

SOCIO-ECONOMIC DETERMINANTS OF HEALTH-SEEKING BEHAVIOR AMONG THE YOUTH AGED 14-18 YEARS ATTENDING KASOZI HEALTH CENTRE III, WAKISO DISTRICT A CROSS-SECTIONAL STUDY.

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ABSTRACT

Background

Globally, 311,000 people die in lower-income countries due to challenges with health-seeking behavior whereas 82% of the youths in Uganda do not seek health services even when they need to (Musoke et al., 2014). Statistics from Kasozi Health Center III show that many youths exhibit poor health-seeking behavior, which poses a risk for the youths hence living hazardous behaviors. This study therefore aims to identify the socio-economic determinants of health-seeking behavior among the youth aged 14-18 years attending Kasozi Health Centre III, Wakiso District.

Methodology

The study employed a descriptive and cross-sectional study using a quantitative method of data collection. A sample of 30 respondents was selected using a simple random sampling method. Data was collected using a questionnaire, analyzed, and presented in the form of tables, graphs, and pie charts.

Results

Results from the study revealed that the majority (60%) of the participants were females with (73%) being aged 16-18 years. The highest number (67%) of the participants were unemployed with (87%) of them earning between 100,000/= - 500,000/= per month which made it hard for them to access private facilities (60%) received medical services from the government and (53%) financial support from family members.

Conclusion

The highest number of the participants were unemployed earning between 100,000/= - 500,000/= per month with 6-10 family members. They received medical services from the government as well as financial support from family members.

Recommendation

Youths should often be encouraged to seek health care at the health facility and they should be given a conducive atmosphere to open up.

Keywords: Socio-economic determinants, Health-seeking behavior, Youths, Kasozi Health Centre III.

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BACKGROUND OF THE STUDY

According to the study carried out by Wulifan et al., 2022, the term youth health care seeking actions refers to any action taken by youth to find an applicable remedy when they have a health problem or illness. The World Health Organization recommends health installation- grounded service applications as a crucial strategy to reduce both motherly and infant mortality (Nishimwe, 2022). Accordingly, 1.8 million people are unfit to pierce and use public healthcare installations, and 85 of them are living in Sub-Saharan Africa (Mbalinda et al., 2020). In Africa, a study conducted by Huda et al (2019) revealed that the vacuity of interventions and public health care installation services does not restate automatically to pierce. Poor access to public health care installations and services was linked as

a factor militating against sweats to address major health problems in African countries. Lack of access to public health installations begets an increase in motherly and infant mortality which is the main contributing factor to the total number of deaths in the whole world, and yet lower than half (48) of health care deliveries in Sub-Saharan African countries do in a health installation due to lack of availability. In Kenya, the application of public health care installations is only incompletely a reflection of effective vacuity, as cases may choose not to use services, indeed if they're available since the decision to use available health services depends on people's perception of the services and affordability which affect availability (Yadav et al., 2016). In numerous developing countries, 82 of those in need the public health care installations fail to use them as a result of

ignorance, poverty, underbacking of the health sector, shy water and poor sanitation installations have a big impact on health pointers. In addition, the cost of services, limited knowledge of illness, and good and artistic conventions are a hedge to the provision of health services. These challenges, which are significant in Uganda's health system, affect the health-seeking practices of communities. (Musoke et al., 2014) According to the Uganda National Household Survey data (2010/11, 2012/13, and 2014/15) in the Kampala quarter there was a reduction in the application of public health care. The application was for the richest (5.3) as compared to the poorest (2.3) who need further of these services. A study conducted in Uganda Kampala revealed that in the proposition, public health-care installation application should relate largely with the need, still defined, for services. Still, some services are demanded and not attained, and others are employed but not easily indicated, or are indicated only after other protocols are followed. Thus, there is a need to address similar challenges to the Ministry of Health (Turyamureba et al., 2023).

METHODOLOGY

Study Design and rationale

This was a descriptive cross-sectional study employing a quantitative approach.

