FACTORS ENHANCING HEALTH SEEKING BEHAVIOUR AMONG RURAL MAASAI IN LONGIDO DISTRICT, ARUSHA REGION

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By

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A Dissertation Submitted in Partial Fulfillment Requirements for the Degree of Master of Public Health of Muhimbili University of Health and Allied Sciences

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation entitled: "***Factors Enhancing Health Seeking Behaviour Among Rural Maasai: A Case Study of Longido District***" in partial fulfillment of the requirements for the Degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

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Prof. Deodatus C.V. Kakoko

(Supervisor)

_____

Date

DECLARATION

I, **Achiwa D. Sapuli** do hereby declare that, this dissertation is my own original work and that it has not been presented and will not be presented to any other university for similar or any other degree award.

……..……

Signature

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Date

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DEDICATION

I dedicate this work to my beloved parents for their personal efforts materially and morally in ensuring that I do not academically reach undergraduate level but aspire to a higher stage. And my beloved family for its patience during my absence while accomplishing this level of education.

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ABSTRACT

Background: Health seeking behaviour varies from one individual to another due to different factors contributing to poor health seeking behaviour such as distance to the health facility, availability of health workers and drugs, severity of the diseases and knowledge about the cause of the disease. However, information about health seeking behaviour among rural Maasai communities remains elusive. Therefore, this study exploited a case of Maasai community in Longido district to fill this information gap.

Objectives: The main objective of the study was to examine factors enhancing health seeking behaviour among rural Maasai in Longido District.

Methodology: The study employed a descriptive cross-sectional design to collect both quantitative and qualitative data. Quantitative data were analysed using SPSS and Microsoft Excel to generate descriptive information, and qualitative data were analysed through content analysis.

Findings: The study revealed that majority (63.3%) of rural Maasai had poor health seeking behaviour. The main reasons observed to improve health seeking behaviour were availability of health workers (36.8%), confidence with care givers (31.6%), availability of medicines (37.9%), and 23.7% mentioned quality of services. However, most respondents (68.4%) reported that belief on causes of the disease has impact on health seeking behaviour, and overall, 73.7% perceived distance from health facility contributes to inappropriate health seeking behaviour among rural Maasai.

Conclusion: Health seeking behaviour among rural Maasai is affected by cultural values and traditional practices, which make Maasai people to trust informal treatment over modern system of health care**.**

Recommendations: The local government should construct health facilities and provide adequate health personnel close to residence of rural Maasai, and ensure quality of health services. Awareness raising should be made among rural community so that they can know the importance of seeking health services from formal health system. The local government and

other stakeholders should make efforts to establish mobile healthcare to serve the roaming pastoralists like Maasai.

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DEFINITIONS OF TERMS

Health care system is the method by which healthcare is financed, organized, and delivered to a population. It includes issues of access (for whom and to which services), expenditures, and resources (healthcare workers and facilities) as it per Encyclopedia of Bioethics (2014).

Health facility is a point of health care service provision, it includes hospitals, health centres, dispensaries and specialized clinics. Others are pharmacy, Accredited Drugs Dispensing Outlets (ADDOs), MSD warehouse, health laboratory, diagnostic Centre, radiological unit, maternity and a nursing home (National Health Policy, 2017)

Health seeking behaviour is any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy (Ward, Mertens and Thomas, 2015).

Self- treatment is the use of over-the-counter drugs and prescription drugs from left-overs in home pharmacies or given by relatives, friends and/or visits to healers. It also includes lay advice received from relatives and friends or sought in books and on the internet instead of medical advice (Klemenc-Ketis and Kersnik, 2014).

Traditional Medicine is the total combination of knowledge and practice, whether applicable or not, used in diagnosing, preventing and eliminating physical, mental or social disease, and which may rely exclusively on past experience and observation handled down from one generation to another orally or in writing (National Health Policy, 2017).

ABBREVIATIONS

ADDOs	Accredited Drugs Dispensing Outlets
AIDS	Acquired Immuno-Deficiency Syndrome
DED	District Executive Director
EAC	East African Community
HICs	High Income Countries
HIV	Human Immunodeficiency Virus
KI	Key Informants
LIMs	Low Income Countries
MICs	Middle Income Countries
MSM	Men who have Sex with Men
MUHAS	Muhimbili University of Health and Allied Sciences
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organisations
OAU	Organisation of African Union
PHC	Primary Health Care
SCT	Social Cognitive Theory
SLT	Social Learning Theory
SDGs	Sustainable Development Goals
UMICs	Urban Middle Income Countries
UN	United Nations
URT	United Republic of Tanzania
UNICEF	United Nations Children's Education Fund
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Background

Health seeking behaviour is any action undertaken by individuals who perceive themselves to have a health problem for the purpose of finding an appropriate remedy (Ward, Mertens and Thomas, 2015). For example, a study by Huang et al (2019) on outpatient health-seeking behaviour of residents in Zhejiang and Qinghai Province, China found that factors such as chronic disease, knowledge of medicine and doctors and distance to the nearest health institution were significant influencing factors in Zhejiang. The impact of socio-economic and demographic factors on health seeking behaviour of urban households in Bangladesh by Islam and Begum (2017) revealed that households with a minimum level of education (primary or above) is more likely to seek health care. Certainly, different characteristics of people can influence their health seeking behaviour, for example, a person who lives far away from health facilities may delay to seek care due to long distance and related costs. On the other hand, severity of the disease and easy access to health professionals as well as knowledge of the disease can prompt a person to seek health care.

A study of Engeda et al. (2016) found that age was significantly associated with visiting modern health care facility in Lay Armachiho district, Ethiopia. A study on health care seeking behaviour indicates that patient's socio-demographic such as gender, age, income, education status, marital status, health literacy and illness type and severity are determinants of health seeking behaviour in Bangladesh (Uddin et al, 2014). Research findings by UNICEF (2012) on local barriers on health seeking behaviour in Kenya showed that prolonged waiting times and poor communication between patients and health staff were deterrents to attendance, and these negative experiences caused patients losing trust in health services. A study by Ahmad (2019) on health seeking behaviour among mine workers in the Karauli district of Rajasthan in India found that healthcare services were more likely used by the mine workers due to respiratory illness compared with non-mine workers. A study by Khajeh et al (2019) on healthcare seeking behaviour in South of Iran established that seeking treatment has significant relationship with age, living place, and having complementary insurance. Also,

self‐medication behaviour has relation with age, gender, education, living place, having complementary insurance and satisfaction with health‐care providers. Indeed, little knowledge about the cause of the disease, distance to access to health care facility, and related costs can pose challenges on seeking health care. Similarly, household background including income, possession of health insurance and quality of health care can influence health seeking behaviour. If people are afraid of the service quality, it is obvious they will prefer self-medication.

Health-seeking behaviour by gender among adolescents in Soweto, South Africa informed a higher proportion of females preferring general healthcare service, counselling and reproductive health services (Otwombe et al., 2015). Women, especially literate ones are likely to seek health care due to their reproductive role, which can prompt them to seek family planning information and other related medical services in comparison with males who may rarely visit health care facilities. According to a study of Mtuy et al (2019) on health seeking behaviour in Longido district, high prevalence of eye diseases specifically trachoma was reported and attributed to traditional beliefs. Leurer et al (2019) stated high prevalence of maternal and child health problems which were attributed to traditional beliefs in a study conducted in the Ngorongoro Conservation Area. Little knowledge about the cause of a particular disease can pose inappropriate health seeking behaviour, and rural communities may highly be affected by these beliefs. Although reforms have been made in the health system to improve access to healthcare, there is little information on the extent of poor health seeking behaviour among rural Maasai. Therefore, this study examined factors enhancing health seeking behaviour among rural Maasai in Longido district.

