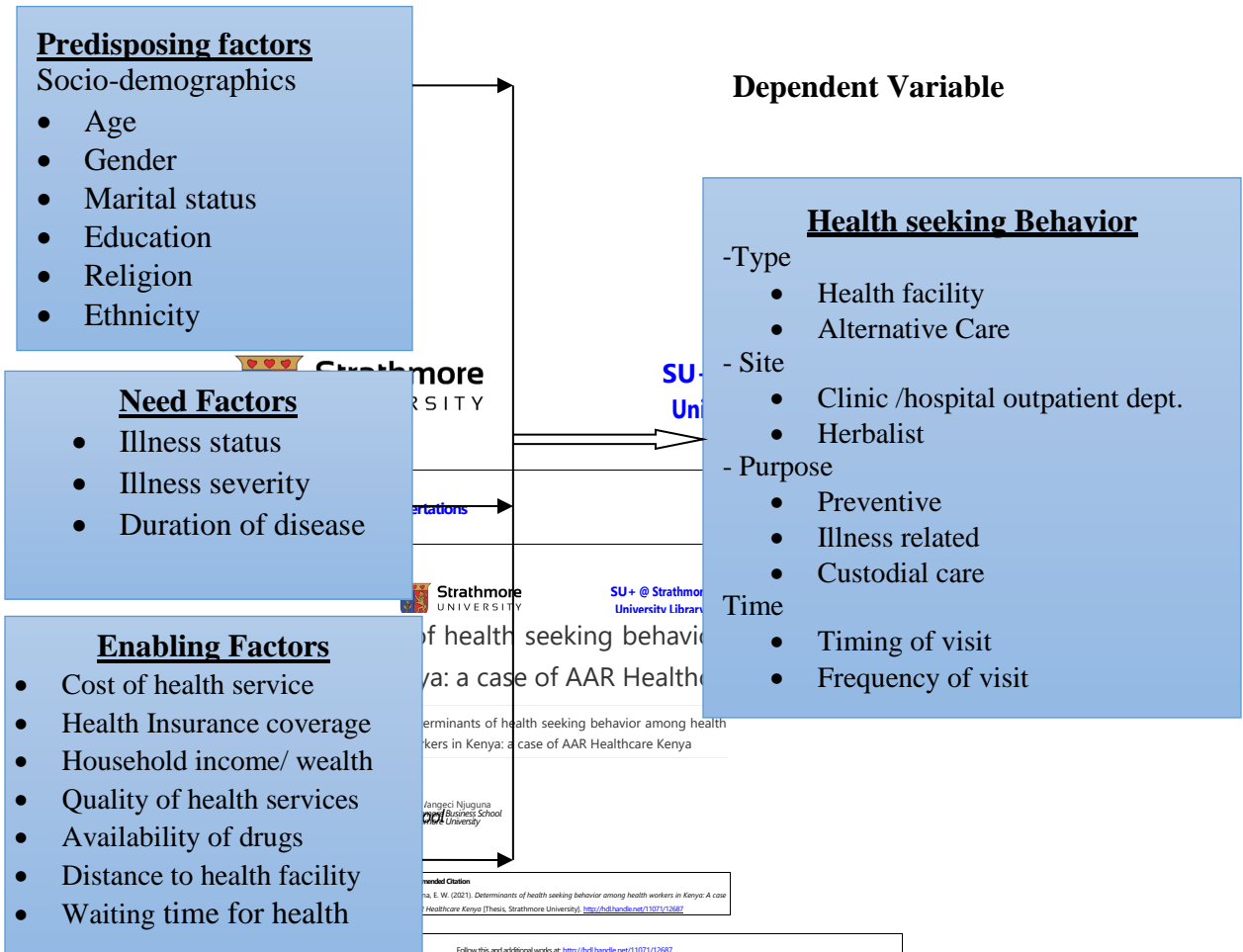


Figure 2.1: Conceptual Framework

Source: Author – 2020 (Adapted from Andersen health behavior model -Andersen, 1968)

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CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology that was employed in order to achieve the study objectives. The section outlines the research design employed, the target population of the study, sample size determination, sampling technique, data collection methods, data analysis techniques, research quality and ethical issues in conducting the research.

3.2 Research Design **Strathmore** UNIVERSITY **SU+ @ Strathmore** University Library

This study adopted a descriptive research design. This kind of a study shows an accurate profile of persons, events, or situations. It is concerned with finding out the what, where and how of a situation (Creswell, 2014). It obtains information on the current status of a phenomena so as to describe what exists with respect to variables or conditions in the situation. The methods involved range from the survey to the correlation studies done, which describe the relationship between the variables (McLaughlin, 2012).

This is also one of the best methods for conducting research in human context as it gives real time information through data collection for testing hypothesis or answering questions to conclude the study. It is therefore a perfect fit for this study since it will facilitate collection of both qualitative and quantitative data through questionnaires to answer the research questions.

3.3 Population of the Study

The study targeted healthcare workers in AAR Healthcare Kenya, with a focus on Nairobi OPCs. This was so that we are able to eliminate confounding factors such as type of facility one works for, and difference in benefits accorded to the health workers at their place of work. The study focused on Nairobi since this is where we had high concentration of AAR OPCs. The study targeted approximately 200 health workers in Nairobi OPCs who in of the study include: general practitioners, consultants, nurses, lab technicians, Pharmacy technicians, physiotherapists, and nutritionists.

3.4 Sample Size and Sampling Technique

This section describes how the sample size for the study was determined and the sampling technique applied.

3.4.1 Sample Size

Kothari and Gaurav (2014) define a sample as a small proportion of an entire population, that is, a selection from the population. In this regard, our sampling frame was 200 health workers. This comprised of: general practitioners (58), consultants (12), nurses (54), lab technicians (25), Pharmacy technicians (18), physiotherapists (11), and nutritionists (22). The population was grouped into population into stratas/ sub-populations. From each sub-populations or stratum, a 30% sample was taken based on the suggestions offered by Mugenda (2008). According to Mugenda when the population is below 1000 subjects a sample of 30% should be taken while when the population is 1000 and over, a 10% sample should be taken. In this case, a 30% sample was taken to give a sample size of 60 health workers in AAR Kenya.

Table 3.1: Sample Size

Population category	Pop. Size	Sampling	Sample Size
General practitioners	58	30%	17
Consultants	12	30%	4
Nurses	54	30%	16
Lab Technicians	25	30%	8
Pharmacy technicians	18	30%	5
Physiotherapists	11	30%	3
Nutritionists	22	30%	7
Total	200		60

3.4.2 Sampling Technique

The study employed a stratified random sampling technique. With the stratified random sample, there is an equal chance (probability) of selecting each unit from within a particular stratum (group) of the population when creating the sample. Stratified random sampling technique is appropriate for this study since reduces the potential for human bias in the selection of cases to be included in the sample. It also improves the representation of particular strata (groups) within the population, as well as ensuring that these strata are not over-represented (Nguyen *et al.*, 2019).

3.5 Data Collection Methods

Primary data was collected through use of a questionnaire. The semi structured questionnaires had both open and closed ended questions; thus, both qualitative and quantitative data was obtained. The questionnaire was divided into four sections, whereby section one collected information on demographic information, section two gathered information on predisposing factors and health seeking behavior, section three collected information on enabling factors and health seeking behavior, while the last section gathered information on need factors and health seeking behavior. The questionnaire was administered through the online google forms platform. Each questionnaire was accompanied by a cover letter providing explanations and assurances that all individual responses would be treated with confidentiality.

The reason the questionnaire was preferred was because it is efficient, cheap and easy to administer, relatively easy to analyze, and are simple and quick for the respondent to complete and collect data in a standardized way (Kothari, 2011). Secondary data was also obtained from books, published and unpublished thesis, and journal articles.