The design was selected because it allowed easy data collection at a single appointment and thus time saving and cheap to obtain the data relevant to the specific objectives.

Study setting and rationale

The study was conducted at Kasozi Health Centre III, in Wakiso District in the Central region of Uganda, in the Buganda subregion. The health facility is found approximately 3 Km from Wakiso district headquarters. The majority of the youths who seek health services at Kasozi HC III normally come from the Kasozi community and the neighboring villages. The two major economic activities carried out in the study area are trading and agriculture. The study area was selected because the researcher had noted poor health care-seeking behaviors services among youths aged 14-18 years, which make them vulnerable to health devastating conditions and risky behaviors hence leading to high mortality and morbidities.

Study Population

The study included youths aged 14-18 years attending Kasozi Health Centre III, Wakiso district.

Sample Size Determination

The sample size was the number of observations in a sample. The sample size was calculated and determined using the formula below

The study targeted 30 respondents. This was done by use of the Burton Formula and this was obtained using the following calculation;

Sample size (n) = (q x r)/o where: q= total number of days to spend on data collection. r= number of respondents to be interviewed per day

maximum time interviewer will take

Values; q=5, r=6 o= 1 hour.

The sample size was obtained using the following calculations; $n = (5 \times 6) / 1 = 30$ respondents.

Therefore, the sample size was 30 youths aged 14-18 years at Kasozi Health Center III, Wakiso district.

Sampling procedure and rationale

The researcher utilized a simple random sampling procedure to obtain the sample size for the study. The researcher gave all potential respondents who met the study criteria an equal opportunity to participate in the study by picking papers from an enclosed box and any respondent who picked a paper with the word YES written on it was requested to participate in the study. This continued until the 30 respondents were reached. The procedure was preferred because it was less biased, easy to apply, and less expensive.

Inclusion criteria

The study included only male and female youths aged 14-18 years at Kasozi Health Center III, Wakiso district who were present and willing to voluntarily consent to participate in the study.

Definition of Variables

Dependent variable

Health-seeking behavior among youths aged 14-18 years

Independent variable

Health-facility-related determinants of the health-seeking behavior.

Research Instruments

Data was collected using a semi-structured questionnaire, which consisted of both open and closed-ended questions. Section containing Health-facility related determinants of health-seeking behaviors among youths aged 14-18 years.

Data Collection Procedure

The researcher administered questionnaires to youths aged 14-18 years at Kasozi Health Center III, Wakiso District. The researcher interviewed 6 respondents per day for a total of 30 respondents in 5 days.

Data management

Data management included tallying, arranging, storing, editing, and coding before leaving the area to ensure all mistakes or areas left blank that could have happened were corrected and rectified before leaving the area of study.

Data analysis and presentation

The collected data was entered into the computer for analysis and later researcher presented them in tables, graphs, and pie charts generated by Microsoft Excel.

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Ethical Considerations

A letter of introduction was obtained from Lubaga Hospital Training Schools introducing the researcher to the local council administration of the in-charge Kasozi Health Center III and seeking permission to carry out the study.

After permission was granted, the hospital in charge escorted and introduced the researcher to the respondents. Respondents were assured of maximum confidentiality and only numbers instead of names were used to identify the respondents. The study only commenced after the objective of the study had been well explained to participants and after having consented to participate in the study.

RESULTS

Demographic data of the students.

Table 1: Distribution of the demographic data of respondents, n=30.

