

Research Article

# Healthcare Seeking Behaviour and Associated Factor Among Community Based Health Insurance Members and Non-Members in Addis Ababa, Ethiopia, 2023

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## Abstract

**Background:** Community based health insurance (CBHI) is voluntary, non-profit health insurance. It helps to mobilize additional resource to the health sector. Community Based Health Insurance uses principles of insurance, members pay fees to the insurance scheme and in return their health service cost is covered by the scheme. This way risks can be shared among individuals and financial inputs pooled between individuals who need health service but are not able because they cannot afford it and those who are well but pay premium. **Objective:** To assess health Care seeking behavior and Community based health insurance among members and non-members in Addis Ababa, Ethiopia 2023. **Methodology:** A community based comparative cross-sectional study was conducted. A total of 580 households included in this study. Data was collected by data collectors using a standardized questionnaire through interviews. Associated factors for healthcare seeking behavior is identified by binary and multivariate logistic regression analysis and expressed by adjusted odds ratio (AOR). Multivariate analysis also used to control the effect of confounders. **Result:** Healthcare-Seeking Behavior of the Study Participants Factors Associated with Healthcare-Seeking Behavior participants the study indicated that the decision-making to visit a health facility for illnesses, disease severity, and CBHI membership had a statistically significant association with HSB. **Conclusion:** The overall household Health Seeking Behavior was 56.3% for Community Based Health Insurance members and 43.7% for non-Community Based Health Insurance members. Membership status has significant positive effect on healthcare seeking behavior. Decision- making process to visit a health facility for illnesses, disease severity was positively associated with membership status.

## Keywords

Healthcare Seeking Behavior, CBHI, Community Based Health Insurance, Members & Non Members, Health Insurance

## 1. Introduction

Background Over the last years, community-based health insurance schemes have been implemented in many developing countries. [1] CBI is a common term used for voluntary, not-for-profit health insurance schemes, organized at the level of the community. [2] Similar to national health insurance

schemes in developed countries, community-based schemes have two fundamental objectives: to reduce the financial burden generated by unanticipated treatment cost among individuals falling sick, and to prevent sub-optimal treatment seeking behavior among populations trying to avoid the po-

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tentially catastrophic expenditure levels associated with facility-based professional health care. Self-treatment or self-care, which McCombie defines as “any treatment that does not involve consulting a health care provider or traditional healer” [3] Developing countries face multiple health challenges. Besides the diseases common to all countries, such as diabetes and cancer, they face an additional disease burden related to their geography and poverty, including tropical diseases, such as malaria, dengue fever, and schistosomiasis; waterborne diseases, due to unclean drinking water; respiratory diseases, due to indoor air pollution from cooking and heating with solid fuels. [4] Peoples’ choice of health care differs in socio demographic, socio-economic and cultural compositions which have an effect on their health care seeking behavior. [5] Health care seeking behavior has been defined as any action undertaken by individuals who perceive them to have a health problem or to be ill for the purpose of finding an appropriate remedy. [6] The issue of healthcare-seeking (medical-care) behavior is fundamental to all society. All nations depend on its human assets in the formation and quest of growth and improvement. The human assets are able to realize those desired objectives defined by the society only on the essential ground that the people are in good health. Health is more than the absence of diseases and it includes social, psychological and economic comfort. Surrounded in good health is not the least disease, as this is more in keeping with poor health. On the other hand, poor health states to the people’s perception of a little quality of life or life satisfaction. [7] Traditional medicine is widely available and formal sector treatment often expensive. Self- treatment can include both traditional herbal remedies as well as modern drugs purchased from a shop or pharmacy, and can be administered via an individual treating himself, a fellow household member, or anyone else who is not a health care provider or traditional healer [3].

## 2. Objective of Study

### 2.1. General Objective

To assess the health care seeking behavior and associated factors among members and Nonmembers of Community based health insurance in Addis Ababa, Ethiopia 2023.

### 2.2. Specific Objectives

To assess the health care seeking behavior of members and non-members of Community based health insurance in Addis Ababa 2023.

To compare the health care seeking behavior between members and non-members of Community based health insurance in Addis Ababa 2023.

To identify associated factors of health care seeking behavior in members and non- members of Community based health insurance Addis Ababa 2023.