3.6 Data analysis

The data collected through questionnaires was first be cleaned up, coded, and entered in the Statistical Package for Social Sciences (SPSS) Version 21 which also aided data analysis. The questionnaire had both qualitative and quantitative data and therefore data analysis employed both quantitative and qualitative techniques. In this regard, the qualitative data was analyzed through content analysis under the identified themes, and the quantitative data was analyzed through descriptive and inferential statistics. Descriptive statistics included measures of central tendency (the mean), measures of variability (standard deviation), frequency and percentage distribution tables. In inferential statistics, a regression analysis was conducted to establish the relationship between variables in the study.

The regression model employed took the following form:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \epsilon_i$$

Where: Y = Health seeking behaviour

X_1 = Predisposing factors

X_2 = Enabling factors

X_3 = Need factors

β_0 = the constant

β_1 - β_4 = the regression coefficient or change included in Y by each X_i

ϵ_i = error term

The analyzed quantitative data was summarized and presented in tables and also displayed graphically through pie charts or bar graphs while the qualitative data was reported in prose form alongside quantitative presentation.

3.7 Research Quality

A pilot study was carried out prior to the actual data collection to help identify potential problem areas and deficiencies in the questionnaire. Winter and Dodou (2012) noted that a pilot study is often used to pre-test or try out a research instrument to determine the validity and reliability of the research instrument. According to Mugenda and Mugenda (2008) a pilot study sample size of 1% to 10% is a reasonable number to consider enrolling in a pilot study. Based on this argument, the pilot study sample size was 10 respondents which helped test the reliability of the questionnaire. The pilot test was conducted on health care workers in a different medical institution. The pilot study results helped the researcher to identify the weaknesses in design and content of the questionnaire and hence they helped to improve the quality of the questionnaire and the data collected.

3.7.1. Validity of the Research Instrument

Validity is the extent to which an instrument measures what it is supposed to measure and performs as it is designed to perform (Kimberlin & Winterstein, 2008). Validity of the research instrument was established by the researcher by seeking opinions of experts in the field of study especially the researcher's supervisors, quality experts and lecturers. These experts went through the instruments to establish whether the tools were adequate and valid enough to collect data/ information to

answer the objectives of the study, thus assuring face and content validity of the instrument. Feedback from these experts facilitated the necessary revision and modification of the research instrument.

3.7.2 Reliability of the Research Instrument

Reliability of a research instrument concerns the extent to which the instrument yields the same results on repeated trials. Reliability can be thought of as consistency. It tests whether the instrument can consistently measure what it is intended to measure (Kimberlin & Winterstein, 2008). One of the most popular reliability statistics in use today is Cronbach's alpha (Cronbach, 1951).

Reliability testing was conducted through Cronbach's alpha test on Likert scale questions under each variable, and aided by the SPSS software. Cronbach's alpha determines the internal consistency or average correlation of items in a survey instrument to gauge its reliability (Kotler, 2014). Cronbach's Alpha reliability coefficient normally ranges between 0 and 1. Reliability coefficient above 0.7 is acceptable and is taken as the rule of thumb. The results of the reliability test helped the researcher to restructure or modify the questionnaire so that the instrument is reliable to collect the desired information to answer the objectives of the study.

3.8 Ethical Issues in Research

Permission was sought from AAR management to conduct the study in the institution. Once permission was granted, all participants were informed of the study and were assured of the confidentiality of the data they were to provide. A permit and approval was also sought from the SUIERC as well as the National Commission for Science, Technology and Innovation (NACOSTI).

In conducting the research, the researcher ensured there was voluntary consent and participation in the research by the research participants. No one was forced to participate in the study, if they did not wish to. There was also no victimization or any form of penalty associated with pulling out of the study.

Furthermore, the questionnaire did not capture or ask personal information or details such as the respondent's name, phone number or any sensitive questions.

CHAPTER 4: PRESENTATION OF RESEARCH FINDINGS

4.1 Introduction

This chapter entails data presentation, analysis and interpretation of findings in order to address the study objectives. The study sought to assess the determinants of health seeking behavior of healthcare workers in Kenya, with a focus on healthcare workers in AAR Healthcare Kenya. The data was analyzed through descriptive and inferential statistics, and presented in tables, graphs and charts.



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4.2 Response Rate

This section shows the return rate of the questionnaires distributed to the respondents. This helps to determine whether the number of questionnaires returned (responses) were adequate for data analysis and interpretation of results to continue.

Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

Response rate	Frequency	Percentage
Returned Questionnaires	55	91.7
Unreturned Questionnaires	5	8.3
Total	60	100.0

Recommended Citation
Njuguna, E. W. (2021). *Determinants of health seeking behavior among health workers in Kenya: A case of AAR Healthcare Kenya* [Thesis, Strathmore University]. <http://hdl.handle.net/11071/12687>

The sample size was 60 healthcare workers in AAR Healthcare centres, whereby 55 questionnaires were successfully returned, and considered for data analysis, which translates to a response rate of 91.7%. Only 8.3% (5) respondents did not respond on time, which was due to their busy schedule at work. The response rate of 91.7% was deemed to be appropriate and good enough for the data analysis to continue to answer the study objectives. According to Babic and Earl (2009), 50% response rate is deemed adequate and one can proceed with data analysis while a response rate of 70% and above is deemed good.

4.3 Demographic Information

This section captures the respondent’s demographic information. The respondents’ demographic information reflects the relevant attributes of the population that took part in

the study. The respondents' information captured include: gender, age of the respondents, level of education reached, religion, occupation at AAR and duration worked at AAR.

4.3.1 Distribution of Respondents by Branch

This section shows the distribution of respondents who took part in the study by the branches they worked in. The results are shown in Table 4.2.

Table 4.2: Respondents' Branch

Branch	Frequency	Percent
AAR Buruburu	2	3.6
AAR City centre	4	7.3
AAR Donholm	1	1.8
AAR Embakasi	8	14.5
AAR Green House	3	5.5
AAR Karen- Langata	3	5.5
AAR Mountain Mall	3	5.5
AAR Ngong	1	1.8
AAR Roysambu	11	20.0
AAR Ruaka	2	3.6
AAR Sarit centre	3	5.5
AAR South C	1	1.8
AAR Syokimau	2	3.6
AAR Williamson House	11	20.0
Total	55	100.0

Data was collected from health care workers in 14 AAR health branches within Nairobi metropolitan. Out of this, 20% of the respondents were from AAR Roysambu and AAR Williamson House respectively, 14.5% were from AAR Embakasi while 7.3% were from AAR City centre. On the other hand, 5.5% of the respondents indicated that they were from AAR Green House, AAR Karen- Langata, AAR Mountain Mall and AAR Sarit centre respectively; 3.6% were from AAR Buruburu, AAR Ruaka and AAR Syokimau respectively while 1.8% indicated they were working in AAR Donholm, AAR Ngong and AAR South-C respectively.

4.3.2 Gender of the Respondents

This section presents information on the gender of the respondents who took part in the study. The results are presented in Figure 4.1.