1.2 Statement of the problem

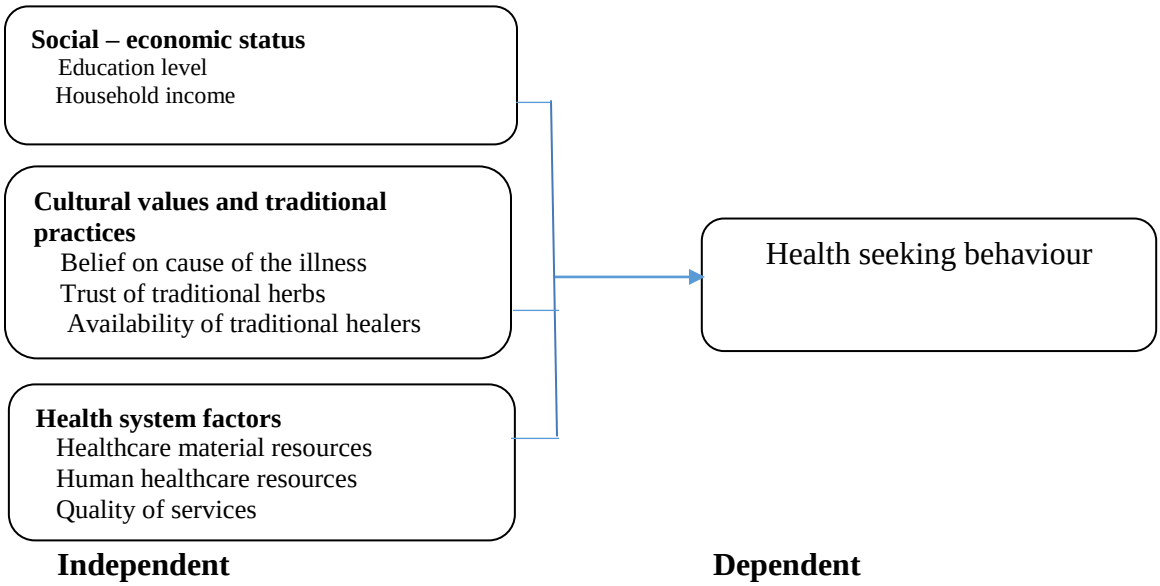
Cultural values, traditional practices and socio-economic factors influence and health seeking behaviour (Ringo, 2019). For instance, long distance from a health facility and related costs as well as beliefs on the cause of illness contribute to poor health seeking behaviour (Ringo, 2019). However, cultural and traditions values in Tanzania varies across localities. Therefore, considering the importance of timely access to healthcare and appropriate health seeking behaviour in utilizing health facilities, it is necessary to examine place specific barriers to seek

healthcare. Information about health seeking behaviour for pastoral communities in Tanzania remains elusive. This study, therefore, examined factors enhancing health seeking behaviour among rural Maasai community in Longido district for the purpose of recommending effective measures to improve health seeking behaviour in rural communities.

1.3 Conceptual framework

Health seeking behaviour is influenced by many factors; however, for the purpose of this study, health seeking behaviour was a dependent variable while independent variables included socio-economic status of an individual (education of an individual, distance to a health facility and income of an individual), cultural values and traditional practices (beliefs on the cause of illness and trust of the traditional herbs, availability of traditional healers), and health system factors (health material resource like medicines and equipment as well as health human resource, and quality of health service) as it is illustrated in Figure 1 below:

Figure 1. Conceptual framework



Source: Researcher's own construction, 2021

Anderson's 1995 model for healthcare utilisation demonstrates usage of health services like inpatient care, visits to a physician, and others is determined by three dynamics: predisposing factors, enabling factors, and need. Predisposing factors are characteristics like education level

of a person and health beliefs. Enabling factors are like income, having health insurance and health care provider. Need represents perceived and actual need for healthcare services and reported health as well as existence of various diseases (Babilsch Gohl and von Lengerke, 2012). Indeed, health seeking behaviour is affected by the health status of the particular nation and its economic growth. To this end, several studies have described helth seeking behaviour within the context of various diseases. For example, Latunji and Akinyemi (2018) found that members of the poorest households in Nigeria were 6 times more likely to have inappropriate health seeking behaviour than the richest households. Individuals who do not have health insurance and adequate income to meet their medical needs tend to choose alternative options of treatment like approaching local healers or self-medication.

A study by (Ogunlesi and Olanrewaju, 2010) on socio-economic factors and appropriate health seeking behaviour for childhood illness in Nigeria established that physical, socio-economic, cultural or political factors affect health seeking behaviour. Also, Abidin, Shamsuddin and Sutan (2014) indicated that socio-demographic characteristics like belief about illness causation, access to treatment and their perceived efficacy and disease profile determine health seeking behaviour. Besides, poor education about when to seek care; poverty; perceived high cost of services; lack of available services such as lack of drugs, basic laboratory services; inadequate number of health workers; poor quality of care; and proximity to the facility have effect on health seeking behaviour (Saronga et al , 2014). A study by UNICEF (2012) found that problems on the supply side and lack of drugs at the health facility has negative result on health seeking behaviour. Also, inherited culture or traditional values among communities have contributed to barriers to seek care (Maro et al., 2012). Specifically, the study measured variables like education and income of an individual, belief on the cause of illness, self-treatment as well as availability of health resources, health workers and service quality in order to assess the health seeking behaviour among the study respondents.

1.4 Rationale

Findings of this study are beneficial into many ways, first, it widens the knowledge base and better understanding of barriers toward health seeking behaviour among rural Maasai. Second, it informs local government and other stakeholders decision making process in improving

health seeking behaviour among pastoral communities. Third, the findings contribute to academic literature about pastoral communities health seeking behaviour.

1.5 Research questions

1.5.1 General research question

What factors enhance health seeking behaviour among rural Maasai in Longido district?

1.5.2 Specific research questions

i) How do health system factors affect health seeking behaviour among rural Maasai?
ii) Do cultural values and traditional practice impact health seeking behaviour among rural Maasai?
iii) How does socio-economic status of individuals influence health seeking behaviour among rural Maasai?

1.6 Research objectives

1.6.1 General objective

To examine factors enhancing health seeking behaviour among rural Maasai in Longido district.

1.6.2 Specific objectives

i) To determine the impact of health system factors in health seeking behaviour among rural Maasai.
ii) To establish the impact of cultural values and traditional practices on health seeking behaviour among rural Maasai.
iii) To investigate the influence of socio-economic status on individuals' health seeking behaviour among rural Maasai.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discusses literature on health care seeking behaviour. This chapter also provides a theory of health seeking behaviour, a detailed empirical literature on factors enhancing health seeking behaviour by discussing the different perspectives used in the study and the dependent and independent variables are similarly elaborated**.**

2.2 Theory of health seeking behaviour

This study was guided by the theory of care-seeking behaviour (CSB) developed by Hary Triandis in 1982. Assumptions central to this theory include affect, expectations and values about outcomes, habits and norms, and facilitating conditions regarding the behaviour. In respect to health seeking behaviour, study findings by Maro et al. (2012) revealed that roaming people like Maasai in Eastern Africa clearly still lack proper health services and support. In this case, they will likely seek modern health care if the severity of the disease enforces them such people to appropriate care, but if the perception indicates traditional treatment can effectively diagnose the disease, the situation poses barriers to seek heath care services. A study by Eigenhuis et al (2021) on facilitating factors and barriers in health seeking behaviour among adolescents and young adults with depressive symptoms found that individual wellbeing, health literacy, altitudinal aspects, surroundings and accessibility are related directly to health seeking behaviours. Essentially, access to health care facility and prior knowledge about the illness can influence an individual to seek modern health care, however, people who live in remote areas are faced with challenges of accessibility to health facility and health workers, the poor in particular.

A study by Casucci (2015) on local Maasai perceptions of the common health landscape in Narok South, Kenya found that lay beliefs have an important influence on professional and folk sectors of health and healing in all societies. A study by Adams (2010) discovered that education plays a significant role to improve health seeking behaviour. Nevertheless, a study by Abidin, Shamsuddin and Sutan (2014) indicated that illness type and severity, education,

income, beliefs about the illness causation, access to treatment and their perceived efficacy and disease profile determine health seeking behaviour. Also, factors like having a regular source of care and the nature of that source, means of transportation, travel time to and waiting time for health care determine health seeking behaviour of an individual. Certainly, health seeking behaviours has many facets, which may contribute to inappropriate seeking of modern health care. For example, a person who is sick but he /she cannot afford traveling costs to access a health facility is likely to choose alternative treatment, traditional treatment in particular.

