WOLKITE UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF NURSING

HEALTH SEEKING BEHAVIOR AMONG ADULT HOUSEHOLD HEADS IN WOLKITE TOWN, SNNPR, SOUTHWEST ETHIOPIA, 2022

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A RESEARCH SUBMITTED TO DEPARTMENT OF NURSING, COLLAGE OF MEDICINE AND HEALTH SCIENCE, WOLKITE UNIVERSITY FOR PARTIAL FULLFILMENT OF BACHELOR OF SCIENCE DEGREE IN NURSING.

JUNE, 2022

WOLKITE, ETHIOIPIA

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Acknowledgement

First of all we would like to thank almighty God for being with us in this all journey. Next, our gratitude is to Wolkite University, College of medicine and health science and, Department of nursing for giving us this chance to prepare this research proposal.

We wish to thank all the participants who provided their valuable responses in answering to the questionnaire.

Finally, our sincere appreciation goes to our advisors MR. SHEGAW T. and MR. TADESSE T. for their mentorship, guidance and their dedication throughout the preparation of this research and for giving constrictive comments.

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ABBREVIATION AND ACRONYMS

AOR----------Adjusted Odd Ratio

CI----------Confidence Interval

CMNN----------Communicable, Maternal, Neonatal, and Nutritional Diseases

CSA---------- Central Statistics Authority

COR----------Crude Odd Ratio

DHS----------Demographic and Health Survey

HF----------Health Facility

HSB----------Health care seeking behavior

MOH----------Ministry of Health

NGO----------Non-Governmental Organization

OPD---------- Outpatient Department

OR----------Odd Ratio

SNNPR----------Southern Nations and Nationalities People Region

TB----------Tuberculosis

WHO----------World Health Organization

Abstract:

Background: Healthcare seeking behavior (HSB) has been defined as, "any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy". Poor healthcare-seeking behavior has been shown to contribute to ineffective prevention and control of morbidity and mortality related to health conditions. There is limited information on the level of health care seeking behavior and associated factors among household heads.

Objective: To assess the level of adult health care seeking behavior at household level in Wolkite town, Southern Ethiopia, 2022. .

Method*:* A community based cross sectional study was employed. Quantitative method of data collection was deployed by using pretested structured interviewer administered questionnaire. Three Keble's (addis hiwot,edget chora,menharia) will randomly selected by SRS (by lottery method) from 13 Kebeles in wolkite. And the study was conducted in the kebeles that are found in the selected sub city. Data entry and analysis was done by using SPSS 20 software. Descriptive statistics and multivariable logistic regression were used to analyze the data. Candidate variables with P-value <0.2 in Bivariable model were entered to multivariable model to adjust for predictors. The 95% CI for the corresponding Odds Ratio (OR) were used to assess the degree of associations at (P<0.05) to declare significance

Result: The overall high health care seeking behavior of household heads was 103 (25.1%). Age [AOR=4.287, 95% CI: 1.133, 16.223], Educational level (AOR =4.075, 95%CI 1.094, 15.180), and Family size [AOR=5.826,95% CI: 3.097,10.960] were predictor of health seeking behavior.

Conclusion: The study revealed low health-seeking behavior among the study participants in the study area. Age, educational status, and family size affect the household's health care seeking behaviors.

Recommendation: We recommend further nationwide research on the issue. And further consideration should also be given for the risk factors including age, family size, and level of education

Key word: high health seeking behavior, low health-seeking behavior, kebele.

Introduction

1.1. Background

Healthcare seeking behavior (HSB) has been defined as, “any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy”(1). Health seeking behavior can also be referred to as illness behavior or sick-term behavior. Health seeking behavior is situated within the broader concept of health behavior, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good state of health(2).

Healthcare-seeking behavior includes the timing and types of healthcare service utilization and may affect population health outcomes. Delayed medical attention has been shown to associate with an increased risk of unfavorable outcomes (3).

According to Harris and Gutman, Health-seeking behavior, is defined as activity that promotes, protects, or maintains one's health, regardless of actual or perceived health. In most nations, Western science and medicine account for only a small portion of medical care. Medical workers are frequently in low supply because most medical services are delivered outside of the jurisdiction. To understand how people use medical services, we must first understand how they interpret their symptoms(4).

According to J.Olenja l, Health seeking behavior is preceded by a decision making process governed by individual and/or household behavior, community norms and expectations as well as provider related characteristics and behavior. For this reason the nature of care seeking is not homogenous depending on cognitive and non-cognitive factors that call for a contextual analysis(1).

According to the Ethiopian Demographic and Health Survey (DHS), 44 percent of households used some type of health service in 2000, including treatment for sick people (31 percent) and immunization (24 percent). The data also revealed a significant difference in health service consumption between the urban and rural populations, which was explained by the fact that the urban population had more access to information (5). The majority of households (42%) used government health centers, whereas one out of every two rural households went to a government health station or clinic. With minimal variation between urban and rural homes, about 15% of households that used health care did so at private health facilities(5).

Ethiopia has been using modern medicine since the 16th century. Modern health services were created and expanded more recently in the 1930s, followed by the founding of the Ministry of Health (MOH) in 1948. Ethiopia's Ministry of Health, as well as other sections of the health care system, has been the principal provider of modern health services since then (5).

Services such as the military, huge corporations, and state farms were directly involved in the provision of health care under government monitoring. Private clinics, drug stores, and non-governmental groups are examples of secondary health-care providers in the community (NGOs). The overall coverage percentage of modern medicine's health services was 46% in 1990. In the past overall health service is mainly given by traditional care givers (5).

There is limited information on the level of health care seeking behavior and associated factors among household heads. Therefore, assessing factors associated with health care seeking behavior among household heads have significant role in filling the information gap to control inappropriate (poor) health care seeking practice and its outcomes. Poor healthcare-seeking behavior has been shown to contribute to ineffective prevention and control of morbidity and mortality related to health conditions (6).

1.2 Statement of the Problem

Poor healthcare seeking behavior has been linked to ineffective morbidity and mortality prevention and control in the context of health problems (6). According to evidence, socioeconomic status, geographic contexts, cultural concerns, service quality, and health system policies and procedures are all factors that influence community health-seeking behavior (7). Individuals who get health information are more likely to seek medical help (8). Individuals with higher health-seeking behavior may be better able to prevent disease and enhance health (7).