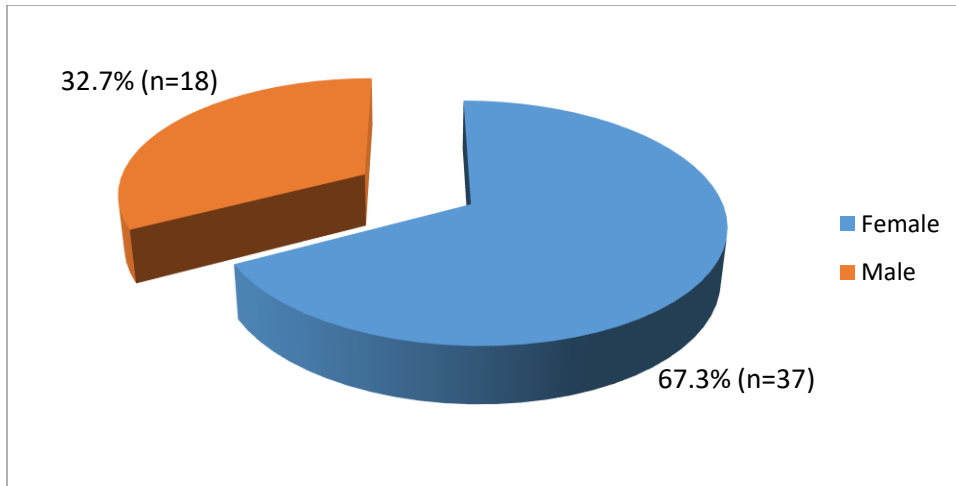


Figure 4.1: Gender of the Respondents

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The results in Figure 4.1 shows that majority of the respondents (67.3%) were female while 32.7% were male. This could imply that majority of healthcare workers in AAR Healthcare Kenya are female.

4.3.3 Age of the Respondents

This section captures the age of the respondents who participated in the study. This was important in order to establish which age category majority of the healthcare workers in AAR fall in. The results are presented in Figure 4.2.

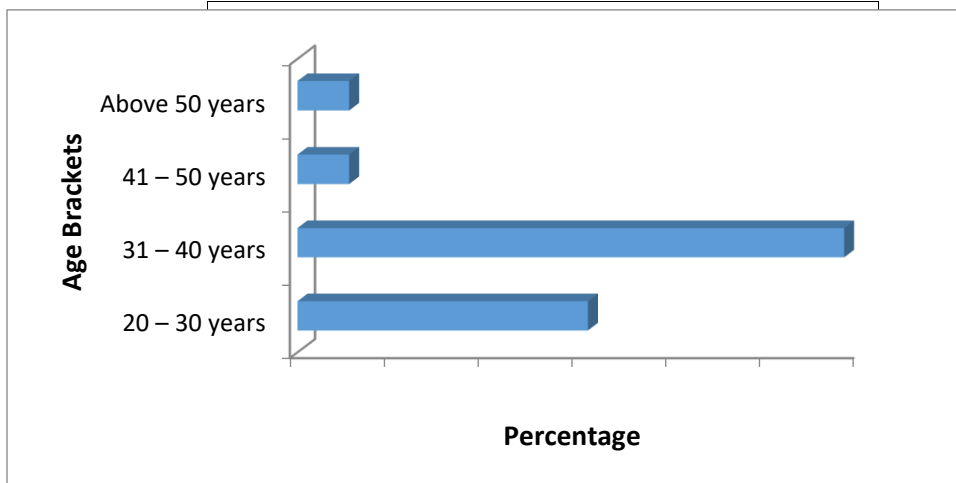


Figure 4.2: Age of the Respondents

As shown in Figure 4.2, majority of the respondents (58.2%) were aged between 31-40 years while 30.9% were aged between 20-30 years. Majority of the respondents fall in these two age brackets which implies that majority of the health workers in AAR are

young adults aged 40 years and below, which is considered as the productive age. The results further indicate that 5.5% of the respondents were aged between 41-50 years and above 50 years respectively.

4.3.4 Highest Level of Education Reached

The study enquired from the respondents on the highest level of education they had reached. The findings are presented in Table 4.3.

Table 4.3: Level of Education Reached

Level of Education	SU+ @ Strathmore University Library Frequency	Percent
Bachelors degree	24	43.6
Certificate	2	3.6
Diploma	17	30.9
Post Graduate Degree	12	21.8
Total	55	100.0

The results show that most of the respondents (43.6%) had attained Bachelors degree as their highest level of education while 30.9% had attained a Diploma. On the other hand, 21.8% of the respondents had attained a Post Graduate degree and while 3.6% of the respondents indicated they had attained a certificate as their highest level of education. From the findings, it can be seen that majority of health workers in AAR had attained high level of education (Bachelors degree and above). This improves the reliability of the information given by the respondents.

4.3.5 Respondents Religion

The respondents were asked to indicate their religion. Information on religion was important as it is one of the predisposing factors that this study sought to establish whether it has an influence on the health seeking behavior of HCW's. The findings on the respondents' religion are presented in Table 4.4.

Table 4.4: Respondents Religion

Religion	Frequency	Percent
Catholic	12	21.8
Muslim	5	9.1
Other	3	5.5
Protestant	35	63.6
Total	55	100.0

As shown in Table 4.4, majority of the respondents (63.6%) indicated that they were Protestants; 21.8% were Catholics while 9.1% were Muslim. From the findings it can be seen that all the major religions in Kenya are represented in the study.

4.3.6 Respondents Occupation at AAR

The respondents were asked to indicate their occupation at AAR. The results are presented in Table 4.5 below.

Table 4.5 Occupation at AAR

Occupation	Frequency	Percent
Medical Doctor	12	21.8
Accountants	4	7.3
Business Development Executive	3	5.5
Dentist	1	1.8
Dietician	3	5.5
General /Front office staff	4	7.3
Head of Department/ Manager	2	3.6
Health Center Manager	5	9.1
Health Center Receptionist	2	3.6
Lab technologist	6	10.9
Nurse	10	18.2
Pharmacist/ Pharmaceutical technologist	3	5.5
Total	55	100.0

As shown in Table 4.5 above, 21.8% of the respondent were medical doctors at AAR healthcare, 18.2% were nurses while 10.9% were Lab technologist. On the other hand, 9.1% were Health Center Managers, 7.3% were accountants and general /front office staff while 5.5% were pharmacist/ pharmaceutical technologist, dietician and business

development executive respectively. Majority of the respondents were doctors and nurses since this study deliberately targeted HCWs for the study.

4.3.7 Duration Worked at AAR

The respondents were asked to indicate the number of years they had worked at AAR. The findings are presented in Figure 4.3.

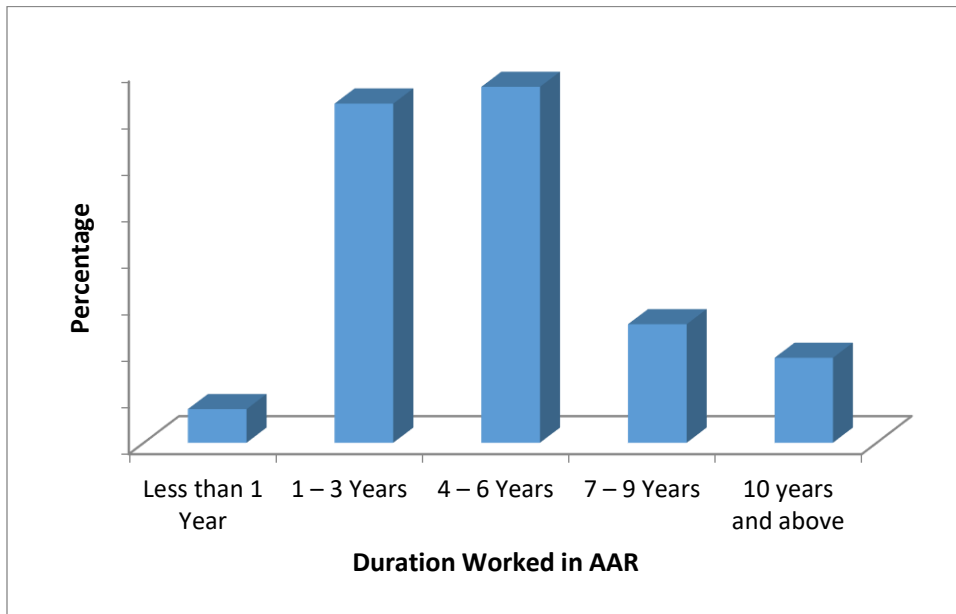


Figure 4.3: Duration Worked at AAR

The findings in Figure 4.3 shows that most of the respondents (38.2%) had worked in AAR healthcare for a duration of 4-6 years while 36.4% had worked for a duration of 1-3 years. On the other hand, 12.7% indicated that they had worked in the institution for a duration of 7-9 years while 9.1% had worked for a long duration of 10 years and above. This shows that majority of the respondents had worked in AAR healthcare for a substantial duration and could give reliable information on the subject matter of the study.

