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HEALTH FACILITY RELATED 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 low-income countries due to challenges with health-seeking behaviors 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 at establishing the health facility-related determinants of health-seeking behavior among the youth aged 14-18 years attending Kasozi Health Centre III, Wakiso District.

Methodology

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

Results

Findings show that the highest number, (47%) of the participants used vehicles to access the facility, which was about three kilometers from their residential areas. (9.3%) of the participants reported that the government health facilities in their areas are open 7 days a week, (40%) of the participants took about two hours to receive medical care when they were in the government facility, and (53%) reported that there is a fair attitude and communication between the patients and health care providers.

Conclusion

The majority of the participants reported that they used vehicles to access the facility and were between one to three kilometers from the nearest government facility, which was open seven days a week. This suggests distant health facilities, making them hard to reach.

Recommendation

Youths should be encouraged to seek health care at the health facility where 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= 1hour.

The sample size was obtained using the following calculations; n (5x6)/1 n =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.

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.

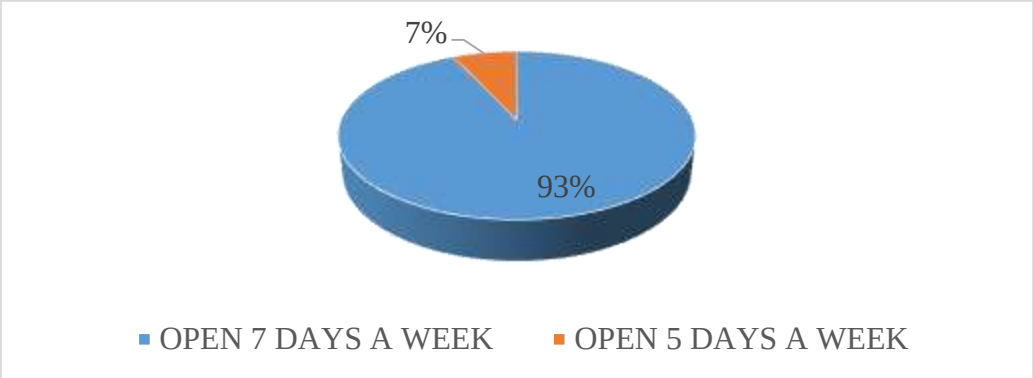
Variable	Category	Frequency	Percentage (%)
Age	14-15 years	8	27
	16-18 years	22	73
Gender	Male	12	40
	Female	18	60
Marital status	Single	25	83
	Married	05	17
	Divorced	00	00
	Widow/widower	00	00

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.

Health facility-related determinants of health-seeking behavior among youths aged 14-18 years attending Kasozi Health Centre III, Wakiso District.

Figure 1: Shows the number of days the government facility is open in the respondents' area, n=30.



Source: Primary data (2023)

The majority 28(93%) of the participants responded that their government health facilities in their areas are open 7 days a week while the minority 2(7%) responded that their government health facilities are open 5 days a week.