The theory of healthcare seeking behaviour was employed by the study because it demonstrated how individuals are affected by different factors on seeking health care to treat illness, calling for intervention like providing health literacy, provision of health facilities and deployment of health workers close to surroundings of the communities. Despite the theory of care seeking behaviour indicating how psychosocial variables determine health seeking behaviour; the theory does not reflect cases where a person is developing effective health seeking behaviour in order to prevent occurrence of a certain disease (primary health care preventive measures); instead, the theory concentrates on diagnosis (secondary measures to control a disease). To this end, the theory lacks preventive measures, which can assist rural population from health problems, in turn, this study suggests primary health education be provided to rural population.

2.3 Empirical Literature

2.3.1 Effect of health system factors on health seeking behaviour

A study by Wambui, Kimani and Odhiambo (2018) on determinants of health seeking behaviour among caregivers of infants admitted with acute childhood illnesses at Kenyatta National Hospital, Nairobi, Kenya revealed that people who resided in urban or less than a kilometer from a health facility sought care immediately. On the other hand, factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria using a descriptive cross-sectional study established that more respondents considered good service delivery as the most important factor affecting health seeking behaviour, followed by proximity, affordability, prompt attention and readily-available drugs (Latunji and Akimenyi, 2018). Roaming people like Maasai in Eastern Africa clearly still lack proper health services

and support due to their mobile ways of life and cultural values. In response to health seeking behaviour, life style of the Maasai keeps them away from accessing social services including health care (Maro et al, 2012). Determinants of health seeking behaviour in the slums of Nairobi, Kenya revealed that service quality, information about the quality, and user fees were the main determinants of patients' choice among alternative medical treatments (Muriithi, 2013). Health seeking behaviour is affected by different ways, for instance, long distance to a health facility and trust on quality of health service contribute to poor health seeking behaviour of the individuals.

Musoke (2014) who assessed factors, which affect health seeking in Uganda found that environmental conditions, knowledge about the facilities and health care systems are factors that influence health seeking behaviour. In respect to health seeking behaviour, access to the health facilities is of great concern because the sick can easily visit the health facilities and be diagnosed. However, long distance to the health facilities, little education and knowledge of the cause of the disease and costs relating to seeking treatment may contribute to inappropriate health seeking behaviour. In this regard, the sick will opt for traditional treatment or apply self-medication instead of accessing modern health care.

Afobali et al (2013) showed that the barriers to seeking medical attention at the health centre were cost of care, prolonged waiting time, inadequate health information, unfriendly attitude of health workers and drug shortage in Oyo states, Nigeria. A study by Corno (2014) on learning from health seeking behaviour: experience from rural Tanzania found that patients who healed after seeking health care are more likely to re-seek care in the future. A study by Kihaule (2014) on the impact of health purchasing methods on the quality of health services in public hospitals: a case of Amana hospital suggested fee for services method led to low recurrent costs for outpatient group but resulted in higher total recurrent costs for inpatients. Furthermore, the results revealed that the average cost for insured outpatient and inpatient was less than the marginal costs. This implies hospitals are either inefficient in delivering services to patients or are adjusting costs according to payment specific methods. Indeed, previous knowledge about the disease and trust on the health care provider as well as the quality of service has an influence on the health seeking behaviour. Thus, if a person finds it costly to access modern health service, in turn, he/she will choose traditional healers or self-medication.

A study on health services avoidance among rural populations by Spleen et al. (2014) found that lack of confidence in personal health care, lack of regular health provider and little trust in physicians were the causes of delay and avoidance to seek health services among rural populations. For example, in a semiarid area of Ewaso- Narok, attracts increasing in-migration of users, Maasai in particular; and by considering the disease exposure in this wetland, creates an increasing demand for healthcare services, which service providers can hardly keep pace with. Rural populace residing in hard to reach areas are likely to have poor health seeking behaviour due to their geographical location from health facilities and availability of health care providers. According to Spleen et al (2014), most of empirical studies focused on the general health system factors and their association on health seeking behaviour. Nevertheless, health seeking behaviour is influenced by a combination of variables such as cultural values and socioeconomic factors. In this regard, this association determinant between cultural values as well as socioeconomic factors, and health seeking behaviour calls for readdressing key issues related to health system attributes that determine health seeking behaviour.

2.3.2 Impact of cultural values and traditional practices on health seeking behaviour

A study conducted by Sarfo (2015) on the power of beliefs on health seeking behaviour in Ghana established that cultural belief systems were found to significantly influence the health seeking behaviour of the people. Additionally, the perception of the aetiology of Cardiovascular Disorders (CVDs) was socially constructed from a cultural point of view, which deviated from the orthodox views of disease causation. Since traditional medicine has been with Ghanaians and mostly rural dwellers for generations and also for the fact that orthodox medicine is often in short supply, people's approach in times of suffering from any health condition is first towards traditional medicine. It is when this fails that they resort to chemist shops or medicine vendors and then the hospital as a last resort (Katung, 2011). In traditional medicine, divination (consulting the oracles), confession, ritual sacrifices, incantations and potions made from plant and animal parts are essential components of illness management (Sallah, 2010). Culture may make people to pursue their traditions even if they have access to modern health services. In contextual level, an individual has been typically living on his or her cultural values is less likely to seek health care at a modern health facility without first applying traditional treatment.

A study by Abubakar et al (2013) on socio-cultural determinants of health seeking behaviour at the Kenyan Coast: A Qualitative Study found that traditional healing still plays a salient role in the health care within these two communities. Traditional healers were consulted for various reasons: a) attribution of causation of ill-health to supernatural sources, b) chronic illness (inability of modern medicine to cure the problem) and c) as prevention against possible ill-health. In developing an explanatory model of decision-making, it was observed that the situation was a complex process involving consultation at various levels, with elders, but also between both parents, depending on the perceived nature and chronicity of the illness. Cultural values and lack of knowledge about the cause of ill-health play a significant role to poor health seeking behaviour among people who their traditional treatment is highly trusted.

A study by Musinguzi et al (2018) on factors influencing compliance and health seeking behaviour for hypertension in Mukono and Buikwe in Uganda: A qualitative study showed that self-medication and access to antihypertensive drugs without prescription were common as well as use of herbal remedies. The patient factors were related to awareness, perceived severity, perceived effectiveness of therapy, adverse effects, and perceived fears of lifelong dependence on medicines. On the other hand, rural people who mainly engage in subsistence farming do not have health insurance, in turn, they prefer traditional medicines over modern ones due to the fact that the herbs are relatively affordable. These empirical studies specifically indicated that health seeking behaviour by rural communities like Maasai is influenced by cultural belief systems. Remarkably, previous studies looked on health seeking behaviour by concentrating on the general cultural belief system. However, for improving health seeking behaviour for the rural communities, specific attributes contributing to poor health seeking behaviour like trust on traditional remedies should be addressed.

2.3.3 Influence of socio-economic status on health seeking behaviour

Research findings by (Ewgueje, 2012) on cultural environment, health seeking behaviour and survival chances of under-five children in south east Nigeria revealed that the education of mother had significant effect on her health-seeking behavior including attendance to antenatal and postnatal care clinics, choice of place of delivery, time and route of response to child illness and immunization. A study conducted by Mukandaoli (2017) on health seeking behaviors of parents/caretakers of children with severe respiratory infections in a selected referral hospital

in Rwanda indicated that factors associated with health seeking behaviour were caregiver's age, caregiver's educational, caregiver's occupation, wealth quintile, and awareness of danger of the illness. In Kenya, almost 70% of pregnant women within households in the upper socio-economic stratum were found to have their deliveries in health facilities compared with 42% among pregnant women in the middle socio-economic stratum and 38% in the low socio-economic stratum (Phiri et al. 2014). Essentially, health seeking behaviour is influenced by a number of factors, but education and income of an individual and proximity to the health facility prompt people to seek modern health care.