In Pakistan, for example, households with average incomes below the minimum wage were less likely to seek official medical care for their condition than those with inco mes above the minimum wage (9).

A previous study in Denmark showed that for patients with any symptoms, on average < 40% of the patients actually sought healthcare service, though the proportion varied substantially by symptoms (10).

Pregnant women from Kenya's upper socioeconomic strata delivered their infants at health facilities over 70% of the time, compared to 42% of pregnant women from the medium socioeconomic stratum and 38% of pregnant women from the poor socioeconomic stratum (11).

According to a Nigerian research, 71% of rural inhabitants reported improper HSB during their most recent sickness episode, compared to only 53% of urban ones (12).

Ethiopia is one of the Sub-Saharan African countries with the highest illness burden, as evidenced by high maternal and infant death rates. Non communicable diseases were the leading cause of age-standardized death rates in Ethiopia in 2015, accounting for 710.9 (468.8–1036.2) deaths per 100,000; however, communicable, maternal, neonatal, and nutritional (CMNN) diseases were the leading cause of premature mortality, accounting for 17,950.6 (14,377.9–22,768.8) deaths per 100,000. In 2015, CMNN disorders killed more young people aged 15 to 49 than any other cause (13).

Infectious and communicable illnesses, as well as nutritional difficulties, account for 60-80 percent of all fatalities in Ethiopia, which has the highest incidence of morbidity and mortality. According to 1995 E.C health and health related indicator, only 61 % of the population received basic health services (14).

The Ethiopian Demographic and Health Survey (DHS) reported that 44 percent of households accessed health services in 2000, with medical care (31 percent) and vaccination (14 percent) being the most common (24 percent) (15). The data also indicated a significant gap in health-care utilization between urban and rural populations, which was explained by the urban population's better access to information (5).

The majority of families (42 percent) visited government health centers, and one out of every two rural households visited a government health station or clinic. About 15% of families who accessed health care did so in a private facility, with little variation between urban and rural residences (5).

The Southern Nations Nationalities People Area (SNNPR) has the third-lowest visit per capita of any region, after only Somalia (0.09) and Gambella (0.10) (16).

Health-care usage is influenced by geographic, economic, and social constraints, as well as a lack of health-care coverage. As a result, knowing how individuals seek health care may have a huge influence on how health services are created so that people get the most out of them. It is critical to improve medical care and make it more accessible to people who require it (17).

There is presently a scarcity of data from a community-based research to back up the initial steps in providing improved health care to the community. Because it highlights the sociocultural processes that promote or discourage individuals from seeking medical treatment, such data is valuable for planning, coordinating, and implementing health-care delivery systems (17).

Healthcareseeking behavior is a complex phenomenon that requires thorough exam ination in order to give information that will aid in the development of healthcare poli cy and programs. Most studies on health-seeking behavior in Ethiopia have been disease specific particularly on malaria, tuberculosis (TB), & Maternal health etc (16). Since no similar study in the study area on health care seeking behavior among household heads, this study helped to assess the health-seeking behavior among household heads and identified factor affecting health care seeking behavior.

1.3. Significance of the study

Understanding the health-seeking process may have a huge influence on how health services are structured so that individuals can get the most out of them. It is critical to improve medical care and make it more accessible to people who require it. This improving a country's health condition requires increasing access to health-care services. Understanding people's health-related behaviors, on the other hand, is a critical component in enhancing community health at both the individual and community levels.

Information obtained from a community-based research can aid in the development, organization, and implementation of health-care delivery systems. Understanding people's health-related behavior is also a necessary step for policymakers to develop effective treatments.

The findings of this study is expected to give insight to government body and different Non-Governmental Organization (NGO) about health care seeking behavior of the community and help to guide the health care providers and other concerned stakeholders to work more towards alleviating the problem. The finding of this study will also might be used as a base line data for other researchers who are interested on this area.

2 Literature Review

Prevalence of health seeking behavior

According to a research conducted in Turkey about 77.3% of the participants reported to have high level of health seeking behavior. More than half (51.7%) of them had high level of health seeking behavior during the previous year, while 12.2% of them had low level of health seeking behavior the last five years (18).

Another study conducted in Bangladesh found that patients living in urban areas with COPD and hypertension were 41 percent have high level of health seeking behavior(19). Another study conducted in Malaysia found that 14.6 percent of patients with diabetes engaged in acceptable health-seeking behavior (20).

According to a survey conducted in India, 63.4 percent of 495 respondents have high level of health seeking behavior(21).

Another study conducted in Nigeria among 3587 adults aged 50 years and over, 850 reported having been sick in the previous four weeks, and 53% of those had high level of health seeking behavior(22).

According to a research conducted in Ethiopia, The general prevalence of health care seeking behavior was 58.4% with 81% urban and 49.1% rural households. 377 (97.2 percent) of the sample household heads (119 urban and 258 rural) were successfully interviewed (23).

Factors associated with health seeking behavior

A variety of factors have been identified as the leading causes of poor utilization of primary health care services: including poor socio-economic status, lack of physical accessibility, cultural beliefs and perceptions, low literacy level of the mothers and large family size. Review of the global literature suggests that these factors can be classified as cultural beliefs, socio-demographic status, economic conditions, physical and financial accessibility, and disease pattern and health service issues (23).

Socio demographic characteristics

Socio demographic characteristics have a big impact on how people use health-care services. The marital status and degree of education were socio demographic characteristics that influenced healthcare seeking behavior. Age, sex, and employment were among the other factors that were linked (23).

In a study done at Malaysia age less than 35 was 1.36 times significantly associated with health seeking behavior relative to age greater than 35 (20). In the same study female was 1.007 times significantly associated with health seeking behavior relative to male which is almost equal percentage. Married person was seven times significantly associated with health seeking behavior relative to unmarried. People with low educational level were 1.09 times significantly associated with health seeking behavior relative to high educational level. Non employed people was 1.13 times significantly associated with health seeking behavior relative to employed people (20).

According to a Canadian sociological study, women who were younger and better educated were more likely than men to treat their own symptoms. Women in Denmark were more likely than men to put their health first (24).

People with a middle or higher level of education have a lower risk of being ill, according to a study conducted in India. Similarly, households with a higher or median income are less likely to become unwell than those with a lower income. The danger of being unwell is higher in older people than in younger ones, and the chance of falling ill is higher in bigger households (20).