Variable	Category	Frequency	Percentage (%)
Age	14-15 years	8	27
	16-18 years	22	73
Gender	Male	12	40
	Female	18	60
Marital status	Single	25	83
	Married	05	17
	Divorced	00	00
	Widow/widower	00	00

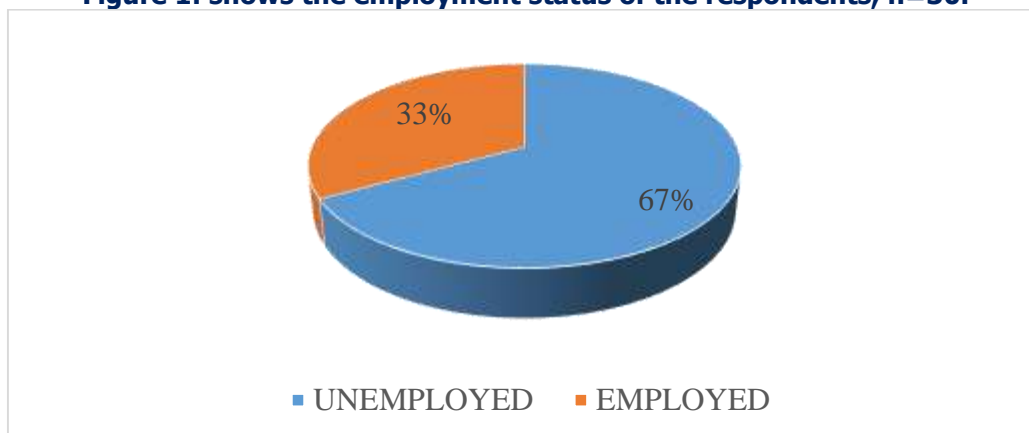
Source: Primary data (2023)

The majority 22(73%) of the participants were between 16-18 years while the minority 8(27%) were between 14-15 years. More than half 18(60%) of the respondents were

females and a few 12(40%) were males. The highest number 25(83%) of the participants were single and the lowest 5(17%) were married.

Social-economic determinants of health-seeking behavior among youths aged 14-18 years

Figure 1: shows the employment status of the respondents, n=30.



Source: Primary data (2023)

The highest number 20(67%) of the participants were unemployed and the lowest 10(33%)

were employed.

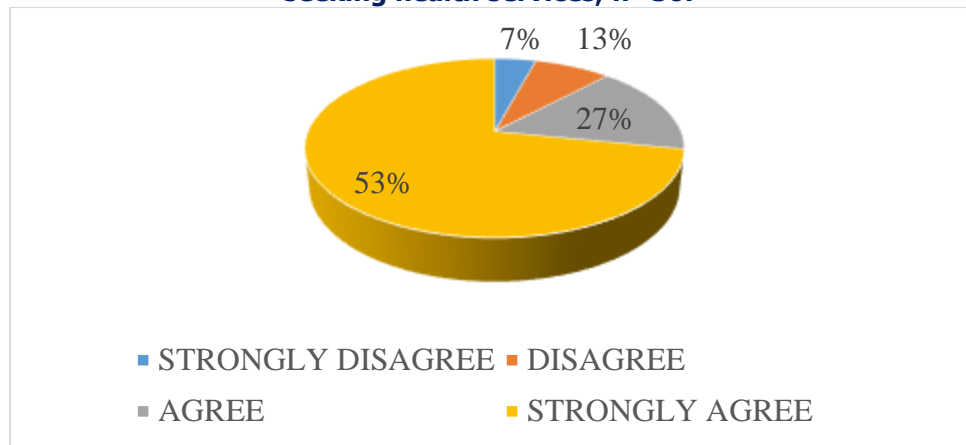
Table 2: socio-economic determinants of health-seeking behavior among Youths aged 14-18 years, n=30.

Variable	Category	Frequency	Percentage (%)
How much do you earn per month?	Less than 100,000/=	4	13
	Between 100,000/= - 500,000/=	26	87
	Above 500,000/=	00	00
How many members are in your family?	2 members	4	13
	3-5 members	9	30
	6-10 members	14	47
	More than 10 members	3	10

Source: Primary data (2023)

The highest number 26(87%) of participants earned between 100,000/= - 500,000/= while the lowest 4(13%) earned less than 100,000/=. Most 14(47%) of the participants had 6-10 members and a few 4(13%) had 2 members.