Various studies reported associations between ethnicity or nativity and the utilization of health care services (Anderson et al., 2021; Razack, 2014). Two studies conducted in the US found that black non-Hispanics, Hispanics, Asians or other racial ethnic groups (Anderson eat al 2012; Dhingra et al., 2010) were significantly less likely than white non-Hispanics to receive treatment. In Canada, visible minorities and aboriginal people were found to be less likely to report specialist consultations than whites (Nabalamba and Millar, 2010) and in the US, blacks were found to consume more physician care than other ethnic groups (Broyles, McAuley and Baird-Holmes, 2010). A study by Ogunlesi and Olanrewaju (2010) on socio-demographic factors and appropriate health care-seeking behaviour for childhood illnesses in Nigeria revealed that majority of respondents utilized orthodox health services prior to presentation in hospital followed by those who administered various drugs to their children before seeking health care at the hospital. In addition, results showed that high maternal education and high family socioeconomic status were strong predictors of early care-seeking and care-seeking outside the home.

Young and Garro (2011) examined medical choices made in two Mexican villages and found that, despite similar attitudes and beliefs toward traditional and folk medical knowledge, the village with better accessibility in the form of easier transport links and cheaper cost of care utilised physicians significantly more than the village with poor accessibility. Education and family background, especially on side of household income contribute to effective health seeking behaviour. Categorically, health seeking behaviour is influenced by many variables and needs appropriate investigation in order to provide knowledge which will help with

initiatives for improving health seeking behaviour and its associated factors in the rural communities.

2.4 Summary

Literature review shows that factors such as knowledge of the illness causation, household income, geographical location (distance to the health facility, typology), cultural values, traditional practices and health systems factors play a significant role to seek care. The body of literature show that even a minimum level of education and income can have positive influence on health seeking behaviour. Further, health resources such as health workers, medicines/drugs and related facilities as well as perceived quality of health service have effect on health seeking. Health system factors and socio-demographic factors altogether determine an individual's health seeking behaviour in aspects of access to health facility, availability of essential health resources and provision of quality health services. However, cultural values and traditional practices such as beliefs on the illness causation, and traditional practices like ritual practices contribute to inappropriate health seeking behaviour.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The chapter describes the methodology employed by this study. Also, the chapter presents the area of study, study design, sample size, sampling techniques, data collection methods, validity and reliability, data collection and analysis, pre testing of the study tools, ethical consideration, data analysis, and study limitation and mitigation.

3.2 Area of Study

This study on factors enhancing health seeking behaviour among rural Maasai was conducted in Longido district, Arusha region. The district is one of the six districts forming the Arusha region. The study was conducted in Longido district because most of the inhabitants of the district are Maasai; therefore, it was easy for the researcher to get their views on the research problem.

3.3 Research Approach

The study adopted a mixed methods research approach to collect and analyse quantitative and qualitative data. The approach enabled the researcher to combine qualitative and quantitative data in order to achieve multiple validities legitimation (Johnson and Christensen, 2017). Contextually, the mixed method approach assisted the researcher to complement results obtained from one method with the results from other method.

3.4 Study design

This study employed a descriptive cross-sectional design which enabled the researcher to measure the prevalence of the outcome variable (health seeking behaviour) of the rural Maasai over the independent variables (socio-economic factors, cultural values and traditional practices, and health system factors. To this regard, the researcher was able to collect data and assess the associations between outcomes and exposures from the selected population of rural Maasai located in Longido district.

3.5 Study population

The study population was rural Maasai living in Longido district. Specifically, the targeted population included the community members with the age of 18 years and above.

3.6 Sample size

As per the 2012 Census, the Longido district had a population of 123,153 people (NBS, 2012). To compute the required sample size, Fisher's formula with a confidence interval of 95% and a degree of accuracy 0.05 as well as Z-score of 1.96 were used.

N = Desired sample size (pop >123,153)

e = Margin error of 0.05 (confidence level)

Z = Z-score or Standard Deviation of 1.96, at 95% significance of level

P = Expected prevalence or proportion, which is 0.5

Q = proportion without the attribute of interest (1-p)

Therefore,

Sample Size = $\frac{(\text{Z-score})^2 \times \text{StdDev} \times (1-\text{StdDev})}{(\text{Confidence interval})^2}$

$$\frac{(1.96)^2 \times 0.5 \times (0.5)}{0.05^2}$$

$$\frac{3.8416 \times 0.25}{.0025}$$

$$\frac{.9604}{.0025} = 384.16$$

Therefore, 385 respondents were included in the study.

3.7 Sampling techniques

The study used two sampling techniques, namely, purposively sampling and simple random sampling techniques to select respondents from the area of study. Purposive sampling was applied to three representatives of the young people and two representatives for the elderly in order to get their views on factors enhancing health seeking behaviour. On the other hand,

probability sampling was applied for the general community in order to get the views on health seeking behaviour.

3.7.1 Simple random sampling

Simple random sampling technique was employed by the study to select the study respondents. According to NBS (2012) Longido had a total of 24,796 households. The final sample size was proportionally allocated to sub-administrative units of the district, which were villages for the purpose of determining the households. Sampling frame was created for each sub-unit and randomly generated numbers were used to select the households. Simple random sampling technique was used to select the households from each unit. From each of the selected households the head of the household was included in data collection; in case, the head of the household was absent, a representative was involved to provide the required data.

3.7.2 Purposive sampling

In this technique, key informants were selected according to their roles in the community. In this regard, three key informants represented the youth while two key informants represented the elderly, altogether making a total of five key informants who provided specific data on their magnitude of health seeking behaviour in their community.

3.8 Data collection methods

The study used both first-hand and secondary data. In this regard, the study employed interview, questionnaire and document review as data collection tools. Specifically, interviews sought data from key informants who represented the youth and elders. Similarly, questionnaires collected first-hand data from community members based the study variables. Document review assisted the researcher to obtain secondary data like population and number of households residing in the area of study.

3.8.1 Interviews

The researcher conducted in -depth interviews with five key informants who were three young people and two elders that represented the youth and elderly respectively. The in-depth

interviews assisted the researcher to get relevant data, which supplemented the quantitative data collected through questionnaires (appendix 1 and 2).

3.8.2 Documentary review

The researcher used official documents such as government reports to obtain secondary data like the population and number of households, which assisted the researcher to determine the sampling frame.

3.8.3 Questionnaires

Quantitative data were collected using close-ended questionnaires. In regard to this, the researcher prepared and administered 380 questionnaires to respondents. The method helped reaching many respondents to provide their views on the research problem. The nominal scale was used to measure the questions.

3.9 Variable measurement

Respondents' HSB was measured as a dummy for questions such as having a health facility in village, 1 = Yes, 0 = No; seeking health care from formal system 1= Yes, 0 = 1. Additionally, 1= availability of modern health workers, 0= availability of traditional healers; 1= confidence with modern service providers, 0= confidence with traditional service providers; 1= availability of modern medicines, 0= availability of traditional medicines; and 1= quality of modern services, 0= quality of traditional services. Other variables like for the case of health system factors; and alternative treatment 1= Yes, 0= No. Other variables like cultural beliefs were measured as dummy variables, for instance, trust on traditional herbs 1= Yes, 0= No; easy availability of traditional healer 1=Yes, 0= No; and easy access to traditional medicine 1= Yes, 0= No. On the other hand, variables for socioeconomic status were similarly measured as dummy variable whereby 1= distance to modern health facility, 0= distance to traditional health facility; 1= formal education, 0= informal education; 1= household income, 0= poor; 1= severity of illness, 0= non severity. Accordingly, ratio level measurement was used to measure age and gender of respondents while dummy measured education, 1= literate, 0 = illiterate, and employment = 1, 0=unemployed.

3.10 Inclusion and exclusion criteria

Inclusion criteria are key features of the target population that the researcher will use to answer the questionnaires while exclusion criteria are features of the potential study participants who meet inclusion criteria but present additional features which interfere the success of the study or increase risks of unfavorable outcomes (Hulley et al. 2013). In this regard, the inclusion criteria included tribe (ethnic group), social demographic characteristics, and willingness to participate in the study. Exclusion criteria were refusal or denial to participate in the study, difference in ethnic group (i.e. non Maasai), and geographical location like urban Maasai.

3.11 Validity and Reliability

The test- retest reliability was tested by giving the instruments to the same respondents twice under similar procedures or conditions, and yielded the results. On the other hand, the questionnaires were assessed by an expert who evaluated the questionnaires in terms of feasibility, readability, consistency of style and formatting, and the clarity of the language used. In this regard, face validity was used to measure the questionnaires as to whether they were relevant, reasonable, explicit and clear.