Another study conducted at Nigeria showed that age less than 40 was 1.24 times significantly associated with health seeking behavior relative to age greater than 40 .In the same study male was 1.49 times significantly associated with health seeking behavior relative to female. Married person was 1.51 times significantly associated with health seeking behavior relative to unmarried. People with high educational level were 2.15 times significantly associated with health seeking behavior relative to low educational level (25).

A poll conducted in Nigeria found that the majority of household heads preferred home treatment over travelling to pharmacies or hospitals for healthcare. Improving the quality of service offered to clients/patients at healthcare institutions may assist to reduce the number of people seeking medical attention who aren't needed (23).

In an Ethiopian study, the use of health stations was found to be substantially connect ed to sex, age, ethnicity, occupation, and education.Socio-demographic and economic factors have a significant impact on the occurrence of illness .Morbidity has been foun d to be higher in preschoolers and later in life. There were substantially more females

(12%) than males (6%) who reported sickness.

There was no discernible effect of age or gender on outpatient department (OPD) utili zation. Lack of education and marriage has an impact on the usage of health care (26).

Women,according to various studies, report more sickness than males

5.0 percent of females and 4.9 percent of males in Gurage Zone's Cheha Wereda repor ted being ill (24).

Residents in the Amara region reported sickness 5.6 percent of the time in the two weeks leading up to the survey, 6.8% in the Dabat baseline survey reported sickness, and 15% in the Butajira baseline survey reported sickness. Morbidity was much higher in rural areas. Heads of households and wives reported higher rates of illness than other family members (27).

Economic factors

In a study conducted at Nigeria showed that people who had monthly income between 50,000- 100,000 Nigerian money was 1.4 times significantly associated with health seeking behavior relative to people who had monthly income less than 10,000 (25).

Another study done at southwest Ethiopia people who had monthly income greater than 1170 birr was three times significantly associated with health seeking behavior relative to people with monthly income less than 1170 birr (23).

Distance from health facilities

Another factor influencing total health seeking behavior was distance from a health center. In a study conducted in Malaysia showed that people who live in area within 5 kilometer from HF was 1.05 times significantly associated with health seeking behavior relative to people live in area 5 kilometer away from the health facility (20).

In a study done at southwest Ethiopia showed that people who live in area within 10 kilometer from HF was three times significantly associated with health seeking behavior relative to people live in area 10 kilometer away from the health facility (23).

It's not unexpected that there's a large variation in health-seeking behavior between rural and urban areas based on distance because physical proximity to a health facility discourages people from using it . This indicates that structural impediments to health seeking behavior must be addressed as well (5).

Household size

In a study conducted in Malaysia showed that a household with less than 5 people in size was 1.05 times significantly associated with health seeking behavior relative to a household with greater than 5 person in size (20).

Another study conducted in Nigeria showed that a household with less than 6 person in size was two times significantly associated with health seeking behavior relative to a household with greater than 6 person in size (25).

Choice of health care providers

The use of health services varies by location due to a variety of factors. Despite the availability of contemporary health-care services, sick people have a tough time deciding which health-care facilities to use. The perceived quality of a specific provider's service may influence one's decision (28).

With the restricted availability of current health care alternatives, there are always alternative health care services to counteract or survive the challenge of health problems. According to a WHO report, over 75% of Africa's rural population receives health care from traditional healers. The key reasons are because it is an inherent part of every culture, that it is socially acceptable, and that it has the broadest coverage. There are multiple stages of health care providers from various groups of sick people. As a result, sick people seek health treatment from traditional healers first, and then seek contemporary health care as well (28).

In a separate study conducted in Nepal, found that 69 percent of 213 households infected with disease sought medical help (27).

According to a survey conducted in Zambia, 43.5 percent of unwell people sought medical help from health institutions. A government clinic and health center was chosen by 24% of those surveyed, while private health institutions were visited by 8%. Traditional healers had a rather low skill level (29).

According to a research conducted at Jimma Hospital, traditional medicine was used by 26.9% of rural patients and 12.3% of urban patients admitted to the hospital prior to their arrival. Self-medication was encouraged by the usage of pharmaceuticals obtained from the informal sector, such as open markets and village kiosks (17).

Self-medication was used for self-reported illness in a range of 28.5 percent to 81.5 percent in several surveys. The non-seriousness of the ailment, emergency use, and past experience were the most common reasons for self-diagnosis and self-medication (30).

Consumer satisfaction with the services offered determines the effectiveness of health care to some extent. A delighted client is more likely to comply with the medical service offered for an extended period of time. Satisfaction was found to have a direct association with age, but an inverse relationship with educational level, and was linked to length of wait, consultation time, and type of investigation (31).

Non-compliance occurs when a person is unsatisfied for various reasons. As a result, non-compliance could be due to a lack of funds to purchase drugs, or the inability to tolerate the drugs' side effects, or forgetting to take them (15).