4.4 Predisposing Factors and Health Seeking Behavior

This section addresses the first objective of the study, which sought to determine the predisposing factors that influence health-seeking behavior of HCW's. The respondents were asked to indicate the extent to which the various socio-demographic factors influence their health seeking behavior. The study used a five point (1 to 5) likert scale

and results were interpreted using mean scores whereby, a mean score of 1-2.5 would mean that the respondents agreed to a low extent; 2.6- 3.5 means moderate extent while 3.6-5.0 means the respondents agreed to a great extent. The findings are presented in Table 4.6.

Table 4.6: Predisposing Factors and Health Seeking Behavior

Statements	N	Mean	Std. Deviation
My age determines my health seeking behavior.	55	2.67	1.156
My gender determines my health seeking behavior.	55	2.56	1.198
My marital status determines my health seeking behavior	55	2.05	1.044
My level of education determines my health seeking behavior	55	2.56	1.288
My religion determines my health seeking behavior	55	1.53	0.879
My ethnicity determines my health seeking behavior	55	1.49	0.900

The findings in Table 4.6 show that the respondents reported that age determines their health seeking behavior to a moderate extent as shown by a mean score of 2.67. The respondents however indicated that gender and level of education determines their health seeking behavior to a low extent as shown by a mean score of 2.56 respectively. In addition, the respondents indicated that their marital status, religion and ethnicity determine their health seeking behavior to a low extent as shown by mean scores of 2.05, 1.53 and 1.49 respectively. This shows that, other than age which seem to influence the HCWs health seeking behavior to a moderate extent, all other predisposing factors (Socio-demographics) – gender, level of education, marital status, religion and ethnicity-influence their health seeking behavior to a low extent.

4.5 Enabling Factors and Health Seeking Behavior

This section of the study addresses the second objective of the study, which sought to establish enabling factors that influence health-seeking behavior of HCW’s.

4.5.1 Whether the HCW has a Medical Insurance Cover

The respondents were asked to indicate whether they have a medical insurance cover. The results are presented in Figure 4.4.

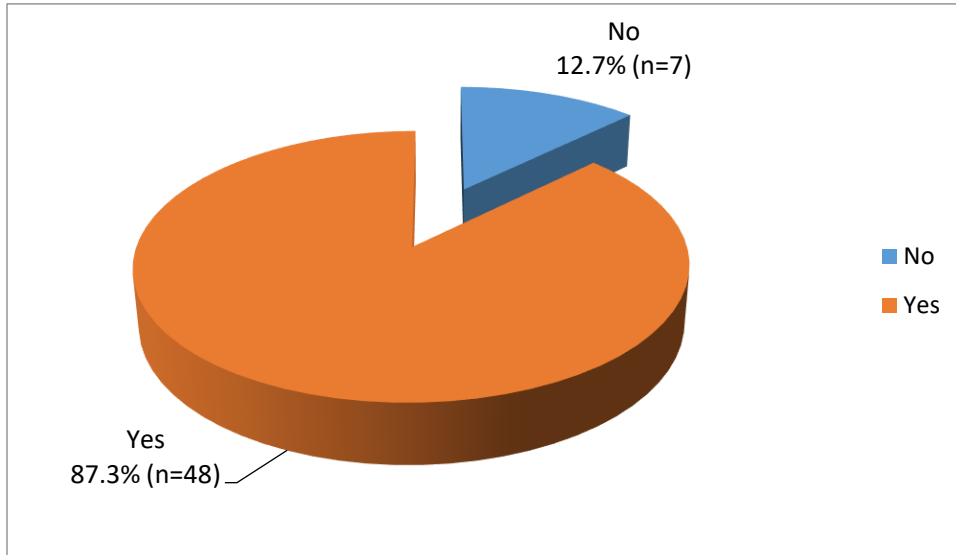


Figure 4.4: Whether the HCW has a Medical Insurance Cover

As shown in Figure 4.4, the majority of the respondents (87.3%) revealed that they had a medical insurance cover. Only 12.7% indicated that they did not have a medical insurance cover.

Out of those who indicated that they had a medical insurance cover, the study further enquired from the respondents in whether the cover catered for all their medical needs. The findings are presented in Table 4.7.

Table 4.7: Whether the Medical Insurance Cover Cater For All Medical Needs

Responses	Frequency	Percent
Yes	26	54.2
No	22	45.8
Total	48	100.0

The findings show that 54.2% of the respondents indicated that their medical insurance cover catered for all their medical needs. However, 45.8% indicated that the insurance

cover did not cater for all their medical needs. This means that they sought other means to cater for their unmet medical needs, which would affect their health seeking behavior.

4.5.2 Satisfaction with the Quality of Health Services Available to You

The respondents were asked to indicate whether they were satisfied with the quality of health services that were available to them. The findings are presented in Figure 4.5.

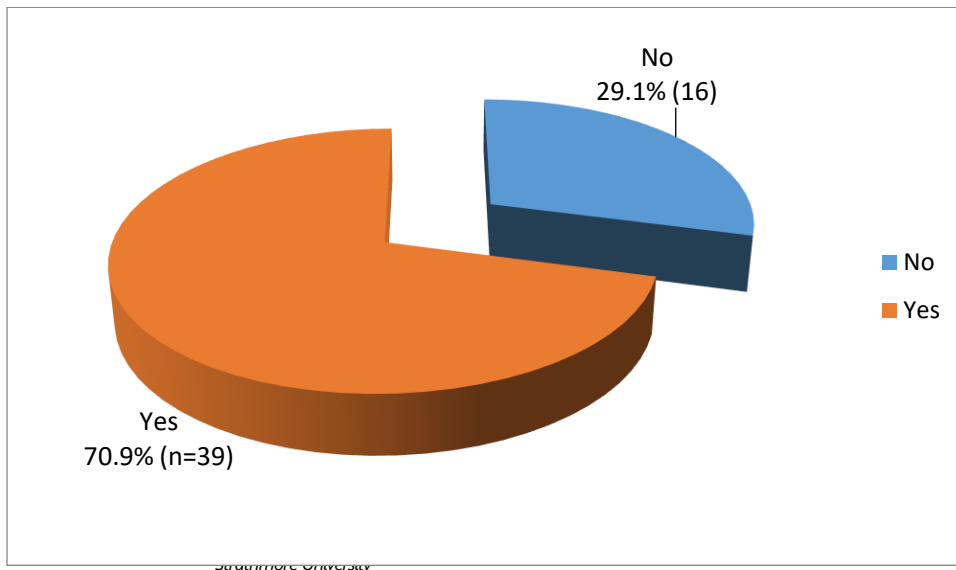
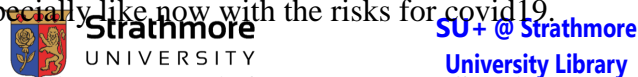


Figure 4.5: Satisfaction with the Quality of Health Services Available

As shown in Figure 4.5, majority of the respondents (70.9%) reported that they were satisfied with the quality of health services that were available to them. However, 29.1% indicated that they were not satisfied with the quality of health services that were available to them.

For those who indicated that they were satisfied with the quality of health services available to them, further stated that they were able to access any and every kind of healthcare service they needed (Catered for a wide range of services). They were also satisfied since there was availability of drugs and good doctors, specialists. The respondents further indicated that the health services available to them were of good quality, they could seek the medical services when necessary, and that they got value for their money.