3.12 Pre-Testing of the Study Tools

Interview guide and questionnaires were was pre-tested in Loliondo, Ngorongoro district in order to check the validity, consistency, time taken, and completeness of the tool. Based on the results, corrections were done and harmonized before the actual data collection process from the selected sample in Longido district.

3.13 Data analysis

Frequency distribution as used to analyse quantitative data, which were collected through administered questionnaires to the general community, and findings were presented in tables. On the other hand, qualitative data were analysed through content analysis, which is a research tool used to determine the presence of certain words, themes or concepts within some given qualitative data (i.e. text) in order to establish meanings and relationships of such data (Alan, 2011).

3.14 Ethical considerations

A researcher sought a research clearance from MUHAS with REF no IRB MUHAS-REC-07-2020-387 (appendix 3 and 4), which was used for introduction in the area of study. Similarly, the researcher obtained a research permit from the District Administrative Secretary's office, which assisted to request for respondents' consent to participate in the research. Participants were informed that participation in the study was voluntary and they were able to withdraw at any point without any cost. Finally, a researcher guaranteed confidentiality of the information and anonymity of participants, and the collected information was used for academic purposes only.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents findings of the study. It is divided into two main sections. The first section presents the demographic characteristics of the respondents, which include age, gender, education level and employment. The second section presents analysis of the research findings as per research objectives,

4.2 Quantitative results

4.2.1 Socio- demographic characteristics of respondents

The study sought information on socio-economic characteristics of respondents in order to obtain their opinion relating to research problem. The assumption was that gender, age and education were key aspects for the respondents to positively provide the relevant information sought by the study. Results in Table 1 show that 220 (57.9%) were females and 163 (42.1%) were males. On the other hand, the overall, 150 (39.5%) were in age group of 26-35. In terms of education, majority 212 (55.8%) completed primary education while 50 (13.3%) were illiterate. Also, 270 (71.1%) were unemployed while 113 (28.9%) were employed. Table 1 summaries the results.

Table 1. Social demographic characteristics of respondents

Variable		Frequency	Percent
Gender	Females	220	57.9%
	Males	160	42.1%
Age	15-25	70	18.4%
	26-35	120	31.6%
	36-45	150	39.5%
	< 46	40	10.5%
Education	Illiterate	50	13.3%
	Primary	212	55.8%
	Secondary	100	26.3%
	College	18	4.7%
Employment	Unemployed	270	71.1%
	Employed	110	28.9%
Total		**380**	**100%**

Source: Research data, 2021.

4.2.2 Influence of household income on health seeking behaviour

Respondents were asked to give their views whether household income has any limit on their health seeking behaviour. Results indicate that 230 (60.5%) stated YES while 150 (39.5%) of the respondent mentioned NO. The summary of the results is shown in Table 2.

Table 2. Household income on health seeking behaviour

Variable	Frequency	Percent
Yes	230	60.5%
No	150	39.5%
Total	**380**	**100%**

Source: Research data, 2021.

4.2.3 Effect of distance from health facility on health seeking behaviour

Majority of the respondents 280 (73.7%) perceived distance from health facility contributes to poor health seeking behaviour as illustrated in Table 3.

Table 3. Distance to health facility

Variable	Frequency	Percent
Yes	280	73.7%
No	100	26.3%
Total	**380**	**100%**

Source: Research data, 2021

4.2.4 Duration to health facility on health seeking behaviour

Overall, 200 (52.6%) of respondents travelled a long period to reach health facility. Table 4 shows the findings.

Table 4. Duration to health facility

Variable	Frequency	Percent
Long period	200	52.6%
Short period	180	47.4%
Total	**380**	**100%**

Source: Research data, 2021

4.2.5 Influence of education on health seeking behaviour

Table 5 shows the views on the influence of education on health seeking behaviour. 290 (76.3%) of the respondents indicated that education does influence their health seeking behaviour, and 90 (23.6%) did not perceive education a barrier to healthcare.

Table 5. Education on health seeking behaviour

Variable	Frequency	Percent
Yes	290	76.3%
No	90	23.7%
Total	**380**	**100%**

Source: Research data, 2021.

4.2.6 Impact of belief on the cause on diseases on health seeking behaviour

Most respondents 260 (68.4%) observed belief on causes of diseases has impact on health seeking behavior as indicated in Table 6 below.

Table 6. Belief on the cause of disease

Variable	Frequency	Percent
Yes	260	68.4%
No	120	31.6%
Total	**380**	**100%**

Source: Research data, 2021

4.2.7 Impact of trust on informal health system over formal health system

Table 7 presents the factors contributing to preference of informal health system. 200 (52.6%) mentioned trust of traditional herbs, 110 (28.9%) pointed out easy availability of local healers, and 70 (18.4%) stated easy access to traditional medicines.

Table 7. Trust on traditional herbs

Variable	Frequency	Percent
Trust of traditional herbs	200	52.6%
Easy availability of local healers	110	28.9%
Easy access to traditional medicines	70	18.4%
Total	**380**	**100%**

Source: Research data, 2021

4.2.8 Access to nearest health facility

Respondents were asked to give their opinion on the availability of health facilities. Results show that 135 (35.5%) had access to the nearest health facility while 245 (64.5%) had no access as it is shown in Table 8.

Table 8. Availability of health facility

Response	Frequency	Percent
Yes	135	35.5%
No	245	64.5%
Total	**380**	**100%**

Source: Research data, 2021

4.2.9 Health seeking behaviour

Table 9 presents results on health seeking behaviour. Results indicate that 240 (63.2%) had poor health seeking behaviour while 140 (36.8%) had good health seeking behaviour.

Table 9. Tendency of seeking health care

Response	Frequency	Percent
Yes	140	36.8%
No	240	63.2%
Total	**380**	**100%**

Source: Research data, 2021

4.2.10 Factors that contribute to seeking health care from formal health system

Factors which prompt seeking healthcare illustrate that 140 (36.8%) said availability of health workers, 120 (31.6%) stated confidence with care givers, 30 (7.9%) observed availability of medicines, and 90 (23.7%) mentioned quality of services. Table 10 provides the summary of findings.

Table 10. Factors attributing to seeking health care

Response	Frequency	Percent
Availability of health workers	140	36.8%
Confidence with care givers	120	31.6%
Availability of medicines	30	7.9%
Quality of services	90	23.7%
Total	**380**	**100%**

Source: Research data, 2021

4.2.11 Perception on quality of services at formal health system

Perception on quality of services showed that 140 (36.8%) perceived quality of service as poor, 100 (23.3%) indicated satisfactory, 80 (20.1%) were not sure, and 60 (15.8%) observed quality of service as good. Table 11 presents the summary of findings.

Table 11. Perception on quality of service

Response	Frequency	Percent
Good	60	15.8%
Satisfactory	100	26.3%
Poor	140	36.8%
Not sure	80	20.1%
Total	**380**	**100%**

Source: Research data, 2021

4.2.12 Factors not influencing seeking health care from modern health system

Table 12 presents barriers to seek care, and results illustrate that 190 (50%) mentioned affordability of traditional herbs, 120 (31.6%) stated high costs of forma treatment, and 70 (18.4%) observed long distance to health facility. Table 12 provides the summary of findings.

Table 12. Limitation on seeking health care

Response	Frequency	Percent
Affordability of traditional herbs	190	50.0%
High costs of formal treatment	120	31.6%
Long distance to health facility	70	18.4%
Total	**380**	**100%**

Source: Research data, 2021

4.2.13 Choice of treatment among alternative health treatments

When asked on choice of treatment among alternative treatments, responses given were: 230 (60.5%) perceived self-treatment while 150 (39.5%) consulted traditional healers. Table 13 provides the summary of findings.

Table 13. Alternative treatment

Response	Frequency	Percent
Self- treatment/ medication	230	60.5%
Consulting traditional healers	150	39.5%
Total	**380**	**100%**

Source: Research data, 2021

4.3 Qualitative results

In analyzing qualitative data, at least ten control variables were considered in the study. These variables are gender, age, income, level of illiteracy (education), beliefs, distance to health facility, cultural and traditional practices, availability of health resources, and quality of services.