Conceptual Framework

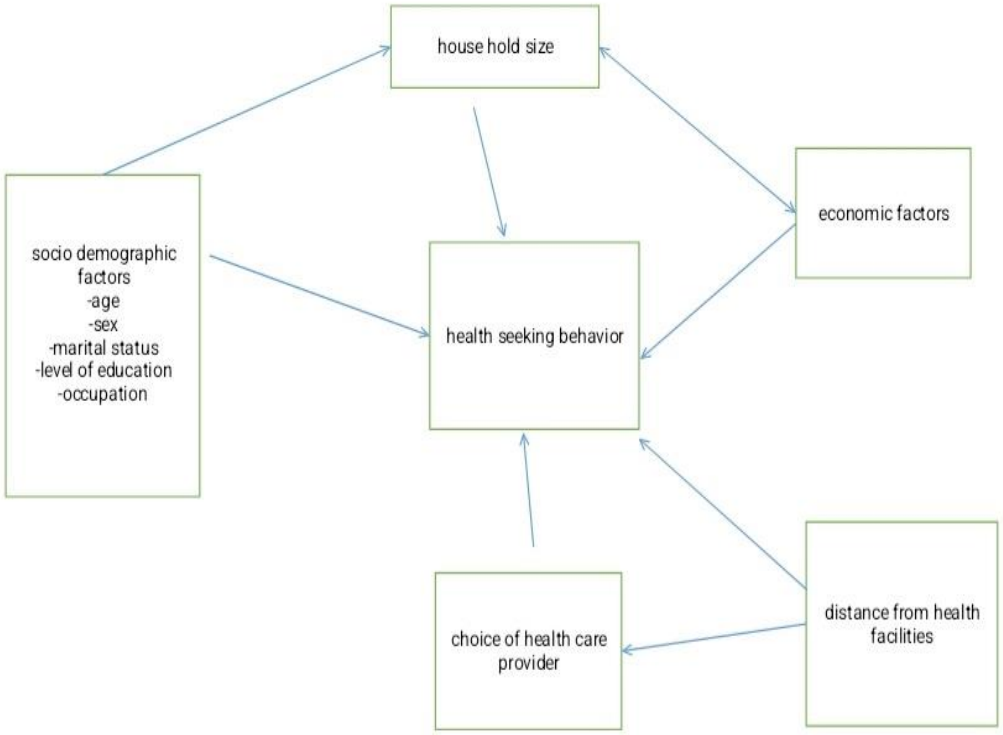

Figure 1: conceptual framework of factor associated with health care seeking behavior adopted after reviewing of different literatures.

3. Objective

3.1 General Objective

- To assess adult household heads health care seeking behavior Wolkite town, SNNPR,Southwest Ethiopia, 2022.

3.2 Specific Objective

- To determine the magnitude of health care seeking behavior in Wolkite town, SNNPR,Southwest Ethiopia, 2022.
- To identify factors associated with adult health seeking behavior Wolkite town, SNNPR,Southwest Ethiopia, 2022.

4. Methods

4.1 Study Area and Period

Our study was conducted in Wolkite town which is the capital city of gurage zone, found in SNNPR and 158KM far from Addis Ababa in southern direction and 429km away from Hawassa which is the capital city of the Region. Wolkite town is located between latitude of 8 17/ N 37 47Æ and longitude of 8.283 N 37.783 E with an elevation of 1,910 and 1,935 meters above sea level . The total population of the town is about 92512.The structural plane of wolkite town is set up from 3 sub-cities. The 3 sub-city are Bekure, Addis Brihan and gubreye plus the corresponding 6 kebeles are selamber, Edigetchora and Menahiria in Addis Brihan sub-city, Addis hiwot and EdigetBer in Bekure sub-city and 01 kebele in Gubrye sub-city. The study was conducted from May 8 to May 30, 2022.

4.2 study design

A cross sectional study design was employed.

4.3 Population

4.3.1 Source Population

Source of population was all adult peoples living in Wolkite Town

4.3.2 Study Population

All adult populations in Wolkite Town who fulfil the inclusion criteria and available during the data collection period was selected.

4.3.2 Study unit

The study unit was households in the selected kebeles.

4.4 Inclusion and Exclusion Criteria

4.4.1 Inclusion Criteria

All household members who lives in Wolkite town age greater than 18 years old, able to communicate, agree to participate.

4.4.2 Exclusion Criteria

Critically ill, unable to speech, age below 18 years, unable to respond.

4.5 Sample Size and Sampling Procedure

Sample size determination

Sample size was determined by using single population proportion formula by considering the following assumptions;

using the prevalence as 58.4% (from similar study done among community in southern west Ethiopia). Confidence interval of 95%, margin of error 5% and 10% of non-respondent rate.

$$n = z^2 p(1-p)/w^2$$

Where, n= required minimum sample size

Z= z-score value corresponding to a given level of confidence

p= estimated population proportion

w= allowable margins of error

$$n = \frac{(1.96)^2 \times 0.584(1-0.584)}{0.05^2} = 373.3 \approx 373$$

We add total non-respondent rate of 10%(37)

373+37=410

Sampling technique

Three Keble's (addis hiwot,edget chora,menharia) will randomly selected by SRS (by lottery method) from 13 Kebeles in wolkite . After calculating proportional sample size to each selected Kebeles. (166 samples addis hiwot, 97 samples from edget chora, 147 samples from menahria)

The study participants will be selected by systematic random sampling. (samples:-total kebele population*410/total population on the selected kebeles) All women of reproductive age group were included during the study period consecutively until the required sample size was obtained with sample interval of sampling fraction (N/n). The researcher will use house number to select individual women of reproductive age group from the selected Keble.

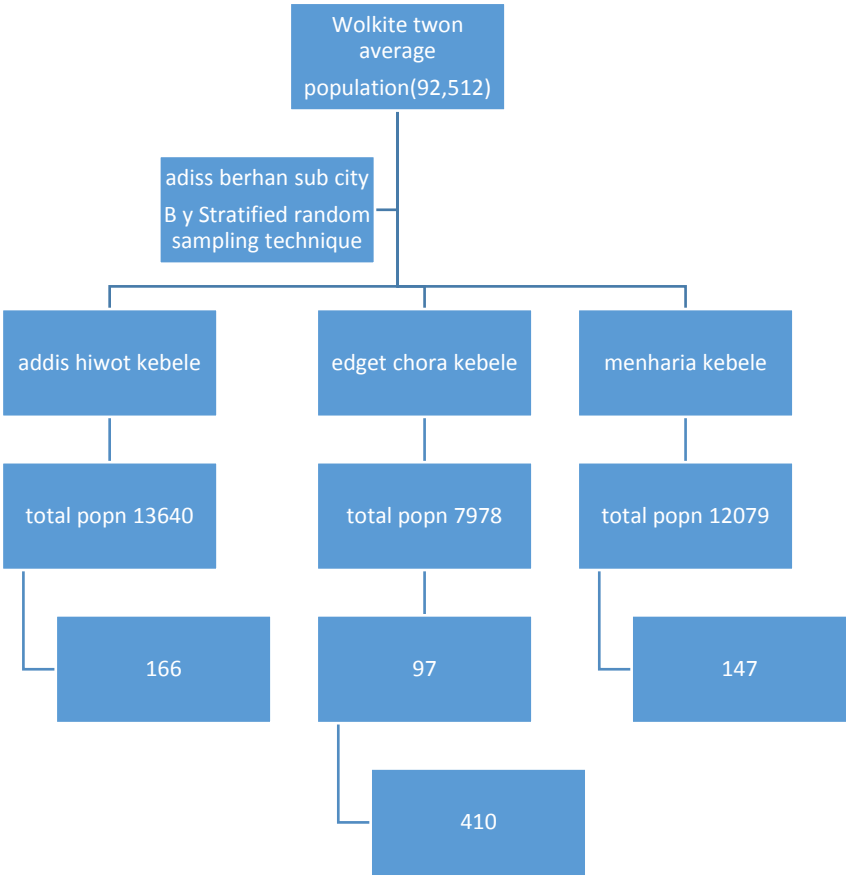

Figure 2: Schematic presentation of sampling technique a study on Wolkite town, Gurage zone, Southern Ethiopia, 2022.