For those unsatisfied with the quality of health services available to them, they explained that they were limited to certain services that other covers would cater for; and that some medical examinations that are essential were expensive and some not covered by insurance. Some respondents indicated that that things such as dental and optical were minimally covered. In addition, some respondents indicated that they had low limits (minimal benefits) and restrictions to specialists while others indicated that the health services available to them were not comprehensive and tailored to suit them as a health worker, and especially like now with the risks for covid19.



4.5.3 Extent Enabling Factors influence Health Seeking Behavior

The study sought to establish the extent to which enabling factors influence HCWs health seeking behavior. The study used a five point (1 to 5) likert scale and results were interpreted using mean scores where a mean score of 1-2.5 means that the respondents agreed to a low extent; 2.6- 3.5 means moderate extent while 3.6-5.0 means the respondents agreed to a great extent. The findings are presented in Table 4.6.

Table 4.8: Extent Enabling Factors influence Health Seeking Behavior

Statements	N	Mean	Std. Deviation
Cost of health service (ability to pay for the health service) determines my health seeking behavior.	55	3.38	1.178
Having a medical health insurance coverage determines my health seeking behavior.	55	3.33	1.123
My household income/ wealth determines my health seeking behavior.	55	2.84	1.273
Quality of health services in the health facility determines my health seeking behavior.	55	3.68	.994
Availability of drugs in the health facility determines my health seeking behavior.	55	3.35	1.109
Distance/ proximity to a health facility determines my health seeking behavior.	55	2.89	.994
Waiting time before getting treatment in a health facility determines my health seeking behavior.	55	3.33	1.187

As shown in Table 4.8 the respondents indicated that quality of health services in the health facility determines their health seeking behavior to a great extent (mean score =

3.68). On the other hands, the respondents indicated that cost of health service (ability to pay for the health service) and availability of drugs determines their health seeking behavior to a moderate extent as shown by a mean score of 3.38 and 3.35 respectively. The respondents also indicated that having a medical health insurance coverage, and waiting time before getting treatment in a health facility determines their health seeking behavior to a moderate extent as shown by a mean score of 3.33 respectively. Moreover, the respondents indicated that distance or proximity to a health facility, and household income determines their health seeking behavior to a moderate extent as shown by the mean scores of 2.89 and 2.84 respectively.



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4.6 Need Factors and Health Seeking Behavior

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This section addresses the third objective of the study which sought to examine need factors that influence health seeking behavior of HCW's.

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Determinants of health seeking behavior among health

4.6.1 Current Health Status

workers in Kenya: a case of AAR Healthcare Kenya

The respondents were asked to rate or indicate how they perceive their current health status. The findings are presented in Figure 4.6.

Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

Eva Wangei Njuguna
Strathmore Business School

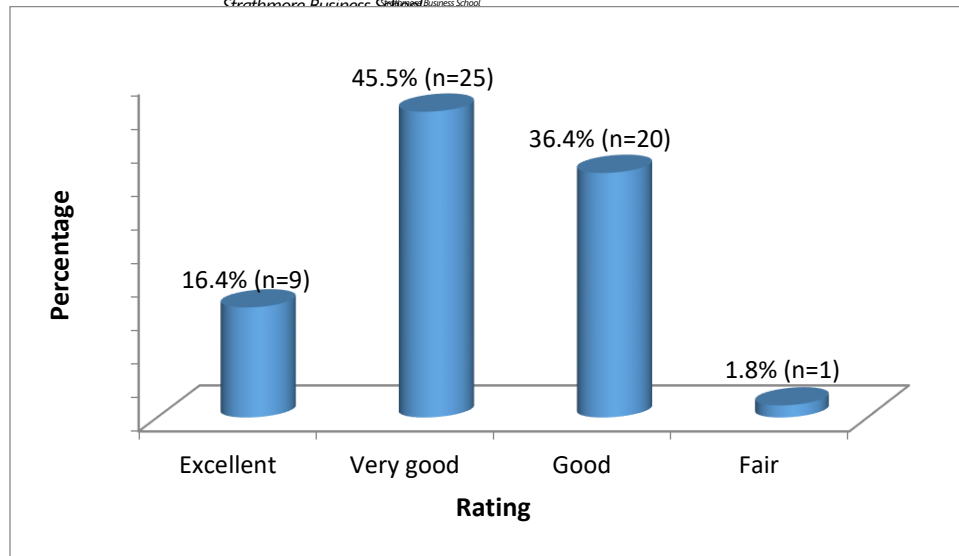


Figure 4.6: Current Health Status

The findings in Figure 4.6 show that 45.5% of the respondents rated or perceived their current health status as very good while 36.4% perceived their health status as good. A

further 16.4% of the respondents rated or perceived their current health status as excellent while 1.8% indicated fair.

4.6.2 Health Perception and Frequency of Health Facility Visits

The study sought to establish whether the HCWs perception about their health status would influence their frequency of health facility visits. The findings are presented in Table 4.9.

Table 4.9: Health Perception and Frequency of Health Facility Visits

Responses	Frequency	Percent
No	22	40.0
Yes	33	60.0
Total	55	100.0

As shown in Table 4.9, majority of the respondents (60%) revealed that their perceived health status would influence their frequency of health facility visits. However, 40% of the respondents indicated that their perceived health status would not influence how frequent they visit a health facility.

4.6.3 Whether the HCW Suffer from Any Chronic Illnesses

The study enquired from the respondents whether they suffered from any chronic illnesses. The findings are presented in Figure 4.7.

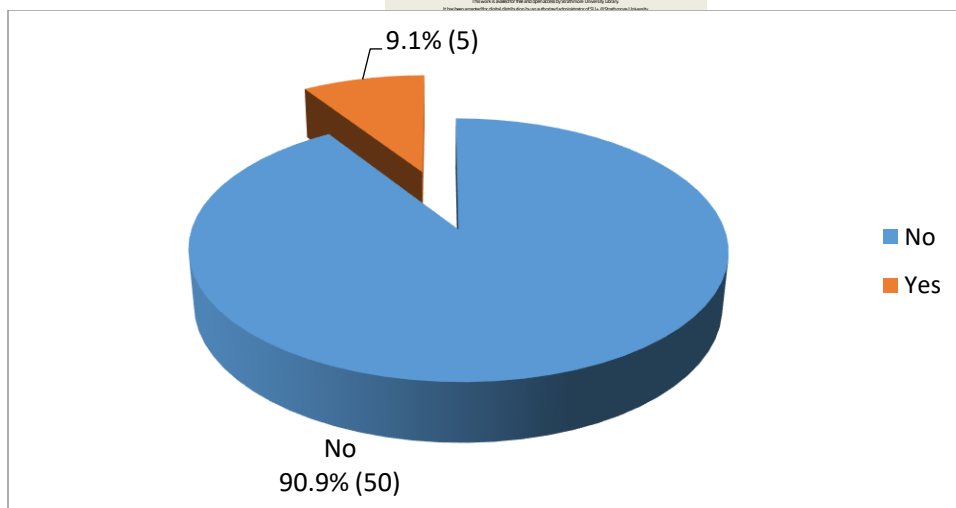


Figure 4.7: Whether the HCW Suffer from Any Chronic Illnesses

The findings in Figure 4.7 show that majority of the respondents (90.9) indicated that they did not suffer from any chronic illnesses. However, 9.1% of the respondents reported that they suffered from a chronic illnesses.

From those who indicated they were suffering from a chronic disease the study further enquired whether the nature of their chronic disease influenced them to visit a health facility more frequently. The findings are presented in Table 4.10.