4.3.1 Effect of gender on health seeking behaviour

Health seeking behaviour can also be affected by gender and age. For instance, responses by key informants indicated:

> "Female Maasai are less likely to make decision making on household matters including seeking healthcare, thus, decisions to seek healthcare depends on husbands' will or head of the household" (KI No. 2).

4.3.2 Household income

Household income has an impact on health seeking behaviour, of course, it contributes to poor health seeking behaviour. Qualitative findings obtained from key informants indicated:

> "For a person who has no a reliable source of income to meet medical costs, the only option for such person is to use informal treatment" (KI No. 1).

4.3.3 Distance from health facility

Distance to a health facility delays people to seek care from formal health system. Respondents remarked:

> "Majority of people live in remote areas, if one does not afford the travelling costs, then, use of traditional medicines is inevitable" (KI No.4).

> "It is difficult for the elderly to travel long distance to seek healthcare, especially for a poor household" (KI No. 5).

4.3.4 Influence of education

Inability to know the cause of illness leads to poor health seeking behaviour among rural residents. Respondents remarked that:

> "When a person is aware of the causes of the illness can easily seek appropriate healthcare, but illiteracy poses challenges to seek healthcare" (KI No. 4)

4.3.5 Beliefs on the cause on diseases

For some respondents, poor health seeking behaviour is a result of strong beliefs on the illness causation. For example, they pointed out that:

> "Rural population is largely affected by cultural beliefs on causes of illness due to little knowledge on symptoms of disease", (KI No. 3).

> "Maasai people are influenced by previous traditional practices on some diseases and their treatment" (KI No. 2).

4.3.6 Impact of trust on informal health system

Trust of caregivers plays a significant role in seeking healthcare; however, a significant number of respondents had little trust on health workers in care giving. The respondents argued:

> "Trust of local herbs influences Maasai people not to use scientific healthcare services" (KI No. 2).

> "Local medicines are affordable, thus why Maasai people depend on such medicines" (KI No. 5).

> "Seriousness of the disease may prompt an individual to seek appropriate healthcare" (KI No. 4).

4.3.7 Access to nearest health facility

Access to nearest health facility was mentioned precursor for seeking healthcare. However, health facilities are inadequate in rural areas, and one elderly remarked:

> "Health facilities are concentrated in urban areas; thus, the rural dwellers face limited access to health facilities. In this case, the poor and elderly are rarely accessing formal healthcare" (KI No. 5).

4.3.8 Health seeking behaviour

Respondents cited that environmental factors (geographical location) pose a barrier to seek healthcare, especially on meeting traveling costs. They demonstrated:

> "Living far from health facility poses a barrier to seek care for the rural people unlike their counterparts who have access to healthcare" (KI No. 2).

> "Strong cultural values and traditions restrain Maasai from seeking healthcare" (KI No. 3).

Also, one respondent remarked:

> "Health facilities in rural areas are understaffed and experience inadequate supply of drugs, this situation contributes to opting for informal health system" (KI No. 5).

4.3.9 Health resources

Availability of health resources like health workers and supplies, and access to the health services were mentioned as important factors to utilise health services. For example, informants elucidated:

> "Availability of health material resources like medicines and equipment has an impact on health seeking behaviour among rural Maasai" (KI No. 1).

> "Many Maasai prefer local herbs over scientific medicines when they are ill due to inadequate supply of drugs in the formal health facilities" (KI No. 3).

4.3.10 Quality of services

Respondents perceived quality of services as a motivating factors, which can influence people to seek healthcare. One respondent posited:

> "Quality of health services provided by the health workers determines health seeking behaviour, especially when the sick does not quickly recover he/she will tend to distrust the service" (KI No. 2).

Increasingly, another respondent remarked that:

> "I used to make home remedies due to little trust to health workers" (KI_5), and " person can be given a lot of drugs from the hospital but recovering takes too long in comparison with traditional medicines" (KI_3).

4.3.11 Socio-economic factors

Socio-economic factors like household income and knowledge about a particular disease reflected health seeking behaviour of the respondents. For example, respondents stated:

> "Majority of rural Maasai are unemployed, they cannot afford costs of formal treatment and associated traveling costs, in turn, and the only choice is informal treatment" (KI No. 4).

4.3.12 Traditional practices

Traditions were cited as the influencing factors in health seeking behaviour for the typical Maasai people. Use of traditional healing remedies is commonly practices in rural communities like Maasai as it is remarked:

> "Traditional practices contribute to preference of self-treatment with local herbs. Also, easy access to traditional healers attributing to poor health seeking" (KI No. 5)

4.3.13 Opinion on improving health seeking behaviour

Having knowledge of an access to health services and health resources were mentioned as enabling factors among rural Maasai. For instance, respondents recommended:

> "Provision of mobile healthcare for roaming people like Maasai" (KI No. 1).

> "The local government should deploy adequate health workers and supplies at dispensaries constructed in rural areas" (KI No. 4).

4.4 Summary

Quantitative and qualitative findings of the current study have shown complex and interrelated factors cut across to health seeking behaviour at individual and community level among rural Maasai of Longido district. For instance, income, distance to health facility, quality of services, availability of health resources like health workers and supplies altogether lead to inappropriate health seeking behaviour. Also, disparity in socio-cultural factors such as education and gender influence the difference in the prevalence of health seeking among rural Maasai.

CHAPTER FIVE

DISCUSSION OF FINDINGS

The health seeking behaviour of the rural Maasai in the study area was poor due to long distance to seek care. Many studies have reported distance to health facilities affects health services utilisation (Kiguli et al., 2010; Fatimi and Avan, 2012). Although constructing more health facilities in the country can be a long-term strategy to address this problem, deploying healthcare resources like qualified health workers, adequate drugs and equipment would greatly benefit the rural population (Musoke et al., 2014). Other studies indicated that cost is often a barrier to seeking health services especially among the poor (Odaga, 2014). People who do not have health insurance cannot overcome high treatment costs (Kihaule, 2014). Income and user fees were the main determinants of patients' choice among alternative medical treatments (Muriithi, 2013). On the other hand, mother's age, number of children in household and masculinity had significant influences on a household's health seeking behaviour (Ringo, 2019). Certainly, level of household poverty, little knowledge about the causes of illness and household's background influence health seeking behaviour among rural people, including Maasai who prefer traditional treatment over modern one.

This study found that Masaai women depend on their partners' will in order to seek healthcare. This situation is similar to Reddy et al (2020) who exhibited that women required permission from any of the family members to access healthcare services. Lassi, et al (2019) observed that decision-making power is less likely to be with women and mostly rests with their partners and mothers-in-law. Sikder, et al (2011) observed that more than one-third of women identified their husbands as the main healthcare decision maker. Inappropriate health-seeking behaviour was observed among households experienced severe socio-economic hardships, which prevented them from visiting appropriate healthcare facilities for their illnesses (Manzi et al, 2014). Indeed, high costs for treatment and travelling costs to seek healthcare lead to poor health seeking behaviour among the poor. On the other hand, little knowledge of the cause of illness pose challenges on seeking healthcare.

Lack of medicines and health workers as well as poor quality of health service affect health seeking behaviour among rural Maasai. Furthermore, the service quality and information about the quality was some determinants of patients' choice among alternative medical treatments (Muriithi, 2013). Also, roaming people like Maasai in Eastern Africa clearly still lack proper health services and support due to their mobile ways of life and cultural values (Maro et al., 2012). Spleen et al (2014) found lack of confidence in personal healthcare, lack of regular health provider and little trust in physicians were the causes of delay and avoidance to seek health services among rural populations. A study by Afolabi et al. (2013) showed the significant barriers to seeking medical attention at a health centre were cost of care, inadequate health information, unfriendly attitude of health workers and drug shortage. Positively, inadequate health resources like medicines/drugs, lack of quality health services and inadequate number of health workers contribute to inappropriate utilisation of health services even if formal health system exists in some places of the area of study. Also, high costs of treatment at modern healthcare facilities lead to incorrect health seeking behaviour.

