

ABSTRACT

This study investigated the factors influencing the health seeking behaviour of women in Soroti district. It sought to establish the role of individual, community and health system factors on their health seeking behaviour. Health care seeking behaviour is however defined as any action undertaken by individuals who perceive they have a health problem or to be ill and it is done for the purpose of finding an appropriate remedy (Olenja J, 2003).

This research was conducted because despite various efforts put in place like PHC, the Bamako Initiative and the MDGs 2010 – 2015, little was achieved in terms of improving the health seeking behaviour of the women in Soroti district according to records available at District health department. The government efforts that took services nearer to the people by upgrading the Health Centre III's to have maternities, laboratory services and also provided other lower health units at parish and village level similarly yielded little results. Government had as well worked with NGOs to provide health services to carry out community sensitisation to improve on health seeking behaviour but to no promising results.

This study adopted a descriptive cross sectional design in which both quantitative and qualitative data was collected. Both primary and secondary sources of data were sought. The study population was the women community of Soroti district with the projected population for the year 2012 calculated as 162, 200 (Source: Planning Unit, Soroti district). The study units included; 400 adult women in the sampled area who were within the economically viable bracket (18 – 57 years), out of whom 380 answered the questionnaire and 20 women were involved in 2 Focus Group Discussions (one group urban, the other group was a rural one). Additional 16 respondents (mainly people whose roles involved them in women health) were purposively selected as Key Informants to make the total of the respondents in the study to be 416. The tools for the study included; self administered Questionnaire for respondents who could read and write and researcher administered questionnaires for those who could not read and write, Key Informant Interview Guide, and Focus Group interview guide.

The results showed most of the respondents, 23.9% were aged between 33 and 37. The education level of the respondents varied from primary to University level with 52% having had primary education, 27% secondary, 4% under graduate, 6% university while 11% had no formal education. Further analysis indicated that more than a half, 69% of the respondents were low income earners with monthly income of less than Ug X 50,000 and 60% of them peasants with only 8% in formal employment. Only 9% of the respondents admitted they use their hard earned income on medical check up. The majority of the women (53.7%) consulted other people like husbands, aunties, farther, mother, and uncles, when sick to decide on the next cause of action. The study further revealed distance, type and quality of

services provided to have determined whether the facility would be acceptable or not.

Level of education influenced the health seeking behaviour of women. Most women could also not afford to pay for their own treatment as 69% were living below the poverty line (use less than US\$ 1 per day). So they depended on other people to pay for their treatment. Other issues that influenced the health seeking behaviour of the women are the health unit factors like distance, accessibility, services available. The recommendations to consider include; continued sensitization of women on health seeking by government departments for example health, economic empowerment by easing conditions for women to access loans from the financial institutions, and promotion of life skills education to foster esteem. Areas of further research would be to find out where those respondents (16%) who neither go to the health facility nor traditional healers or faith groups end up for treatment.