Table 4.10: Whether the Nature of the Chronic Disease Influence Health Facility Visits

Responses	Frequency	Percent
Yes	5	100.0
No	-	-
Total	5	100.0

The findings in Table 4.10 show that all the respondents (100%, n=5) who had indicate that they suffered from a chronic disease reported that the nature of their disease influenced them to visit a health facility more frequently. This shows that someone suffering from a chronic disease (also considering the nature of the disease) is more likely to visit a health facility more frequently.

4.6.4 Extent Need Factors influence HCWs Health Seeking Behavior

The study sought to establish the extent to which need factors influence HCWs health seeking behavior. The study employed a five point (1- 5) likert scale and results were interpreted using mean scores whereby, a mean score of 1-2.5 would mean that the respondents agreed to a low extent; 2.6- 3.5 means moderate extent while 3.6-5.0 means the respondents agreed to a great extent. The findings are presented in Table 4.11.

Table 4.11: Extent Need Factors influence HCWs Health Seeking Behavior

Statements	N	Mean	Std. Deviation
Having poor health perception determines my health seeking behavior	55	2.56	1.273
Status of my illness determines my health seeking behavior	55	3.38	1.130
Severity of my illness determines my health seeking behavior.	55	3.47	1.152
Duration i have stayed with a disease/ illness determines my health seeking behavior	55	3.09	1.127
Ability to self-medicate determines my health seeking behavior.	55	2.89	1.012

As shown in Table 4.11, the respondents indicated that the severity of their illness and the status of their illness determine their health seeking behavior to a moderate extent as shown by the mean scores of 3.47 and 3.38 respectively. The respondents also indicated that duration they have stayed with a disease/ illness determines their health seeking behavior to a moderate extent (mean score = 3.09), and that the ability to self-medicate also determines their health seeking behavior to a moderate extent (mean score = 2.89). In addition, the respondents indicated that having poor health perception determines their health seeking behavior as shown by a mean score of 2.56 on the likert scale.

4.6.5 Other Factors that Influence HCWs Health Seeking Behavior

The study enquired from the respondents on any other factors that they think influence their health seeking behavior. The respondents stated that factors such as affordability (cost of medication), availability of services they are seeking, severity of sickness, and knowledge about the disease / illness determines their health seeking behavior. The respondents further stated that hospital environment (for example, whether they are friendly and offer hospital services efficiently), customer relation in health facilities, quality of care, privacy and confidentiality, physical accessibility (proximity) and availability of time determines their health seeking behavior. Moreover the respondents revealed that advice from family members/friends, family history, commonality of a health condition, and the trends on global health and prevailing circumstance for example the current presence of covid-19 would determine their health seeking behavior.

4.7 Regression Analysis Results

The study conducted the regression analysis to establish the kind of relationship that exist between the dependent variable (health seeking behavior) and the independent variables (predictors) - predisposing factors, enabling factors and need factors.

Table 4.12: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.765 ^a	0.585	0.561	0.446

a. Predictors: (Constant), Need Factors, Enabling Factors, Predisposing Factors

The results in Table 4.12 provide the R and R² values. The R value represents the simple correlation and is 0.765, which indicates a high degree of correlation. The R² value (coefficient of determination) indicates how much of the total variation in the dependent variable, health seeking behavior, can be explained by the independent variables- predisposing factors, enabling factors and need factors. In this case, the independent variables explain 56.1% of the dependent variable. The remaining percentage could be explained by other factors not included in the study.

Table 4.13: ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.297	3	4.766	23.972	0.000 ^b
	Residual	10.139	51	0.199		
	Total	24.436	54			

a. Dependent Variable: Health Seeking Behaviour

b. Predictors: (Constant), Need Factors, Enabling Factors, Predisposing Factors

The ANOVA table reports how well the regression equation fits the data (i.e., predicts the dependent variable). The ANOVA results indicate the statistical significance of the regression model is $p < 0.05$, which is less than 0.05, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data). This indicates that the regression model predicts the dependent variable significantly well.

Table 4.14: Regression Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.177	0.301		3.913	0.000
	Predisposing Factors	0.061	0.107	0.069	0.572	0.570
	Enabling Factors	0.468	0.098	0.538	4.789	0.000
	Need Factors	0.262	0.084	0.322	3.114	0.003

a. Dependent Variable: Health Seeking Behaviour

The coefficient results in Table 4.14 above provides information that predict how the predictors (predisposing factors, enabling factors and need factors) inform health seeking behavior by HCWs, as well as determining whether the predictors contributes statistically significantly to the model. From the regression results, the study shows the value of "B" for enabling factors as 0.468 and the corresponding significant value (sig) as 0.001 (which is less than 0.05) which implies that enabling factors have positive and statistically significant relationship with health seeking behavior of HCWs.

The study also shows that there is a positive and statistically significant association between need factors and health seeking behavior of HCWs as shown by B = 0.262 and P (sig) = 0.003 < 0.05. However, the study established that predisposing factors did not have a significant relationship with health seeking behavior of HCWs shown by B = 0.061 and P = 0.570 > 0.05.

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CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECCOMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings of the study, conclusion and suggests some recommendations, as guided by the study objective. At the end of this chapter, the researcher also suggests areas for further study.


5.2 Summary of Findings

The study sought to establish how predisposing factors (Socio-demographics) such as age, gender, marital status, level of education, religion and ethnicity determines the HCWs health seeking behavior. The study established that age determines the HCWs health seeking behavior to a moderate extent. However, other factors such gender, level of education, marital status, religion and ethnicity were found to determine the HCWs health seeking behavior to a low extent. The regression analysis results found out that there is a statistically insignificant relationship between predisposing factors and health seeking behavior of HCWs.

The study also sought to establish the extent to which enabling factors influence the health seeking behavior of HCWs. The study first established that majority of HCWs at AAR had a medical insurance cover. However, a substantial number (45.8%) felt that the insurance cover did not cater for all their medical needs. This means that they sought other means to cater for their unmet medical needs, which would affect their health seeking behavior. The study established that quality of health services in the health facility influences the health seeking behavior of HCWs to a great extent. The study however found out that enabling factors such as cost of health service (ability to pay for the health service), availability of drugs, medical health insurance coverage, and waiting time before getting treatment in a health facility influenced health-seeking behavior of HCWs to a moderate extent. In addition, it was also found out that factors such as distance or proximity to a health facility, and household income influenced health seeking behavior of HCWs to a moderate extent. The regression results show that enabling factors have a statistically significant relationship with health seeking behavior of HCWs.

The study also sought to establish how need factors (such as illness status, illness severity and duration of disease) influenced HCWs health seeking behavior. Majority of the HCWs interviewed revealed that their perceived health status would influence their frequency of health facility visits. For those who indicated that they suffered from a chronic disease, they reported that the nature of their disease influenced them to visit a health facility more frequently. This shows that the nature of a chronic disease is more likely to influence someone visit a health facility more frequently. The results further shows that the need factors examined, that is, severity of their illness, the status of their illness, duration they have stayed with a disease, illness, ability to self-medicate and having poor health perception influenced HCWs health seeking behavior to a moderate extent. The regression results established that there is a positive and statistically significant association between need factors and health seeking behavior of HCWs.

In addition, the respondents stated that other factors such as availability of services they are seeking, knowledge about the disease / illness determines, hospital environment, customer relation in health facilities, quality of care, privacy and confidentiality, influenced the health seeking behavior of HCWs. Other factors include, advice from family members/friends, family history, commonality of a health condition, and the global health trends and prevailing circumstance (for example the current covid-19 pandemic).