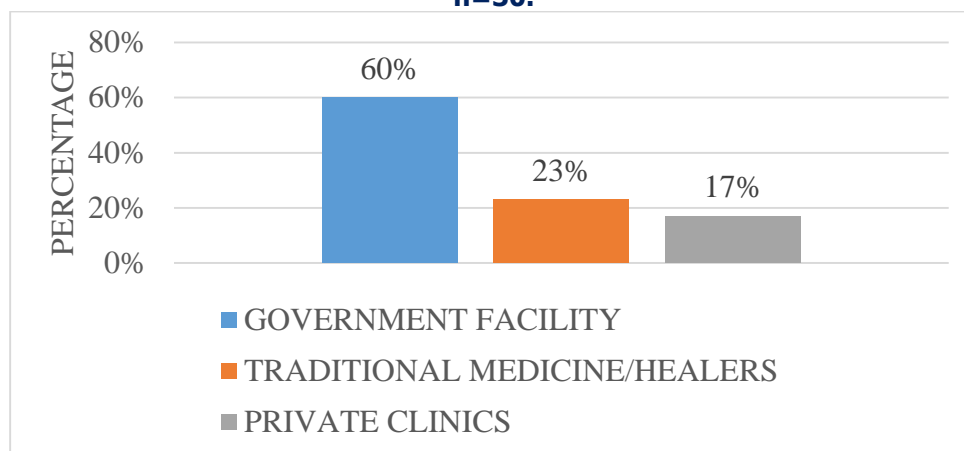
Figure 2: Shows whether family members supported the respondents financially when seeking health services, n=30.



Source: Primary data (2023)

The highest number 16(53%) of the participants strongly agreed that they received financial support from family members when seeking health services while the lowest 2(7%) strongly disagreed.

Figure 3: Shows where people in the respondents' household received medical services, n=30.



Source: Primary data (2023)

The highest number 18(60%) of the participants received medical services from the government while the lowest 5(17%) received from private clinics.

DISCUSSION

Demographic data

The majority (73%) of the participants were between 16-18 years. This is because this age group contains late adolescents who are more cautious about their health.

More than half (60%) of the respondents were females. This was because females are more sensitive when it comes to health issues.

The highest number (83%) of the participants were single. This was because they were young people who were still in school.

Social-economic determinants of health-seeking behavior among youths aged 14-18 years.

The highest number (67%) of the participants were unemployed. This was because they were young people and still in school.

The highest number (87%) of participants earned between 100,000/= - 500,000/=. This made it hard for them to access private clinics and opt for government facilities since they were low-income earners. This relates to a study done by Chauhan et al., (2015) which revealed that income determines the choice of health care facility.

Most, (47%) of the participants had 6-10 members. This made it hard for them to access private clinics since they could not afford them due to their low income and large family size. This agrees with a study done by (Howlader et al., 2019), which revealed that the majority of respondents with more than four members in the family, (76%) utilized health care from health facilities. While those from families of 4 people or less, (31.0%) utilized private health care

facilities more, this is because they could afford it than those with many family members, which makes it very expensive to utilize private health care.

The highest number (53%) of the participants strongly agreed that they received financial support from family members when seeking health services. This was because they were still young and under the care of their parents.

The highest number (60%) of the participants received medical services from the government. This was because they were low-income earners with large families, could not afford private clinics, and therefore opted for government since the services were free. This agrees with a study done by Chauhan et al., (2015) which reported that the availability of services, free of cost was the most common reason for preferring healthcare facilities.

CONCLUSION

Based on the study findings, the majority of the participants were single females between 16-18 years. Concerning socio-economic factors, the highest number of the participants were unemployed earning between 100,000/= - 500,000/= per month with 6-10 family members. They received medical services from the government as well as financial support from family members.

RECOMMENDATION

Hence, youths should often be encouraged to seek health care at the health facility and they should be given a conducive atmosphere to open up.