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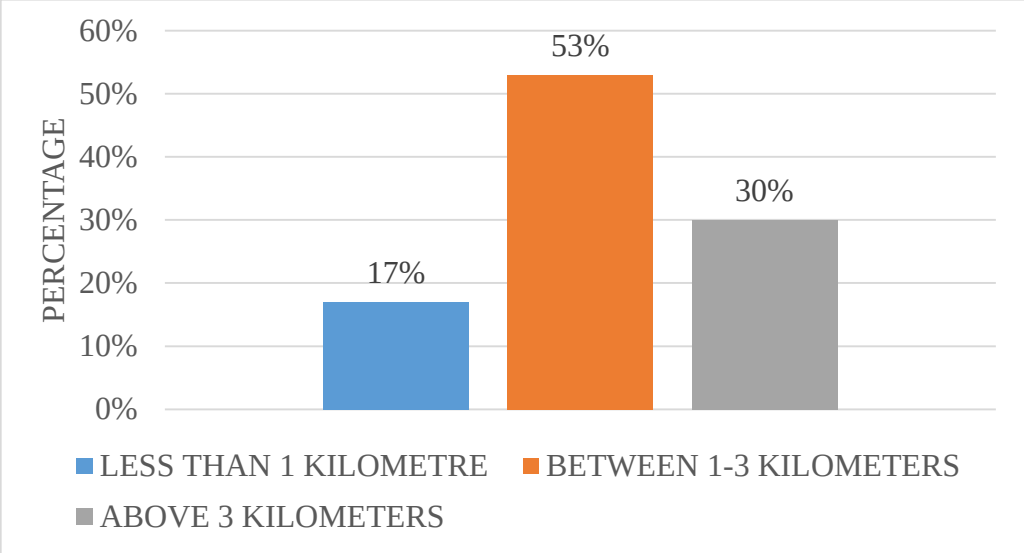
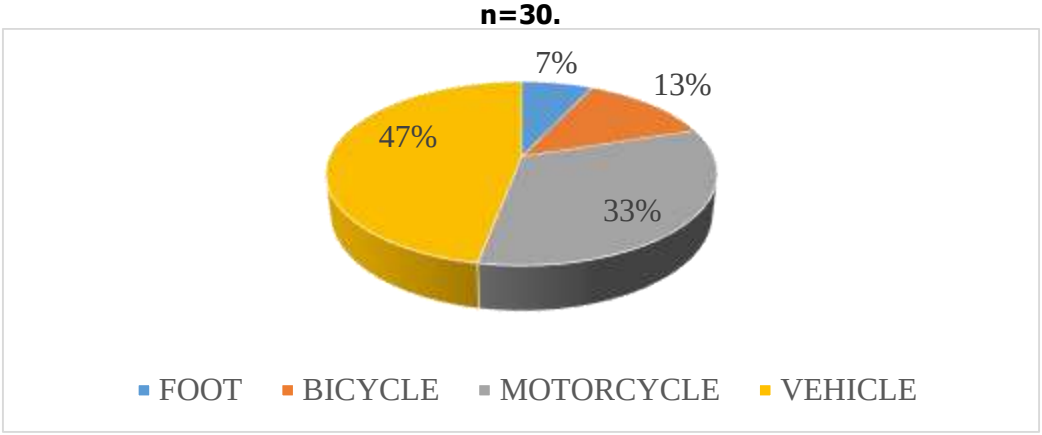
Figure 2: Shows how far the respondents' home was from the nearest government health facility in their area, n=30.



Source: Primary data (2023)

The majority 16(53%) of the participants were between one to three kilometers from the nearest government facility while the minority 5(17%) were less than a kilometer from it.

Figure 3: Shows the means of transport the respondents used to access the facility, n=30.



Source: Primary data (2023)

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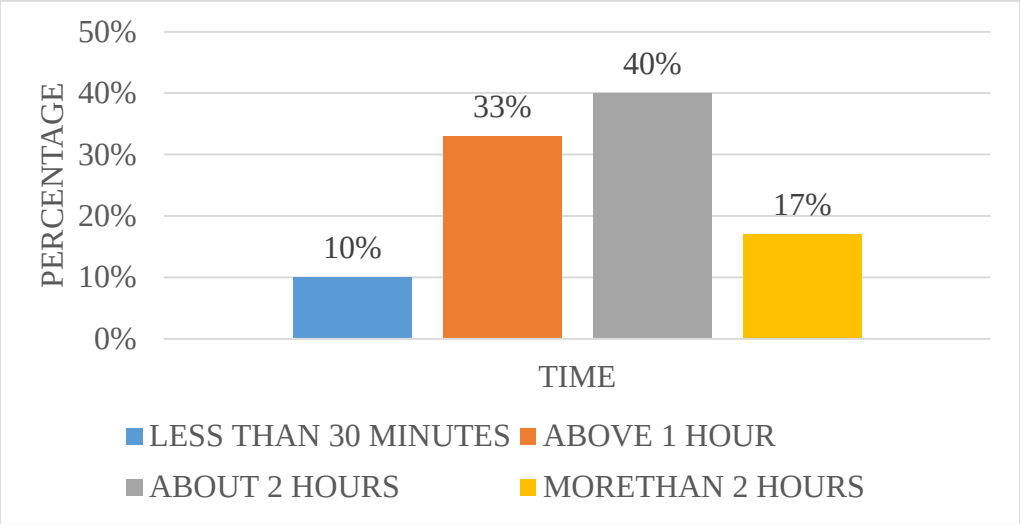
The highest number 14(47%) of the participants used vehicles to access the facility while the lowest 2(7%) used foot.