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Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

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Njuguna, E. W. (2021). Determinants of health seeking behavior among health workers in Kenya: A case of AAR Healthcare Kenya [Thesis, Strathmore University]. <http://hdl.handle.net/11071/12687>

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5.3 Discussion of Results

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5.3.1 Influence of Predisposing Factors on Health Seeking Behavior of HCW's

The study findings established that predisposing factors (socio-demographics) had an influence on health seeking behavior of HCW's. Age of the HCWs was found to determine their health seeking behavior to a moderate extent while other factors such gender, level of education, marital status, religion and ethnicity were found to determine the HCWs health seeking behavior to a low extent. These findings are in agreement with those of Li *et al.* (2016) who also found out that, predisposing (demographic and social) factors such as (age, gender, marital status, ethnicity) may influence or affect health service utilization or health seeking behavior.

The findings also corroborates with those of Asfaw et al. (2018) and Osman et al. (2020) Who also found out gender and marital status were associated with the tendency to seek or avoid medical treatment. Shao *et al.* (2018) also found out that age, ethnicity were the major determinants affecting health services while Adam and Aigbokhaode (2018) established that marital status, level of education, age and gender were the socio-demographic factors associated with healthcare-seeking behavior. This shows that the results of this study are agreement with the findings of previous studies.

The regression analysis results however found out that predisposing factors have a statistically insignificant relationship with health seeking behavior of HCWs. These findings are in agreement with those of Pullicino et al. (2016) who also found that no predisposing factors/predictors were significant with health seeking behavior. However, a study Kuire *et al.* (2015) found that predisposing factors were significantly associated with seeking treatment. This shows there are varying evidences on whether predisposing factors have a significant relationship with health seeking behavior in different settings and in different study populations. The difference in results were as a result of the different settings. This study was on health care workers unlike the above studies (Pullicino et al., 2016; Kuire et al., 2015) which concentrated on patients.

5.3.2 Influence of Enabling Factors on Health Seeking Behavior of HCW's

The study also sought to determine the influence enabling factors influence the health seeking behavior of HCWs. The factors that were examined includes cost of health service, health insurance coverage, household income/ wealth, quality of health services, availability of drugs, distance to health facility and waiting time for health. The findings revealed that majority of HCWs at AAR had a medical insurance cover. However, a substantial number (45.8%) felt that the insurance cover did not cater for all their medical needs. Insurance cover been cited by previous studies as a key enabling factor that influence seeking health seeking behaviour. For instance, Latunji and Akinyemi (2018) found out that health insurance scheme or coverage had a significant association with seeking appropriate health seeking behaviour. These findings are also in agreement with those of Peng et al. (2010) assessed the who also found out that insurance coverage is

significantly associated with health-seeking behavior; and that high cost of health service was found to be a significant obstacle to health-care access.

The study established that quality of health services in the health facility influences the health seeking behavior of HCWs to a great extent. The study however found out that enabling factors such as cost of health service (ability to pay for the health service), availability of drugs, medical health insurance coverage, distance or proximity to a health facility, household income and waiting time before getting treatment in a health facility influenced health-seeking behavior of HCWs to a moderate extent. These findings corroborates with those of Abuduxike et al. (2019) who also found out that health-seeking behaviors were determined by enabling factors such income, insurance status and ability by oneself to pay for the health services. The above findings are also in agreement with those of Ombira et al. (2020) who found out that monthly income/ household wealth has a significant effect on health-seeking behavior in case of sickness; while a study by Musoke *et al.* (2014) also pointed out that availability of drugs, high cost of services and long distance to health facilities were significant challenges (factors) in utilizing health services.

The regression results indicate that enabling factors have a statistically significant relationship with health seeking behavior of HCWs. These findings agree with those of Nebert (2016) who also found out that there was also a significant association between enabling factors and health seeking behavior.

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5.3.3 Influence of Need Factors on Health Seeking Behavior of HCW's

The study also sought to determine the influence of need factors (such as illness status, illness severity and duration of disease) on HCWs health seeking behavior. The results shows that majority of the HCWs indicated that their perceived health status would influence their frequency of health facility visits. The study also established that the nature of a chronic disease is more likely to influence someone visit a health facility more frequently. These findings are in support those of Abuduxike et al. (2019) who indicated that the health-seeking behaviors were determined by need factors including chronic disease status and having poor health perception.

The results further shows that the need factors examined, that is, severity of their illness, the status of their illness, duration they have stayed with a disease/ illness, ability to self-medicate and having poor health perception influenced HCWs health seeking behavior. These findings are in agreement with those of Shao et al. (2018) on the factors influencing health services utilization of migrants in Beijing, who also found out that having chronic disease and the degree of symptom were the major determinants affecting one to receive health services. In this study, the degree of symptom was found to be a strong and consistent determinant of health services seeking behavior. The findings also corroborates with those of Musinguzi *et al.* (2018) who found out that perceived severity, adverse effects, and perceived fears of lifelong dependence on medicines were associated with health seeking behavior.

The regression results established that there is a positive and statistically significant association between need factors and health seeking behavior of HCWs. These results are in support of those by Begashaw et al. (2016) which found that perceived severity of disease, and acute duration of disease had a statistically significant association with health care utilization and health seeking behavior. In addition, Nebert (2016) also established that need factors significantly explained the health seeking behavior of nurses.

5.4 Conclusion

The study concludes that predisposing factors (socio-demographics) such as age, gender, marital status, level of education, religion and ethnicity do not have a significant association with HCWs health seeking behavior. This implies that they do not have a great influence on HCWs decision to seek health services.

The study also concludes that enabling factors have a significant relationship with the health seeking behavior of HCWs. This means that HCWs greatly considers factors such as cost of health service, health insurance coverage, household income/ wealth, quality of health services, availability of drugs, distance to health facility and waiting time for health, before deciding whether to seek health services. The study also concludes that despite majority of HCWs having a medical insurance cover, the medical cover did not

cater for all their medical needs. This means that the HCWs have to cater for the unmet medical services from their pocket or other means. This would affect the health seeking behavior of HCWs bearing in mind that the cost of health service was found to be one of the enables factors that has a significant association with health seeking behavior of HCWs.

Lastly, the study concludes that need factor have a statistically significant association HCWs health seeking behavior. This means that enabling factors such as poor health (or perceived poor health), status of illness, severity of illness (especially for those with chronic illnesses), and duration one have stayed with an illness has a significant influence of HCWs health seeking behavior.

5.5 Recommendations

5.5.1 Recommendations for Policy

The study established that even though majority of HCWs had a medical insurance cover. A significant number recommended that the medical insurance cover did not cater for all their medical needs. This means that the HCWs have to cater for the unmet medical services from other means. This together with issues concerning affordability/ cost of such health services can be addressed by up-scaling the coverage of the existing healthy insurance schemes including the National Health Insurance Scheme, the country's flagship insurance scheme.

5.5.2 Recommendations for Practice

Enabling factors (such as distance/ proximity to a health facility, availability of drugs, quality of health services) were found to significantly influence health seeking behavior of HCWs. In this regard, the study recommends that there is need to increasing the number of health facilities in under-served areas. The quality of care provided at health facilities also requires attention (improve quality of care) and ensure availability of drugs.

5.5.3 Recommendations for Further Research

This study was limited to only one health care institution; that is AAR Healthcare Kenya. The results of this study therefore may not be generalisable to other health care institutions in Kenya. This study therefore recommends that a further study be conducted in other healthcare institutions for a more comprehensive picture on the subject matter.

5.6 Limitations of the Study

The study experienced a few challenges especially during the data collection stage. One of the challenges is that some respondents were unwilling to participate due to limited time to answer to the questions due to their tight and busy schedules at work. Some respondents were unwilling to participate in any exercise that may interfere or disrupt their work. To address this, the researcher used emails and online google forms to send the questionnaires to the respondents so that they can answer during their free time. Another limitation is that, due to Covid 19 pandemic, there was no physical contact and therefore it limited the interaction between the researcher and the respondents which could have been essential in order to explain to the respondents on the content of the questionnaire and the purpose of the study.