4.6. Variables

4.6.1 Dependent Variable

Health seeking behavior

4.6.2 Independent Variables

Socio demographic factors-age, sex, marital status, level of education, occupation, family size, income, distance from health facilities

4.7 Operational Definition

Disease: any deviation from normal function of any part, organ or system of the body diagnosed and confirmed by physician.

Health care: an institution which provides promotive, preventive and curative service that can be owned by public, private and non-governmental organization

High health seeking behavior: having a score above (≥) the mean on each of the target dimensions was equated with having a high level of health seeking behavior (34).

Low health seeking behavior: Participants having a score below the mean on one of the target dimensions was equated with having a low level of health seeking behavior (34).

4.8 Data Collection Procedure and Quality assurance

4.8.1 Data Collection Procedure

Data was collected via standardized questionnaires completed by investigators. The survey was written in English. Before beginning data collection, the instrument was evaluated with a sample of 5% of the population to ensure that the questions are feasible. The data that has been pre-tested was not included in the main data.

Using the lottery technique, data gathering began with the first household as a reference point. The residence was revisited three times during data collection if it is discovered locked the next time.

The overall health-seeking behavior of study participants was assessed using the mean score of each of the following four dimensions- actions taken when got ill, screening for general health, health oriented leisure activities, risk exposure.

4.8.2 Data Quality Assurance

The modified instrument was translated in to the local language, Amharic. The collected data was translated back to English to ensure consistency and accuracy. The questionnaire was pretested on 5% of the calculated sample size out of the study area. Finally, filled questionnaires were checked for completeness and consistency of the data by the principal investigator on daily basis.

4.9 Statistical Analysis

Data entry and analysis was done by using SPSS 20 software. Descriptive statistics and multivariable logistic regression were used to analyze the data. Candidate variables with P-value <0.2 in Bivariable model were entered to multivariable model to adjust for predictors. The 95% CI for the corresponding Odds Ratio (OR) were used to assess the degree of associations at ($P<0.05$) to declare significance. The results were presented in the form of tables, figures and texts using frequencies.

4.10 Ethical Consideration

Before data collection process started the written permission from the University and local administrator was required. During the field work, the data collection was started after the data collectors greet, introduce themselves, and explain the aim of the study and getting and signed consent form from the respondents. Confidentiality of the data was maintained and the right not to participate and the right to leave the study process at any time was told

4.11 Dissemination of results

The findings of the study will be submitted Wolkite University College of Medicine and health sciences; department of nursing; the finding of this study will be disseminated to Wolkite city Health bureau, Wolkite university specialized teaching hospital, clinics, other health institutions (either governmental or private). Moreover the result will be also submitted to publication centers and any concerned body.

5. Result

A. Socio-Economic and Demographic Factors

A total of 410 households heads were involved in this study with the response rate of 100%. Among the study participants male comprises 228 (55.6%) and 182 (44.4%) were females. Majority of individual lies at the age group of 26-35 years which accounts for 159(38.8%). Two hundred eleven (51.5%) of study participant had monthly income between 1000-4000 birr. Two hundred thirty seven (57.8%) of the households have a family size of greater or equal to 5 (Table1).

Table 1:Socio-economic and demographic characteristics of participants (n=410) in Wolkite town, Gurage Zone, SNNPR, Ethiopia, June 2022

Variables	**Categories**	**No**	**%**
Sex	Male	228	55.6
	Female	182	44.4
Age	18-25	26	6.3
	26-35	159	38.8
	36-45	157	38.3
	46+	68	16.6
Religion	Orthodox	145	35.4
	Protestant	6	1.5
	Catholic	2	0.5
	Muslim	257	62.7
Marital status	Single	37	9.0
	Married	364	89.0
	Widowed	1	0.2
	Separated	7	1.7
Ethnicity	Gurage	398	97.1
	Oromo	2	0.5

	Amhara	2	0.5
	Kembata	2	0.5
	Hadya	6	1.5
Occupation	Government employee	98	23.9
	Farmer	20	4.9
	Merchant	209	51.0
	Student	16	3.9
	House wife	57	13.9
	Unemployed	5	1.2
	Daily lab	5	1.2
Educational level	Illiterate	33	8.0
	Primary school	165	40.2
	Secondary school	138	33.7
	Higher education	74	18.0
Monthly income	<1000	7	1.7
	1000-4000	211	51.5
	4000-10000	192	46.8
Family size	Less than 5	173	42.2
	grater or equal to 5	237	57.8
Distance from the health care center	less than 3 kilometer	401	97.8
	3 or above kilometer	9	2.2

Total	410	100

B. Health seeking behaviors

Accordingly, 392 (95.6%) took action when got ill. 271 (66.1%) of participants undertook screening for general health status and 139 (33.9%) of study participants did not took screening. Similarly, more than forty percent (47.8%) participants did not undertook health oriented leisure activities. The general prevalence of health seeking behavior was 25.1% and 74.9% of study participants had low level of health seeking behavior (Table 2).