## 3. Methods and Materials

### 3.1. Study Area & Period

The study was carrying out in Addis Ababa the capital city of Ethiopia. It’s located in the Latitude and longitude coordinates of 9.005401, and 38.763611 respectively. Found in the highlands bordering the Great Rift Valley, is the country’s commercial and cultural hub. Its National museum exhibits Ethiopian art traditional crafts and prehistoric fossils including replicas of the famous hominid “Lucy”. Addis Ababa is known for home to headquarters of the African union. This capital city holds 527 square kilo meters of area in Ethiopia. According to the report from Ethiopian statistics agency in 2019G.C it has an estimated population of over 4,000,000. Females are larger in number than males (1,880,000male and 2,120,000 females). (1) There are eleven sub-cities and 116 Woreda in the region. The city has a total of 112 public health institutions and 1092 private health institutions of different level. The study was conducted in selected 4 sub cities from the selected sub city there are 16 Woredas study was conducted in household level from February to June, 2023.

#### *Result Socio demographic characteristics*

A total of 534 households participated in this study. The study indicated that overall, (96%) of household, of which 316 (59.2%) were members of CBHI and 218 (40.8%) were non- members of CBHI. The study revealed that 41.6% of the respondents were in the age group of 25–34 years, among study participants, 59.2 % were married, the study showed 19.1 % were illiterate and 24.3 % were government employee and 55.1% had a family size of  $\geq 4$ . The study also revealed that 63.3 % of the respondents were females (table 1).

**Table 1.** Socio-Demographic Characteristics of Participant’s in Addis Ababa, Ethiopia, 2023.

		Frequency	Percent
Age in years	18-24	72	13.5
	25-34	222	41.6
	35-49	170	31.8
	<49	70	13.1
Sex	Male	178	36.7
	Female	338	63.3
Occupation	Housewife	182	34.1
	Government	130	24.3
	Private business	86	16.1
	Student	64	12.0
	Merchant	38	7.1
	Others	34	6.4

		Frequency	Percent
Religion	Orthodox	300	56.2
	Muslim	118	17.2
	Protestant	92	4.5
	Catholic	24	22.1
Marital status	Single	140	26.2
	Married	316	59.2
	Widowed	34	6.4
Family size	Divorced	44	8.2
	<4	240	44.9
Education- al Status	>4	294	55.1
	Illiterate	102	19.1
	Primary	148	27.7
	Secondary	154	28.8
	Graduate from collage	130	24.3

### 3.2. Healthcare-Seeking Behavior

Healthcare-Seeking Behavior of the Study Participants Factors Associated with Healthcare-Seeking Behavior participants the study indicated that the decision-making to visit a health facility for illnesses, disease severity, and CBHI membership had a statistically significant association with HSB. The effect of community based health insurance on health seeking behavior of households. Descriptive results of the study indicated that overall, 534 (96%) of household, of which 316 (59.2%) were members of CBHI and 218 (40.8%) were non-members of CBHI. The study participants 65.9 % illness in the past 2 months, the remaining 19.9% have got treatment when illness is occur, 34.8 % they got treatment when chronic illness happens, 46.8% they got treatment when the illness it goes worse, 65.9 % they perceive there general health good, 56.9 % they do not prefer self-treatment by self, 18.7 % most common reason not to get care is they assumed that getting well from symptoms without treatment. (Table 2)

**Table 2.** Healthcare seeking behavior in Addis Ababa, Ethiopia, 2023.

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Illness in the past 2 months	Yes	352	65.9	65.9	65.9
	No	182	34.1	34.1	100.0
Have you got treatment	Yes	102	19.9	29.8	29.2
	No	250	46.8	70.2	100.0
What is the disease condition	Acute	110	20.6	37.2	37.2
	Chronic	186	34.8	62.8	100
How many days from onset of illness to get care	Immediately as illness started	78	14.6	23.4	23.4
	When it goes worse	250	46.8	74.9	98.2
	When it reliefs by its own	6	1.1	1.8	100.0
How do you perceive your general health	Good	392	65.9	66.2	66.2
	Bad	180	33.7	33.8	100.0
How much do you value your health	Very much	174	32.6	32.6	32.6
	Low	272	50.9	50.9	82.5
Would you prefer a self-treatment by your self	Very low	88	16.5	16.5	100.0
	Yes	220	41.2	42.0	42.0
Are you now the member of CBHI	No	304	56.9	58.0	100.0
	Yes	316	59.2	59.2	59.2
HSB	No	218	40.8	40.8	100.0
	CBHI members	178	56.3	56.3	56.3
	CBHI non members	95	47.7	47.7	100

The most common reason not to get treatment Total 162 (30.7%) respondents They Thought sickness is incurable 8 (1.5%). Symptom is not severe 24 (4.5%). Assumed that getting well from symptom without treatment 98 (18.6%). Some

of them do not know where it can be treated 8 (1.5%). no effective treatment is available 4 (0.8%). lack of time 18 (3.4%) and lack of money 2 (0.4%).