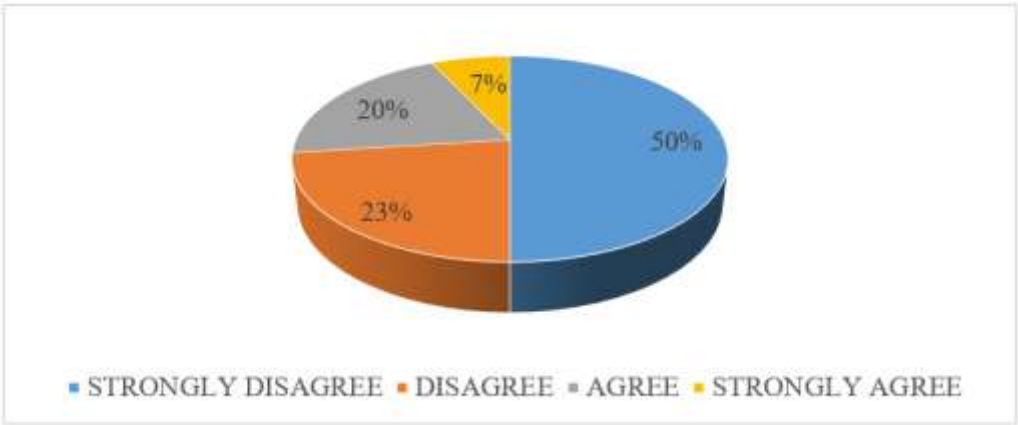
Figure 4: shows how long it took the respondents to receive medical care when they were in the government facility, n=30.



Source: Primary data (2023)

Most 12(40%) of the participants took about two hours to receive medical care when they were in the government facility while a few 3(10%) took less than 30 minutes.

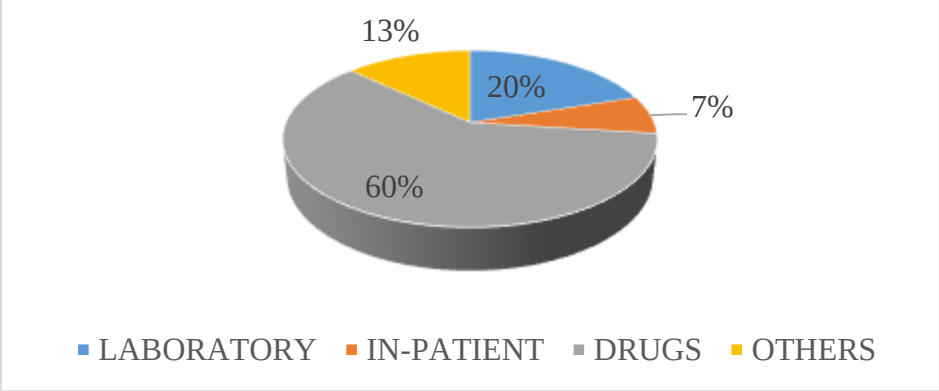
Figure 5: Shows whether the respondents pay for any health service when they go to the government health facility, n=30.



Source: Primary data (2023)

The highest number 15(50%) of the participants strongly disagreed that they do not pay for any health service when they go to the government health facility while the lowest 2(7%) strongly agreed that they pay.

Figure 6: Shows the services respondents usually pay for, n=30.



Source: Primary data (2023)

The majority 18(60%) of the participants paid for drugs while the minority 2(7%) paid for in- inpatient.

Table 2: Shows health facility-related determinants of health-seeking behavior among youths aged 14-18 years attending Kasozi Health Centre III, Wakiso District, n=30.