This study focused on only one health care institution; that is AAR Healthcare Kenya. Being a case study of only one health care institution, it therefore means the results may not be generalisable to the entire sector in Kenya. More studies may need to be done in other healthcare institution for a more comprehensive picture on the subject matter.

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Recommended Citation
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
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Osman, A. F., Talib, M. A., Tafran, K., Tumin, M., Chong, C. S. (2020). Demographic and Socioeconomic Variables Associated With Health Care-Seeking Behavior Among Foreign Workers in Malaysia. *Asia Pacific Journal of Public Health*, <https://doi.org/10.1177/1010539519893801> **Recommended Citation** Nijuguna, E. W. (2021). Determinants of health seeking behavior among health workers in Kenya: A case of AAR Healthcare Kenya [Thesis, Strathmore University]. <http://hdl.handle.net/11071/12687>

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APPENDICES

Appendix I: Letter of Introduction

Dr. Eva Wangeci Njuguna

Strathmore Business School

University of Nairobi,

Email: wangeci.njuguna@gmail.com

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I am a Master in Business Administration (Health Care Management) student at Strathmore University Business School. I am carrying out a research on ‘**Determinants of Health Seeking Behavior among Health Workers in Kenya**’, with a focus on HCWs at AAR Healthcare Kenya.

You have been chosen to take part in the survey. The data you will provide will be used for academic purposes only and will be treated with confidentiality it deserves. You are persuaded to respond to the questions in this questionnaire in the most honest and objective way possible. Your participation in facilitating this study is highly appreciated.

Thank you in advance.

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Yours faithfully,

Dr. Eva Wangeci Njuguna

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Appendix II: Consent to Participate in Research Study

Study Title: Determinants of health seeking behavior among healthcare workers in Kenya.

Administering Organisation: AAR Healthcare Kenya

Researcher: Dr. Eva Wangeci Njuguna



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I confirm that the researcher has explained the elements in the questionnaire, the purpose of the research as well as the risks and benefits of the study. I confirm I have also read and understood the information about the dissertation as provided.

I confirm that I have had the opportunity to ask questions and the researcher has answered any questions about the study to satisfaction.

The procedures and the time commitment have been outlined. Issues of confidentiality have been explained. I understand my participation is voluntary and that I am free to withdraw from the dissertation anytime, without having to give reason and without consequences.

I agree to take part in the study.

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Name of the research participant

Signature

Date

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Name of the researcher

Signature

Date

Appendix III: Questionnaire

Instructions: Kindly provide answers to the questions by ticking or writing in the spaces provided. All information provided will be kept confidential.

Section A: Demographic Information

1. Indicate your gender :

Male Female

2. Indicate your age bracket.

20 – 30 years 31 – 40 years 41 – 50 years 51+ years

3. Indicate the highest level of education you have reached.

Post Graduate Degree Bachelors degree

Certificate/Diploma Others (specify).....

4. What is your Religion?

Protestant Muslim Catholic

Other (Specify).....

5. Kindly indicate your occupation at AAR.

6. For how long have you worked at AAR:

Less than 1 Year 1 – 3 Years 4 – 6 Years 7 – 9 Years 10 years and above

Section B: Predisposing Factors and Health Seeking Behavior

7. To what extent do the following socio-demographic factors influence your health seeking behavior? Use a scale of 1 to 5 where 5 is very great extent, 4 is great extent, 3 is moderate extent, 2 is low extent, while 1 is no extent.

Predisposing factors (Socio-demographics)	1	2	3	4	5
My age determines my health seeking behavior.					
My gender determines my health seeking behavior.					
My marital status determines my health seeking behavior					
My level of education determines my health seeking behavior					
My religion determines my health seeking behavior					
My ethnicity determines my health seeking behavior					

Section C: Enabling Factors and Health Seeking Behavior

7a). Do you have a medical insurance cover?

Yes [] No []

b). If yes, does the medical insurance cover cater for all your medical needs?

Yes [] No []

8a). Are you satisfied with the quality of health services that are available to you?

Yes [] No []



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b). Explain your answer above (why?).....

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9. To what extent do the following enabling factors influence your health seeking behavior? Use a scale of 1 to 5 where 5 is very great extent, 4 is great extent, 3 is moderate extent, 2 is low extent, while 1 is no extent.



Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

Enabling factors	1	2	3	4	5
Cost of health service (amount to pay for the health service) determines my health seeking behavior.					
Having a medical health insurance coverage determines my health seeking behavior.					
My household income/ wealth determines my health seeking behavior.					
Quality of health services in the health facility determines my health seeking behavior.					
Availability of drugs in the health facility determines my health seeking behavior.					
Distance/ proximity to a health facility determines my health seeking behavior.					
Waiting time for before getting treatment in a health facility determines my health seeking behavior.					

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Section D: Need Factors and Health Seeking Behavior

10a). How do you rate or perceive your current health status?

Poor [] Fair [] Good [] Very good [] Excellent []

b). Does health perception influence you to visit a health facility more frequently?

Yes [] No []

11a). Do you suffer from any of these chronic illnesses?

Yes [] No []

b). If yes, does the nature of your chronic disease influence you to visit a health facility more frequently?

Yes [] No []

12. To what extent does the following need factors influence your health seeking behavior? Use a scale of 1 to 5 where 5 is very great extent, 4 is great extent, 3 is moderate extent, 2 is low extent, while 1 is no extent.

Need Factors	1	2	3	4	5
Having poor health perception determines my health seeking behavior					
Status of my illness determines my health seeking behavior					
Severity of my illness determines my health seeking behavior					
Duration i have stayed with a disease/ illness determines my health seeking behavior					
Ability to self-medicate determines my health seeking behavior.					

13. What other factors influence your health seeking behavior?.....

.....


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Appendix IV: Work Plan

Activity	August 2019 - Dec 2019	August 2019 - Jan 2020	Feb- 2020	March- April 2020	April 2020	May 2020
Research Problem development				SU+ @ Strathmore University Library		
Dissertation development	Electronic Theses and Dissertations 2022			SU+ @ Strathmore University Library		
Working on Amendments	Determinants of health seeking behavior among workers in Kenya			Determinants of health seeking behavior among health workers of AAR Healthcare Kenya		
Dissertation Defense	Evolution of Strathmore University	12 Jangeci Njuguna School of Business Strathmore University				
Pilot Study		Recommended Citation Njuguna, E. W. (2021). Determinants of AAR Healthcare Kenya [Thesis, Strathmore University]. http://hdl.handle.net/11262/10001				
Field Data Collection	Recommended Citation Njuguna, E. W. (2021). <i>Determinants of health seeking behavior among workers of AAR Healthcare Kenya: A case study</i> . Strathmore University. http://hdl.handle.net/11262/10001	Follow this and additional works at: http://hdl.handle.net/11262/10001				
Data Analysis						
Report Writing						
Submission and dissertation Defence		This work is available for free and open access by Strathmore University Library. It has been accepted for digital distribution by an authorized administrator of SU+ @Strathmore University. For more information, please contact library@strathmore.edu				

Appendix V: Research Budget

Item	Kshs
Data Collection (printing of questionnaires, field data collection assistants).	20,000.00
Printing, Photocopying and binding (drafts and final documents)	12,000.00
Transport, logistics and communication	10,500.00
Computer time (Internet subscriptions, online library journals subscription).	6,500.00
Miscellaneous	11,000.00
TOTAL	60,000

Determinants of health seeking behavior among health workers in Kenya: a case of AAR Healthcare Kenya

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 Strathmore Business School
 Strathmore University

Recommended Citation
 Njuguna, E. W. (2021). Determinants of health seeking behavior among health workers in Kenya: A case of AAR Healthcare Kenya [Thesis, Strathmore University]. <http://hdl.handle.net/11071/12687>

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