Table 2: Health-seeking behavior of study participants in Wolkite town, Gurage Zone, SNNPR, Ethiopia, June 2022

Characteristics	**Categories**	**Number**	**Percent (%)**
Take action when got ill	Yes	392	95.6
	No	18	4.4
Take health oriented leisure activities	Yes	214	52.2
	No	196	47.8
Screened for general health	Yes	271	66.1
	No	139	33.9
Antenatal care for mother	Yes	301	73.4
	No	109	26.6
Risk exposure	Yes	133	32.4
	No	277	67.6
Health-seeking behavior	Low	307	74.9
	High	103	25.1
Total		**410**	**100**

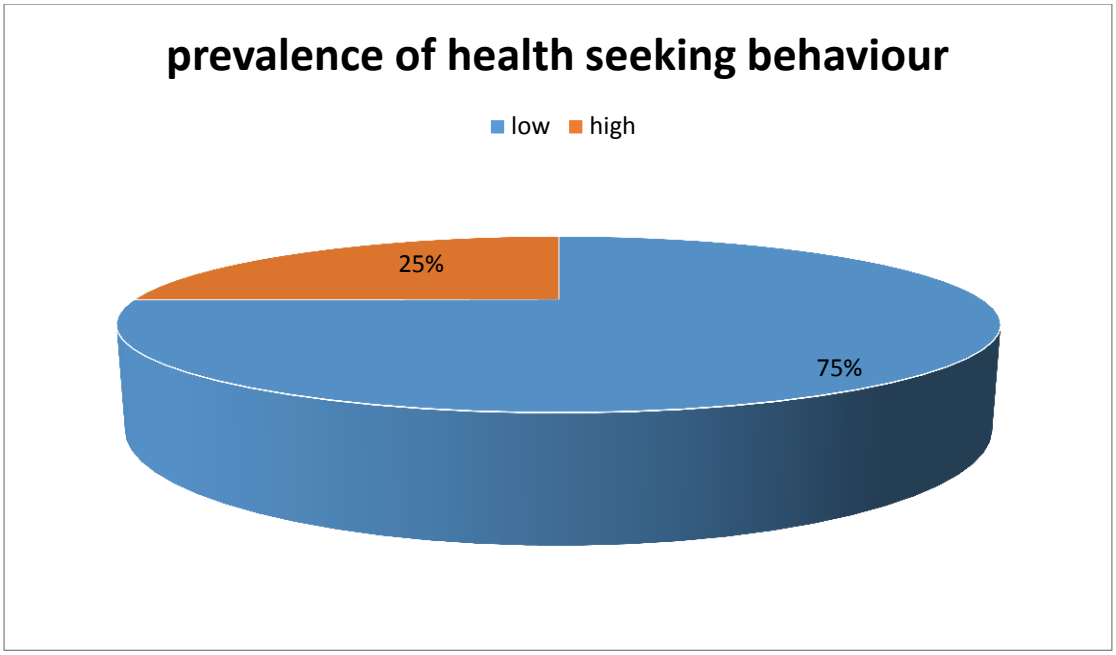

Figure 3: prevalence of health seeking behavior, wolkite town,2021

C. Factors associated with health seeking behaviors

Candidate variables with P-value <0.2 in Bivariable model were entered to multivariable model to adjust for predictors. The 95% CI for the corresponding Odds Ratio (OR) were used to assess the degree of associations at (P<0.05) to declare significance.

In multivariate logistic regression analysis variables like age, family size, level of education were independently associated with health seeking behavior.

The odds of having high health-seeking behavior among participants age between 36-45 was 2.82 times higher than those participants age between 18-25 [AOR=2.828,95% CI: (1.023,7.819)].

Similarly, households whose family size < 5 were 5.55 times more likely to have high health seeking behavior than those households heads whose family size greater or equal to 5 [AOR=5.55,95% CI:(3.043,10.120)].

Those households heads whose Educational level of higher education (diploma and above) were (AOR = 4.18,95%CI:(1.166,15.010)) 4.18 times more likely to have high health seeking behavior than those households heads with educational status of illiterate.

Table 3: Variables associated with health-seeking behavior in Wolkite town, Gurage Zone, SNNPR, Ethiopia, June 2022

Variables	**Categories**	**Health seeking behavior**		**Crude odd ratio(CI)**	**Adjusted odd ratio(CI)**	**P value**
		Low(%)	**High(%)**			
Age	18-25	17(65.4)	9(34.6)	1	1	0.000
	26-35	141(88.7)	18(11.3)	0.241(0.094,0.621)	0.479(0.125,1.842)	0.284
	36-45	87(55.4)	70(44.6)	1.520(0.639,3.617)	4.287(1.133,16.223)	**0.032***
	46+	62(91.2)	6(8.8)	0.183(0.057,0.585)	0.738(0.148,3.690)	0.711
Religion	orthodox	123(84.8)	22(15.2)	1		
	Protestant	6(100.0)	0(0.0)	0.000(0.000)		
	Catholic	2(100.0)	0(0.0)	0.000(0.000)		
	Muslim	176(68.5)	81(31.5)	0.573(0.523,1.348)		
Marital status	Single	23(62.2)	14(37.8)	1		
	Married	276(75.6)	89(24.4)	0.530(0.261,1.073)		
	Widowed	1(100.0)	0(0.0)	0.000(0.000)		
	Separated	7(100.0)	0(0.0)	0.000(0.000)		
Family size	Less than 5	98(56.6)	75(43.4)	5.712(3.479,9.380)	5.826(3.097,10.960)	**0.000***
	Greater or equal to 5	209(88.2)	28(11.8%)	1	1	0.000
Educational status	Illiterate	29(87.9)	4(12.1)	1	1	0.000
	Primary school	145(87.9)	20(12.1)	1.000(0.318,3.143)	0.536(0.149,1.935)	0.341
	Secondary school	103(74.6)	35(25.4)	2.464(0.809,7.502)	1.720(0.482,6.137)	0.404
	Higher education	30(40.5)	44(59.5)	10.633(3.388,33.373)	4.075(1.094,15.180)	**0.036***

NOTES: *Significance at p-value <0.05

6. Discussion

Prompt and appropriate care seeking practices have importance to avoid many deaths. Many evidences suggest that addressing health seeking behavior pave ways for appropriate utilization of health care services (32). This study tried to measure health-seeking behavior in multidimensional approaches to improve specific health behavior change to prevent disease and promote health.

In this study, the magnitude of high health care seeking behavior among household was 25.1%, which line with (95% CI; 21.3-28.8). The extent of health-seeking behavior of the current study was remarkably low when compared to different parts of the world (33).This finding was relatively high with findings reported for Health-seeking behavior and associated factors among community in Hosanna town Southern Ethiopia(34). In another study done in Dale Woreda, Sidama Zone, Southern Ethiopia revealed that the magnitude of high health care seeking behavior among household was 72.8%(35). The big difference observed here might be due to the differences in methodologies (difference in geographical differences, sampling techniques and the difference in definition of health care seeking behavior). In any case, this finding implies that significant behavioral interventions are needed to improve health-seeking behavior so that increase health service utilization coverage in the community.