Variable	Category	Frequency	Percentage (%)
How much do you usually pay?	5000/=	16	53
	10,000-50,000/=	12	40
	50,000-100,000/=	2	7
	More than 100,000/=	0	0
Do you think the cost of services in health facilities hinders you from seeking health care services?	Strongly disagree	1	3
	Disagree	3	10
	Agree	8	27
	Strongly agree	18	60
What are the challenges you usually face when you visit a government health facility?	Long waiting hours	5	17
	Poor quality services	7	23
	Lack of essential medicine	10	33
	Lack of privacy	6	20
	Bribes	2	7
Are the services provided at the health facility satisfactory?	Strongly disagree	12	40
	Disagree	9	30
	Agree	6	20
	Strongly agree	3	10
How is the attitude and communication between the patients and healthcare providers?	Very good	5	17
	Good	7	23
	Fair	16	53
	Bad	2	7

Source: Primary data (2023)

The majority 16(53%) of the participants usually paid 5000/= while the minority 2 (7%) paid between 50,000 -100,000/=. Most 18(60%) of the participants strongly agreed that the cost of services in health facilities hindered them from seeking health care services while a few, 1(3%) strongly disagreed. The highest number 10(33%) of the respondents reported lack of essential medicine as the challenge they usually face when they visit a government health facility while the lowest, 2(7%) reported bribes. The highest number 12(40%) if participants strongly disagreed that the services provided at the health facility are not satisfactory while the lowest 3(10%) strongly agreed that they are satisfactory. More than half 16(53%) of the participants reported that there is fair attitude and communication between the patients and health care providers while a few 2(7%) reported that there is bad attitude and communication between the patients and health care providers.

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.

Health facility-related determinants of health-seeking behavior among youths aged 14-18 years attending Kasozi Health Centre III, Wakiso District.

The majority (93%) of the participants responded that the government health facilities in their areas are open 7 days a week. This was because it's the usual working days for the government health facility. This disagrees with a study done by Buregyeya et al., (2017) which found that only (75%) of public health facilities are open from Monday to Sunday.
The majority (53%) of the participants were between one to three kilometers from the nearest government facility. This was because they lived in rural areas therefore the health facility was far. This agrees with a study done by Namasivayam et al., (2017) which stated that the majority of healthcare facilities were far from their residents, which affected the utilization of these facilities.
The highest number (47%) of the participants used vehicles to access the facility. This was because they were far and hard to reach. This agrees with a study done by Namasivayam et al., (2017) which stated that the majority of healthcare facilities were far from their residents, which affected the utilization of these facilities.
Most (40%) of the participants took about two hours to receive medical care when they were in the government facility. This hindered the utilization of health facilities. This relates to a study done by Ahmad et al., (2019) which reported that 73.7% of the respondents claimed that timely service delivery influences their utilization of healthcare facilities.
The highest number (50%) of the participants strongly disagreed that they do not pay for any health service when they go to the government health facility. This was because the government services are 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 health care.
The majority (53%) of the participants usually paid 5000/=. This was because the health care facility lacked some essential medicines therefore the respondents had to buy them from the pharmacies and (60%) of the participants strongly agreed that the cost of services in health facilities hindered them from seeking health care services. This was because of their low income status.
The highest number (40%) of the participants strongly disagreed that the services provided at the health facility were not satisfactory. This was because some services were not rendered at the facility due to the limited number of healthcare providers. This disagreed with a study done in South Asian countries by Ashfikur et al., (2021) which reported that the majority of the respondents graded the services rendered at the healthcare facility as satisfactory.
More than half 16(53%) of the participants reported that there is fair attitude and communication between the patients and health care providers. This relates to a study done by (Mbalinda et al., 2020) which revealed that healthcare providers might be unable to communicate with patients because of language issues, or their offices might not be accessible to people with disabilities. Chauhan et al., (2015) reported that the availability of services, free of cost was the most common reason for preferring healthcare facilities.
The majority (73%) of the participants had attained a secondary level of education. This agrees with a study done by Kim et al., (2016) which revealed that utilization of healthcare services was more among less educated and uneducated people and those without health insurance than among the educated and employed people.

CONCLUSION

Based on the study findings, the majority of the participants were single females between 16-18 years. Regarding health facility-related determinants, the majority of the participants reported that they used vehicles to access the facility and were between one to three kilometers from the nearest government facility, which was open 7 days a week. They took about two hours to receive medical care when they were in the government facility and usually paid 5000/= for drugs due to a lack of essential medicine at the facility. They reported that there is a fair attitude and communication between the patients and health care providers with the services provided not being satisfactory and the cost hindering them from seeking the health care services.

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.

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May God bless you abundantly.

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The study was not funded.

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

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