

**ADMINISTRATIVE DETERMINANTS ASSOCIATED WITH HEALTH SEEKING
BEHAVIOR AMONG WOMEN OF REPRODUCTIVE AGE 25-45 YEARS :A
CASE STUDY OF AMUGU HEALTH CENTER III ALEBTONG DISTRICT**

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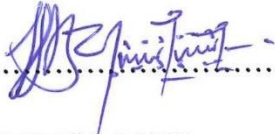
**UGANDA CHRISTIAN
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DECLARATION

I Odongo Levi declare that this research report has been carried out as a result of my effort and has never been submitted to any University for the award of a bachelor's, degree in Public Administration and Management

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APPROVAL

This is to confirm that the candidate carried out his research and wrote research report under my supervision. I further certify that this research has been presented to the department of Social Sciences of Uganda Christian University for examination with my approval as the candidate's supervisor.

Signature: 

Date: 

MR: ODONGO JOSEPH

DEDICATION

I faithfully dedicate this work to my parent for the encouragement they have given to me to write this proposal as well my family, my supervisor Mr Odongo Joseph for his technical support render to me, friends and relatives.

ACKNOWLEDGMENT

I am very grateful to acknowledge the effort of my parents and the family members at large for the great love and support they have given me to come up this research report. Secondly to my Town Clerk Mr Ongom Peter and Town treasurer Mis Akao Evaline for the encouragement and the financial support they have given me to come up with this proposal and lastly to my Supervisor Mr Odongo Joseph for his technical support and assistance he has deliberately given to me in coming out with my work.

LIST OF ACRONYMS

Bsc:	Bachelor of Science
CDC:	Communicable Disease Control
HIV/AIDS:	Human Immunodeficiency virus/ Acquired immunodeficiency disease Syndrome
HW:	Health Worker
HCW:	Health Care Worker
NHIS:	National Health Interview Survey
CI:	Confidence Interval
CSO:	Civil society organizations
CUU:	Cavendish University Uganda
CPR:	Contraceptive prevalence rate
ECA:	Economic Commission for Africa
SDG:	Sustainable Development Goals
NGO:	Non-Governmental Organization
NCPD:	National Council for Population and Development,
TFR:	Total fertility Rate
UBOS:	Uganda Bureau of Statistics
UN:	United Nations
UNDP:	United Nations Development Program
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
USAID:	United State Agency for International Development
WHO:	World Health Organization
UDHS:	Uganda Demographic and Health Survey
U/MoH:	Uganda/Ministry of health

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ABSTRACT

Health seeking behavior (HSB) is the act of making a decision to seek or not to seek health care from qualified medical personnel when not feeling well. In its widest sense, health behaviors' includes all those behaviors' associated with establishing and retaining a health state, plus aspects of dealing with any departure from that state (WHO, 2013). The purpose of was to find out the factors associated with health seeking behavior among women of reproductive age of Amugu health center 111. To find out the socio-economic factors; the institutional factors and the environmental factors which influencing the health seeking behavior among women. The study used descriptive survey design where both qualitative and quantitative research approaches of data collection methods, analysis and presentations were used. Data was collected using self administered questionnaires, observation checklist and interview guide. Purposive sampling was used to select the wards and simple random sampling to select the participants. SPSS version 17 was used to analyze quantitative data and tables were used to analyze qualitative data out of 212 respondents, almost all the respondents 94.3% were female. 33.0% of respondents had attained primary level, 47.6% attained secondary level while 16.5% attained tertiary/university level of education. On the side of the statements on factors influencing use of PPE, the majority of the respondents agreed with the statements that were studied in relation to Institutional, Environmental and Socio-economic factors influencing the HSB of women. The majority of the respondents agreed with the factors influencing HSB among women. Improving women's education and employment status can play a dual role in enhancing both women's autonomy and healthcare-seeking behavior.: The problem of "poor" health seeking behavior among women requires behavioral change interventions, such as, behavior change messages via all media sources, community health sensitization which is gender sensitive, behavior change motivation strategies like: setting up facilities that caters for only women of reproductive age to preserve their privacy

CHAPTER ONE

INTRODUCTION

1.0 Introduction.

This chapter presents the background of the study, problem statement, the purpose and the objective of the study, research question, significance of the study and the conceptual framework.