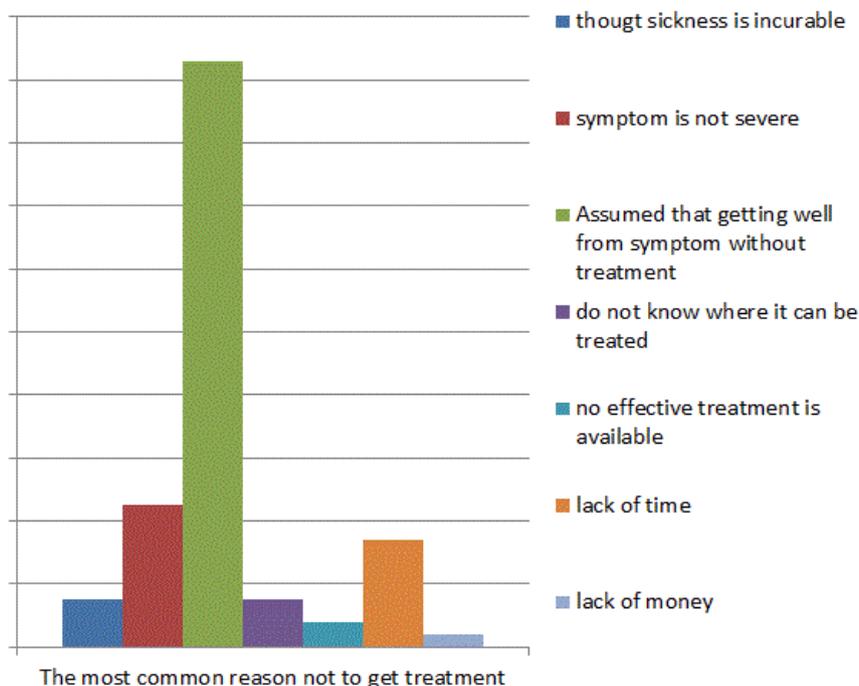


Figure 1. Graph chart showing the most common reason not to get care in Addis Ababa, Ethiopia 2023.

### 3.3. Factors Associated with Healthcare-Seeking Behavior

Factors Associated with Healthcare-Seeking Behavior participants the study indicated that the decision-making to visit a health facility for illnesses, disease severity, and CBHI membership had a statistically significant association with HSB. Chi square test was performed evaluate the relationship between CBHI membership and healthcare seeking behavior. There is very strong association between CBHI membership and Healthcare seeking behavior with (Chi square = 33.805, df 1 and P<0.001). Perceived general health status and CBHI was highly significant association (AOR=5.41, 95% CI: 4.77, 6.33). Perceived general health status are four (AOR = 4.5, 95% CI: 2.46, 8.22) times greater in men than women. Family size =<4 were 2 (AOR = 2.1, 95% CI: 1.46, 3.11) times perceived there general health status than family size of =>4. CBHI members were 1 (AOR = 1.32, 95% CI: 1.0, 1.68) times perceived general health status than non-members Age group of 25-34 years are perceived there general health good. CBHI member with illness got treatment 2 (AOR = 1.97, 95% CI: 1.5, 2.4) times than non-members. Got treatment the relationship between these

two variables was highly significant. Perceived general health status in age group 18 -24 total 36 (13.6%) 22 good and 14 bad in the age group of 25-34 total 107 (40.9%) 74 perceived good and 33 bad. in the age group of 35-49 total 85 (32.2%) 57 perceived good and 28 bad. in the age group of >49 total 35 (13.3%) 21 perceived good and 14 bad.

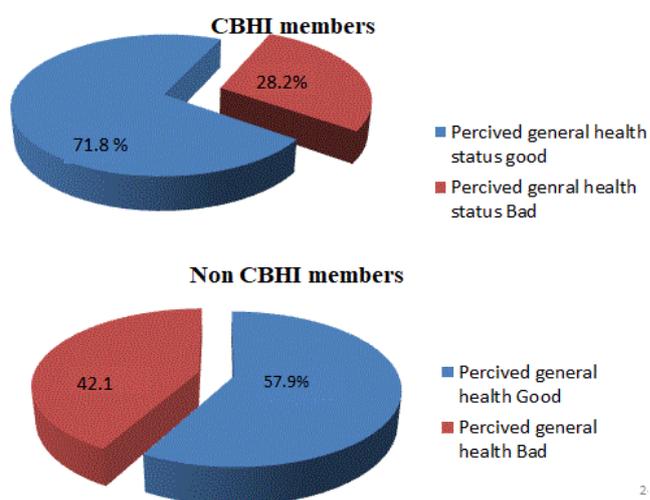


Figure 2. Pie chart showing perceived general health status and age groups of household's in Addis Ababa Ethiopia 2023.