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CONFLICT OF INTEREST

The author declares no conflict of interest

AUTHOR CONTRIBUTIONS

Nabagereka Harriet- Study developer and data analyzer.
 Sr. Nalubuga Bernadette-Supervised the research
 Rev. Sr. Namuddu Janefrances- Principal and ethics committee member

DATA AVAILABILITY

Data is available upon request

INFORMED CONSENT

There was full disclosure, total comprehension as well as voluntary consent from the respondents.

AUTHOR BIOGRAPHY

Nabagereka Harriet is a student of Lubaga Hospital training school, pursuing a Diploma in Nursing and Midwifery.
 Sr. Nalubuga Bernadette is a tutor at Lubaga Hospital training school and at the same time a research Supervisor.

LIST OF ABBREVIATIONS

DIB:	Difficulty in Breathing
HBM:	Health Belief Model
MCH:	Maternal Child and Health
MDGs:	Millennium Development Goals
MoH:	Ministry of Health
PHC:	Primary Health Care
SDGs:	Sustainable Development Goals
Rev:	Reverend
Sr.:	Sister
UNICEF:	United Nations Children's Education Fund
UNMEB:	Uganda Nurses and Midwives Examination Board
WHO:	World Health Organization

REFERENCES

1. Chauhan, R. C., Manikandan, P. A., Samuel, A., & Singh, Z. (2015). Determinants of health care seeking behavior among the rural population of a coastal area in South India. *Int J Sci Rep*, 1(2), 118-22. <https://doi.org/10.18203/issn.2454-2156.IntJSciRep20150218>
2. Howlader, N., Noone, A.M., Krapcho, M., et al. (2019) SEER Explorer. Breast Cancer-Stage Distribution of SEER Incidence Cases, 2007-2016 by Sex. National Cancer Institute, Bethesda.
3. Huda TM, Chowdhury M, El Arifeen S, Dibley MJ. Individual and community level factors associated with public health care facility delivery: a cross-sectional multilevel analysis in Bangladesh. *PLoS One*. 2019; 14(2):e0211113. <https://doi.org/10.1371/journal.pone.0211113>
4. Mbalinda, U. Nabisere S., Dan K. Kaye, Mathew Nyashanu, and Noah Kiwanuka (2020) Using Andersen's behavioral model of public health care facility utilization to assess contraceptive use among sexually active perinatally HIV-infected adolescents in Uganda. *Int J Reprod Med*. 2020; 2020:8016483 <https://doi.org/10.1155/2020/8016483>
5. Musoke, D., Petra B., and Miph B., Health seeking behavior and challenges in utilizing public health facilities in Wakiso district, Uganda, *Afr Health Sci*. 2014 Dec; 14(4): <https://doi.org/10.4314/ahs.v14i4.36>
6. Nishimura, A. (2022). Safe Delivery mHealth Application and Clinical Decision Making among Nurses and Midwives on Basic Emergency Obstetric and Newborn Care in District Hospitals in Rwanda (Doctoral dissertation, University of the Witwatersrand, South Africa)
7. Turyamureba, M., L Yawe, B., & Oryema, J. B. (2023). Factors influencing public and private healthcare utilization in Uganda. *African Health Sciences*, 23(3). <https://doi.org/10.4314/ahs.v23i3.83>
8. Wulifan, J. K., Guba, B. Y., & Mwingyine, D. T. (2022). Students' Health Care Seeking Behaviour and Perception about Health Care Services at SD Dombo University in Resource-Poor Setting in Northern Ghana. *OALib*, 09(11), 1-14. <https://doi.org/10.4236/oalib.1109481>
9. Yadav A, Kesarwani R (2016).Effect of Individual and Community Factors on Public Health Care Service Use in India: A Multilevel Approach. *J Biosoc Sci*. 2016;48(1):1-19. doi: 10.1017/S0021932015000048 pmid:25741587 <https://doi.org/10.1017/S0021932015000048>

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