Study findings indicated that beliefs on the causes of a particular disease and availability local herbalists and traditional medicines have effect on health seeking behaviour. These results correspond with (Anthonj et al, 2019) who highlighted Maasai typically adhere to their traditions, culture and habits, which affect their health seeking behaviour. For instance, the Maasai community of Northern Tanzania were attributed to supernatural causes like curses, witchcraft, demons, and God's will (Daniel at al., 2019).) Lay beliefs of health and illness have an important influence on seeking care (Casucci, 2015). Nanakaya et al., (2019) found that the use of medicinal plants for treatment of humans is entrenched in the Maasai culture and traditional knowledge. Nevertheless, due to strong cultural beliefs, majority of the Maasai prefer medicinal plants for their healthcare needs (Bussmann et al., (2016). In the Maasai community, trust on traditional medicines is high over modern medicines, in turn, health seeking behaviour tends to be poor among rural Maasai. In this regard, Maasai generation continues to inherit such beliefs for illness treatment.

Limitation of the study

Maasai people have inclination of not disclosing matters very crucial to their cultural values and traditional practices, in this case, some key issues on seeking healthcare were not revealed to the researcher. Also, the researcher hired an interpreter of Maasai language during data collection, this may contribute to loss of information during translation. However, the use of in-depth interviews helped the researcher to gather culturally sensitive information that cannot be easily collected through questionnaires.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Health seeking behaviour is determined by health system factors like availability of health resources such as health facilities, drugs, health workers, and quality of health services. Also, cultural values and traditional practices contribute to the inappropriate health seeking behaviour. Also, beliefs on the causes of the illness, trust of traditional medicines, and affordability of the medicines do effect on health seeking behaviour among rural Maasai. Similarly, distance to health facility, failure to afford traveling costs, general medical costs inhibit seeking healthcare among rural Maasai. Gender and age as well as education contribute to poor health seeking behaviour due to strong cultural values, and severity of the diseases lead to use of traditional herbs and self-treatment. Essentially, health seeking behaviour among rural Maasai is affected by cultural values and traditional practices, which make Maasai people to trust informal treatment over modern health system of treatment.

6.3 Recommendations

The study recommends the following:

i) Health seeking behaviour is influenced by several factors like distance to health facility, availability of health resources like health workers, medicines and quality of services. In this case, the local government should construct health facilities close to residence of rural communities, and provide adequate health personnel and health services to meet demand of healthcare in rural areas.

ii) Lack of knowledge on causes of illness affects health seeking behaviour from formal health system. In this case, the local government should raise awareness among rural community so that rural residents can be aware of the importance of seeking health services from formal health system instead of depending informal health system, which has negative impact of public health.

iii) So long as rural Maasai do not stay in permanent locations due to search of grassland for their livestock, more efforts can be made by the local government and other stakeholders to establish mobile healthcare to serve roaming pastoralists like Maasai.

iv) Cultural values and traditional practices continue to erode government efforts on utilization of health system. In this case, the local government should establish initiatives of registering traditional herbalists so that to monitor and evaluate the impact their services to the community.

6.4 Suggestions on further research areas

The study suggests that another research be carried out to investigate the trends of roaming people/community on health seeking behaviour.

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APPENDICES

Appendix 1. Consent form

Researcher's Name: Achiwa Sapuli
Title: Master's Student
Department: Department of Development Studies (DS), School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences (MUHAS).

Address and Contact Information:
Protocol Title: Factors Enhancing Health Seeking Behaviour among Rural Maasai to be con
ducted in Longido District, Arusha Region

Sponsor: Self-Sponsored
Name of Participant:

CONSENT FOR PARTICIPATION IN A RESEARCH STUDY

You are being invited to participate in a research study. You are being asked to participate in this study because you have expressed an interest in this study. Also, from an initial phone or in-person conversation, you have conveyed that you have met the following eligibility criteria (requirements) for this study: you are residing in Longido District, adult, speak and write both English and Swahili, and willing to provide relevant information and adequately physical active.

Kindly note that taking part in this research study is voluntary**,** you may decide not to participate in this study or leave the study later without any risk. However, there are no promises which can be made about the outcome of this as far as your current condition, either positive or negative. This consent form gives you details about the study to decide whether to participate or not.

The purpose of the study is to assess the role of health insurance in improving individual adults' health seeking behaviour. Your information will be treated with great confidentiality and it will be used for academic purpose only.

…… ……..
Signature of participant **Date**

I believe the participant is giving informed consent to participate in this study.

……. ……
Signature of researcher **Date**

Appendix 2. Questionnaire

My name is Achiwa Sapuli, I am a student studying Masters of Public Health at Management at the School of Public health and Social sciences in Muhimbili University of Health and Allied Sciences, Dar es Salaam. I am doing a research on ***Investigation of Factors Enhancing Health Care Seeking Behaviour Among Rural Maasai Community in Arusha Region.*** The purpose of the study is to assess the role of health insurance in improving individual adults' health seeking behaviour. Your information will be treated with great confidentiality and it will be used for academic purpose only.

SECTION A: PERSONAL CHARACTERISTICS

1. Sex (a) Male [ ] (b) Female [ ]
2. What is the age of the respondent?

   (a) 15-25 [ ] (b) 26-35[ ] (c) 36-45[ ] (d) 46 and above [ ]
3. What is your highest level of education you attained?

   (a) None [ ] (b) Primary [ ] (c) Secondary [ ] (d) Tertiary [ ] (f) University [ ]
4. What is your occupation?

   (a) Public employee [ ] (b) Private employee [ ] c) Self employed

SECTION B: HEALTH SEEKING BEHAVIOUR BASED ON STUDY VARIABLES

5. Do you have any health facility in your village?

   (a) Yes [ ] (b) No [ ]
6. Do you usually seek health care from formal health system once you fall sick?

   (a) Yes [ ] (b) No [ ]
7. What factors do prompt you to seek health care from formal health system?

   (a) Availability of health workers [ ] (b) Confidence with service providers [ ] (c) Availability of medicines [ ] Quality of services
8. What else do you use when you fail to get treatment from the health facility?

   (a) Self-treatment [ ] (b) consulting a local healer [ ]
9. What factors do influence you not to seek health care from formal system?

   (a) Trust of traditional healers [ ] (b) Easy availability of traditional healers [ ] (c)

Easy access to traditional healers

10. Do you normally go to a health facility to get modern treatment?

(a) Yes [ ] (b) No [ ]

11. Does severity of the disease have affect you to seek health care from a nearby health facility?

(a) Yes [ ] (b) No [ ]

12. Does household income have any limit on health seeking behaviour?

(a) Yes [ ] (b) No [ ]

13. Do you think distance to a health facility from your home does affect seeking health care from modern health system?

(a) Yes [ ] (b) No [ ]

14. How long do take to reach a health facility once you fall sick?

(a) Shorter period [ ] (b) Long period [ ]

15. Does education have any influence on health seeking behaviour?

(a) Yes [ ] (b) No [ ]

16. Where else do you seek healthcare in absence of formal health system?

(a) Local healer [ ] (b) self-treatment [ ]

THANK YOU FOR YOUR PARTICIPATION!

DODOSO

Jina langu ni Achiwa Sapuli, ni mwanafunzi anayesome Shahada ya Uzamili ya Afya ya Umma katika Ndaki ya Afya ya Umma NA Sayansi ya Jamii katika Chuo Kikuu cha Muhimbili, Dar es Salaam. Ninafanya utafiti juu ya Sababu ambazo zinapelekea Jamii ya Wamaasai wa Vijijni kuweza kutafuta Huduma za Afya: Utafiti unafanyika katika Wilaya ya Longido. taarifa utakayotoa itatumika kwa malengo ya kitaaluma tu.