Socio-demographic characteristics of household heads were tested for association. The results illustrated that age, religion, marital status, family size, level of education showed an association with health seeking behavior.

The odds of having high health-seeking behavior among participants age between 36-45 was 2.82 times higher than those participants age between 18-25 Study conducted in Dale Woreda, Sidama Zone, Southern Ethiopia supported the findings(35). With increasing age, there is a higher sense of responsibility of individuals with regards to health issues, and since most of the respondents are in the working age group and with different occupation, their income could be used to pay for health services rendered.

In this study, family size showed highly significant association with health care seeking behavior. Households whose family size < 5 were 5.55 times more likely to have high health seeking behavior than those households whose family size greater or

equal to 5 .Population-based cross sectional Study conducted in North West Ethiopia revealed similar findings (36). This might be because that those who have the larger family members should carry more responsibilities and experienced severe socio-economic hardship which prevented them from seeking appropriate health care from modern health facilities for symptom experienced.

Educational status was significantly affects health care seeking behaviors of household heads in the study area. Those households heads whose Educational level of higher education(diploma, degree)were 4.18 times more likely to have high health seeking behavior than those households heads with educational status of illiterate. Population-based cross sectional Study conducted in Southern Nigeria revealed similar findings (25). This might be due to that better-educated people are aware of health problem, know more about the availability of health-care services, and use this information more effectively to maintain or achieve good health status.

7. Conclusions and Recommendation

Conclusions

The overall health seeking behavior of households of Wolkitie town in this study was low. This finding indicates that approximately only one in every four household has high health seeking behavior. This cues to work on promotion of healthcare on the health seeking behavior of the population of the country. Besides, the results of this study revealed that age, family size, level of education were factors significantly associated with health seeking behavior.

Recommendation

Based on the finding of the result to facilitate health seeking behavior in household level the following recommendations are forwarded.

- The health concerned bodies in kebele, woreda, zone, region, MOH and should design regular education for the community regarding their health collaborating with health extension workers.
- Mass Medias such as radio and television should promote the importance of physical activities.
- Health centers should teach the patient the importance of general screening.
- Further consideration should also be given for the risk factors (age, family size, and level of education).
- Further nationwide research on the issue.

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8. Strength and limitation

Strength

This study is the first research done related to adult health care Seeking behavior in the study area. The questioner was pretested on similar setting and a necessary modification was made to minimize the difficulty during the data collection.

Limitation

This study has some important limitations that should be kept in mind when interpreting the results. First, the cross-sectional nature of the study design does not confirm definitive cause and effect relationship. Furthermore, reports for some of the questions were past history or encounters which are prone to recall bias.

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10. Annex

Information sheet and consent form

Study title: HEALTH SEEKING BEHAVIOR AMONG ADULT HOUSEHOLD HEADS IN WOLKITE TOWN, SNNPR, SOUTHWEST ETHIOPIA, 2022

Hello! My name is_____ I am the member of researchers teams of Wolkite University College of Medicine and Health Science Department of Nursing. Now I am going to conduct a research on the assessment of adult health care seeking behaviour. You have been invited to participate in this. If you are willing to participate, I will ask you some question concerning health care seeking behaviour . The interview will last no more than 15 minutes.

Your participation is completely voluntary and there is no associated risk with your contribution. Your name, address and other identification is not mentioned. Are you agree to participate in this study? A. YES B.NO

If your answer is YES, please sign your signature in the space provided below.

Respondents' Signature _____ Date of data collection _____

Data collectors' Name_____ Signature _____

If you want additional information, you can contact the researchers by the following address.

1. Abdulsemed D. Phone: +251947362703
2. Mohammed Z. Phone: +251923852831
3. Tebibu S.. Phone: +251926789851 , Email:tebibusoul16@gmail.co

English Version Questionnaires

Part one :Socio- economic and demographic variables

S.no	Variable	Characteristics	Remark
1.	Sex	1.Male 2.Female	
2.	Age		
3.	Religion	1.Orthodox 2.2.Protestant 3.Muslim 4.Others_____	
4.	Marital status	1. Single 2. Married 3. Widowed 4. Separated	
5.	Ethnicity	1.Gurage 2.Sidama 3.Amhara 4.Woilata 5.Others	
6.	Occupation	1.Farmer 2.Employee 4.Merchant 4.Others	
7.	Educational status	1.Illiterate 2.Primary education (1-8)	

		3.High school and above	
8.	Monthly income (in birr)	1.Less than 1170 2.Greater or equal to 1170	
9.	Family size	1.less than 5 2.Greater or equal to 5	
10.	Distance from the hospital	1.less than 3 kilometre 2.3 or above kilometre	

Part two: health seeking behaviour

1. Actions taken when got ill

S.no	Variable	Characteristics	Remark
1.	Did you ever got sick?	1.yes 2.no	
2.	During your last illness did you seek treatment?	1.yes 2.no	

2. Screening for general health

S.no	Variable	Characteristics	Remark
1.	Have you ever checked your blood pressure to know the level of your blood pressure?	1.yes 2.no	
2.	Did you ever checked your blood sugar level to know the level of your blood sugar?	1.yes 2.no	

3.	Have you ever tested for human immune deficiency virus (HIV) infection for early care and treatment?	1.yes 2.no	
4.	Did you or member of your family monitor the growth of recent child in family?	1.yes 2.no	
5.	Did you or member of your family followed antenatal care for the resent pregnancy?	1.yes 2.no	

3. Health oriented leisure activities

S.no	Variable	Characteristics	Remark
1.	Did you took health oriented leisure activities like walking, running, playing tennis, jumping rope, lifting weight	1.yes 2.no	

4. Risk exposure

S.no	Variable	Characteristics	Remark
1.	Did you take alcohol?	1.yes 2.no	
2.	Did you chew Khat?	1.yes 2.no	

AMHARIC Version Questionnaires

ቃለ መጠይቅ

መግቢያ

ይህ ቃለ መጠይቅ የተዘጋጀዉ በቤተሰብ ደረጃ አንድ ሰዉ ህመም ሲያጋጠመዉ የሚወስዳቸዉን እርምጃዎቸ ለማወቅ ሲሆን ምርመራም የሚካሄደዉ በ ወልቂጤ ከተማ ነዉ