Discussion We have assessed health care seeking behavior between CBHI members and nonmembers. Found that 65.9 % sought health care, with higher rate in members than nonmembers. This showed slight increment in both CBHI members and non-members households compared to a study conducted in North Ethiopia that could be due to improvements in increase in access to health facilities. But still special attention should be given for non-members households compared to member's households. The current study also revealed a 41.2% prevalence of self-medication practice. This is below the finding from Benin's. [4] Distance from health facility was another factor for the overall health seeking behavior. This is relatively similar with findings from Jimma, southwest Ethiopia. The existence of significant difference of health seeking behavior between members and non-members via distance is not surprising due to physical proximity of health facility deters health service utilization. This implies that health seeking behavior does also need addressing structural barriers. [5]. The study included perceived illnesses of only two months; however, there might be seasonal variation in the prevalence and incidence of disease in the study area. This might lead to over or under estimation of the proportion of healthcare seeking behavior. The possibility of social desirability bias was also high i.e. the modern health service utilization rate might be overestimated. The nature of cross-sectional study design doesn't show temporal relationship or causality. Recall bias might also be there for some variables like age. Similarly, perceived condition of a disease was a reason for the overall health seeking behavior. However, when the difference was analyzed by residence, significant difference was observed among members than non-members. Better health seeking behavior was recorded among those with acute disease condition than with chronic illness. Good quality (availability of drugs, laboratory tests, staff and most likely to find a doctor) was the main reason for seeking care from a hospital and private facility. Hospitals and private facilities are usually relatively better equipped and are more likely to have drugs than dispensaries or health center [6]. The HSB for perceived condition was low though the CBHI has a significant positive effect. Being a member of CBHI, age, decision-making process to visit a health facility, disease severity was positively associated with HSB. Hence, CBHI should be strengthened and promoted to improve HSB. It is also crucial to strengthen awareness creation programs regarding joint decision-making to visit health facilities and educate the community regardless of disease severity. [7]

## 4. Conclusion

The overall household Health Seeking Behavior was 56.3% for Community Based Health Insurance members and 43.7% for non-Community Based Health Insurance members. Membership status has significant positive effect on healthcare seeking behavior. Decision-making process to visit a health facility for illnesses, disease severity was posi-

tively associated with membership status.

## 5. Recommendation

I recommended District health insurance officials, Kebele health insurance initiative, health extension workers, and community representatives. Should prepare health insurance education sessions to enhance the communities' knowledge on insurance concepts in general and CBHI principles in particular to increase utilization. Should disseminate information to create awareness on CBHI (Initiatives to overcome this lack of awareness included regular house visits, awareness campaigns, mass media, and sensitization by scheme staff, scheme members and local churches) to promote utilization. Should strengthen discussion with the community on benefit packages to meet communities' health care needs. Should strengthen their discussion on premium affordability to make it affordable and include large segment of the community. Should strengthen and work on the quality of health service to meet expectation of the society. Finally, further research is required to identify and analyze determining factors to participate in CBHI scheme and Health care seeking behavior.

## Abbreviations

ANC	Antenatal Care
CBHI	Community Based Health Insurance
CBI	Community Based Insurance
EDHS	Ethiopian Demographic and Health Survey
IMCI	Integrated Management of Child Illnesses
SHI	Social Health Insurance
SPSS	Statistical Package for Social Science
SRS	Simple Random Sampling Methods

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## Author Contributions

All authors made substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; took part in drafting the article or revising it critically for important intellectual content; gave final approval of the version to be published; and agreed to be accountable for all aspects of the work.

**Oliyad Weldeyohannes:** Conceptualization, Data curation, Formal Analysis, Funding acquisition, Investigation, Methodology

**Menelik Legesse:** Project administration, Resources, Software, Supervision

**Selamawit Teklemariam:** Validation, Visualization, Writing – original draft, Writing – review & editing

## Availability of Data and Materials

All the data supporting the study's findings are within the manuscript. Additional detailed information and raw data will be shared upon request addressed to the corresponding authors.

## Ethical Approval

An appropriate ethical approval was obtained from the Institutional Review Board of Menelik II Medical & Health Sciences Collage and a permission letter from Addis Ababa City health bureau. It was conducted in accordance with the Declaration of Helsinki. The tool was designed to be anonymous, and the result did not identify the personalities of the respondents; rather it was presented as aggregated statistics. The data was kept in a protected and safe location.

## Conflicts of Interest

The authors declare no conflicts of interest.

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