SEHEMU A: TAARIFA BINAFSI

1. Jinsia (a) Mme [ ] (b) Mke [ ]

2. Umri waken ni miaka mingapi?

(a) 15-25 [ ] (b) 26-35[ ] (c) 36-45[ ] (d) 46 na zaidi [ ]

3. Una kiwango gani cha elimu?

(a) Sijasoma [ ] (b) Msingi [ ] (c) Sekondari [ ] (d) Elimu ya kati [ ] (f) Chuo kikuu [ ]

4. Unafanyakazi gani?

(a) Mtumishi wa Umma [ ] (b) Nimeajiriwa katika sekta binafsi [ ] c) Nimejiajiri

SEHEMU B: UAPATIKANAJI WA HUDUMA ZA AFYA

5. Je, kuna huduma ya afya katika kijiji chako?

(a) Ndiyo [ ] (b) Hapana [ ]

6. Je, unatafuta huduma ya afya kutoka mfumo rasmi wa afya kila unapohisi kuugua?

(a) Ndiyo [ ] (b) Hapana [ ]

7. Ni sababu gani zinazopelekea utafute huduma ya afya kutoka mfumo rasmi wa afya?

(a) Upatikanaji wa watoa huduma za afya [ ] (b) Umahiri wa watoa huduma za afya [ ]

(c) Hupatikanaji wa madawa [ ] (d) Ubora wa huduma

8. Je, unatumia nini unapokosa matibabu kutoka kituo cha afya?

(a) Hujitibu mwenyewe [ ] (b) Humtafuta mtoa tiba asili [ ]

9. Sababu gani hukuzuia kuafuta huduma za afya katika mfumo rasmi wa afya?

(a) Imani kwa watoa tiba asili [ ] (b) Upatikanaji wa watoa tiba asili [ ] (c) Urahisi wa

kumpata mtoa tiba asili

10. Je, unaenda katika kituo cha afya ili kupata tiba ya kisayansi?

(a) Ndiyo [ ] (b) Hapana [ ]

11. Je, ukali wa ugonjwa hukuzuia kutafuta matibbau katika kituo cha afya kilicho karibu?

(a) Ndiyo [ ] (b) Hapana [ ]

12. Je, kipato cha familia hukuzuia kutafuta huduma za afya katika mfumo rasmi?

(a) Ndiyo [ ] (b) Hapana [ ]

13. Je, unafikiri umbali wa kufika katika kituo cha afya kutoka nyumbani hukuzuia kutafuta huduma za afya katika mfumo rasmi?

(a) Ndiyo [ ] (b) Hapana [ ]

14. Je, hutumia muda gani kufika katika kituo cha afya unapougua?

(a) Muda mfupi [ ] (b) Muda mrefu [ ]

15. Je, elimu ina ushawishi wo wote katika kutafuta huduma za afya?

(a) Ndiyo [ ] (b) Hapana [ ]

16. Je, unapata wapi tiba unapokosa huduma za fya katika mfumo rasmi?

(a) Mtoa tiba asili [ ] (b) Hujitibu mwenyewe [ ]

ASANTE KWA USHIRIKIANO WAKO

Appendix 3. Guide for interviews

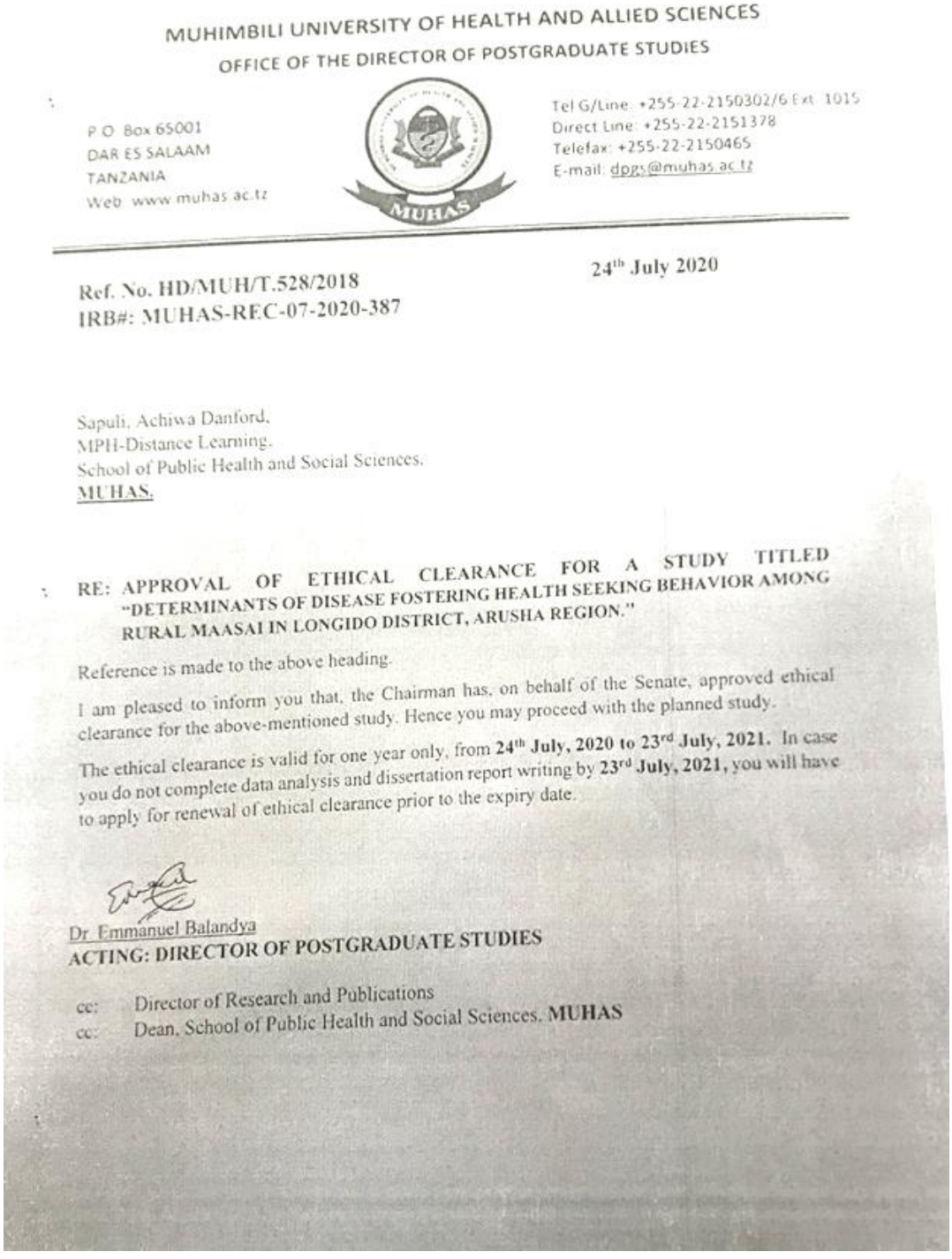
1. In your experience, what factors do influence health care seeking behaviour among individuals?
2. What challenges do limit rural communities from seeking health services?
3. How do you perceive the role of cultural values on health seeking behaviour?
4. Do you think low quality of health services is a barrier in seeking health services?
5. Does household income have any impact on health seeking behaviour?
6. What challenges do you encounter from seeking health services?
7. Based on your experience, what influence rural people not to seek health care from modern health system?
8. What barriers are limiting community members from seeking health services?
9. What is your opinion on improving health care seeking behaviour among rural population?

MWONGOZO WA USAILI/ MAHOJIANO

1. Kwa uzoefu wako, sababu zipi hufanya watu kutafuta huduma za afya?
2. Ni vikwazo gani vinazuia jamii za vijijini kutotafuta huduma za afya?
3. Nini mtizamo wako juu ya umuhimu wa imani za wenyeji katika kutafuta huduma za afya?
4. Je, unafikiri ubora wa huduma ni kikwazo katika kutafuta huduma za afya?
5. Je, unafikiri kipato cha familia kina madhara katika kutafuta huduma za afya?
6. Ni changamoto gani huwapata watu katika kutafuta huduma za afya?
7. Kwa uzoefu wako, nini hushawishi jamii za vijijini kutotafuta huduma za afya?
8. Ni vikwazo gani huzuia watu kutotafuta huduma za afya?
9. Una maoni gani katika kuboresha huduma za afya kwa jamii za vijijini?

ASANTE KWA USHIRIKIANO WAKO

Appendix 4. Ethical clearance



MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

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IRB#: MUHAS-REC-07-2020-387

24th July 2020

Sapuli, Achiwa Danford,
MPH-Distance Learning.
School of Public Health and Social Sciences.
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED "DETERMINANTS OF DISEASE FOSTERING HEALTH SEEKING BEHAVIOR AMONG RURAL MAASAI IN LONGIDO DISTRICT, ARUSHA REGION."

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from **24th July, 2020 to 23rd July, 2021.** In case you do not complete data analysis and dissertation report writing by **23rd July, 2021,** you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya
ACTING: DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Public Health and Social Sciences, **MUHAS**