በምርመሩ ለመሳተፍ የፍቃደኝነት ፎርም

ሰላም! ስሜ _____ይባላል። የወልቂጤ ዩኒቨርሲቲ የሕክምና እና ጤና ሳይንስ ኮሌጅ የነርስ ትምህርት ክፍል ተመራማሪዎች ቡድን አባል ነኝ። አሁን የአዋቂዎች ጤና አጠባበቅ ፍላጎት ባህሪ ግምገማ ላይ ምርምር ላካሂድ ነው።የዚህ መጠይቅ አላማ በቤት ወስት ህመም ያለበት ግለሰብ ህክመና በሚያስፈልገበት ወቅት የሚወስዳቸዉን እርመጃዎቸ ለማወቅ ነው ።በዚህ ላይ እንድትሳተፉ ተጋብዘዋል።በመጠይቁ ወቅት የሚሰቱት መረጃዎች በሙሉ በሚስጠር የተጠበኩ ናቸዉ። ለመሳተፍ ፈቃደኛ ከሆናችሁ፣ የጤና እንክብካቤ ፍላጎት ባህሪን በተመለከተ አንዳንድ ጥያቄዎችን እጠይቅዎታለሁ። ቃለ መጠይቁ ከ15 ደቂቃ በላይ አይቆይም።

የእርስዎ ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረት ነው እና ከእርስዎ አስተዋፅዖ ጋር ምንም ተያያዥነት ያለው አደጋ የለም።የእርስዎ ስም፣ አድራሻ እና ሌላ መታወቂያ አልተጠቀሰም። በዚህ ጥናት ለመሳተፍ ተስማምተሃል? ሀ. አዎ ለ. አይ

መልስዎ አዎ ከሆነ፣ እባክዎን ፊርማዎን ከዚህ በታች ባለው ክፍት ቦታ ላይ ይፈርሙ።

ምላሽ ሰጪ ፊርማ _____ መረጃ የተሰበሰብበት ቀን _____

የመረጃ ሰብሳቢ ስም _____ፊርማ _____

ተጨማሪ መረጃ ከፈለጉ ተመራማሪዎቹን በሚከተለው አድራሻ ማግኘት ይችላሉ።

1. አብዱልሰመድ ደ ስልክ፡ +251947362703
2. መሀመድ ዘ ስልክ፡ +251923852831
3. ጠቢቡ ሰ.. Phone: +251926789851 , Email:tebibusoul16@gmail.com

መጠይቅ አንድ : የ መላሹን/ዋን ሁኔታ የሚገልፀ መረጃ

ተ.ቁ	የመጠይኩ አይነት	ምላሽ	አስተያየት
1.	ፆታ	1.ወንድ 2. ሴት	
2.	ዕድሜ	_____	
3.	ሃይማኖት	_____	
4.	የጋብቻ ሁኔታ	_____	
5.	የየትኛዉ ብሄረሰብ አባል ኖት	_____	
6.	ሥራ	_____	
7.	የትምህርት ደረጃ	_____	
8.	ወርሃዊ ገቢ (በብር)	_____	
9.	በአንድ ቤት ዉስጥ የሚኖሩ የቤተሰብ ብዛት	_____	
10.	ቤትዎ ቅርብ ካለዉ የጤና ተቁዋም ምን ያክል ይርቃል	_____	

መጠይቅ ሁለት: የጤና ፍለጋ ባህሪ

1. ሲታመሙ የተወሰዱ እርምጃዎች

ተ.ቁ	የመጠይኩ አይነት	ምላሽ	አስተያየት
1.	ከዚህ በፊት ታመዉ ያዉቃሉ	1.አዎ 2.አይ	
2.	በመጨረሻው ህመምዎ ህክምና ወስደዉ	1.አዎ	

	ነበር?	2.አይ	

2. ለአጠቃላይ ጤና ምርመራ

ተ.ቁ	የመጠይቁ አይነት	ምላሽ	አስተያየት
1.	የደም ግፊትዎን ደረጃ ለማወቅ የደም ግፊትዎን ተለክተዉ ያውቃሉ?	1.አዎ 2.አይ	
2.	የደምህን የስኳር መጠን ለማወቅ የደምህን የስኳር መጠን ተለክተዉ ያውቃሉ ?	1.አዎ 2.አይ	
3.	ለቅድመ እንክብካቤ እና ህክመና HIV መርመራ አደርገዉ ያዉቃሉ?	1.አዎ 2.አይ	
4.	እርስዎ ወይም የቤተሰብዎ አባል በቤተሰብ ውስጥ የቅርብ ጊዜ ልጅ እድገትን ይከታተሉ?	1.አዎ 2.አይ	
5.	እርስዎ ወይም የቤተሰብዎ አባል ለመጨረሻው እርግዝና የቅድመ ወሊድ እንክብካቤን ተከትለዋል?	1.አዎ 2.አይ	

3. ጤና ተኮር የመዝናኛ እንቅስቃሴዎች

ተ.ቁ	የመጠይቁ አይነት	ምላሽ	አስተያየት
1.	እንደ መራመድ፣ መሮጥ፣ መዋኘት እና ብስክሌት መንዳት፣ ቴኒስ መጫወት፣ ገመድ መዝለል፣ ክብደት ማንሳት የመሳሰሉ የጤና ተኮር የመዝናኛ እንቅስቃሴዎችን ይሰራሉ?	1.አዎ 2.አይ	

4. የአደጋ ተጋላጭነት

ተ.ቁ	የመጠይኩ አይነት	ምላሽ	አስተያየት
1.	ከዚ በፊት አልኮል ይጠቀማሉ?	1.አዎ 2.አይ	
2.	ከዚ በፊት ጫት ይቅማሉ?	1.አዎ 2.አይ	

APPROVAL SHEET
HEALTH SEEKING BEHAVIOR AMONG ADULT HOUSEHOLD HEADS IN WOLKITE TOWN, SNNPR, SOUTHWEST ETHIOPIA, 2022

Submitted by [Students]:

1. _____ _____ _____
   Student Name Signature Date

2. _____ _____ _____
   Student Name Signature Date

3. _____ _____ _____
   Student Name Signature Date

Approved by [Advisors]:

1. _____ _____ _____
   Advisors' Name Signature Date

2 _____ _____ _____
   Advisors' Name Signature Date

Approved by [Board of Examiners]:

1. _____ _____ _____
   Examiners' Name Signature Date

2. _____ _____ _____
   Examiners' Name Signature Date