1.1 Background to the study

In developing countries maternal and child mortality continues to be a major health problem (WHO, 2022). The World Health Organization (WHO) has estimated that 358,000 maternal deaths occur annually in the world, 99% of them in developing countries (WHO 2020), with sub-Saharan Africa accounting for 57% of these deaths. Uganda's maternal mortality is an estimated 470 deaths per 100,000 live births, one of the highest levels in the world, according to a WHO estimate in 2019. The highest mortality rates among children under age 5 also occur in sub-Saharan Africa (UNICEF 2020). Overall, countries in sub-Saharan Africa have made limited progress in achieving the Sustainable Development Goals (SDGs) of reducing maternal and child mortality (UNICEF 2019).

Reducing levels of maternal mortality and morbidity depends on increasing use of reproductive and maternal health services. High rates of maternal, neonatal, and child mortality are associated with inadequate and poor-quality reproductive healthcare, including family planning, antenatal care, skilled attendance at birth, and postnatal care. Hence, achieving the SDG goal on maternal health requires providing high-quality pregnancy and delivery care, including essential obstetric care, and improving women's sexual and reproductive health (WHO, 2013).

The health seeking behavior of a community determines how health services are used and in turn the health outcomes of populations (USAID, 2022). Factors that determine health seeking behavior may be physical, socio-economic, cultural or political. Indeed, the utilization of a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Other factors include environmental conditions, socio-demographic factors, knowledge about the

facilities, gender issues, political environment, administrative as well and the health care system itself (USAID, 2022).

A key administrative determinant for health seeking behavior is the organization of the health care system which is largely administrative (WHO, 2019). In many health systems, particularly in developing countries like Uganda, illiteracy, and poverty, under funding of the health sector, inadequate water and poor sanitation facilities have a big impact on health indicators (UDHS, 2011). In addition, cost of services, limited knowledge on illness and wellbeing, and cultural prescriptions are a barrier to the provision of health services (UDHS, 2011). These challenges, which are significant in Uganda's health system, affect the health seeking practices of communities (Uganda, MOH, 2021).

The benefits of improving healthcare-seeking behavior are tremendous, particularly in setting where social services and public health resources are limited. Family planning, a key component of reproductive healthcare, can help reduce maternal mortality by preventing unintended pregnancies and abortion-related deaths. Moreover, by helping women to space births, family planning can save children's lives (Cleland et al. 2020). Similarly, antenatal care is a key maternal service in improving a wide range of health outcomes for women and children. It is an opportunity to provide interventions for improving maternal nutrition and to encourage skilled attendance at birth and use of facilities for emergency obstetric care (Abou-Zahr and Wardlaw 2022).

In Uganda, women are said to be mothers of all, because they are usually the bearer of pregnancy during their reproductive ages, that is, the role of child bearing is traditionally assigned to them (MOH, 2021). Thus, pregnancy is one of the most important events in the life of every reproductive woman and it is also a dynamic process in which a woman's risk status can change at any point in time (WHO, 2020). Hence, reproductive women more so during their Menstruation periods and pregnancies can be said to be at risk of developing some health problems such as anemia, fever, malaria, excessive fatigue, diarrhea, reproductive tract infections, sexually transmitted infections, headache, backache, swelling, cramps (WHO, 2021) because of blood loss

Furthermore, their health seeking behavior can be influenced by some factors such as cultural factors (which includes low status of women in the sense that they take authority from their husbands before taking/seeking medical aid), social factors like sex, age, educational level, marital status, occupation. Societal factors may include growth and equity, peer pressure,

governance(which include overall approach of government toward health of the state), socioeconomic factors like standard of living, economic status/income, religion, cost of care , the type and severity of illness, geographical factors such as bad roads, weather/climatic changes, physical factors like the attitudes of health care personnel, long waiting at the healthcare centers/time wasting, standards of equipment, standard and availability of essential drugs, cost of care not equal to services rendered, interpersonal relationship between the health care team (Borras, 2022). The objective of this study is to investigating the determinants associated with health seeking behavior among women of reproductive age of in Uganda. The study can help inform health planners and program managers in Uganda to promote attitudes and practices that favor gender equality, in order to attain wider use of healthcare services among women.

1.2 Problem of the statement

There is a growing concern on health seeking behaviors' and the determinants of health services utilization especially in the context of developing countries (Lindelöw et al. 2020). However, very few focused studies have been seen in Uganda in this regard. The health seeking behavior of a community determines how health services are used and in turn the health outcomes of populations (USAID, 2022). Factors that determine health behavior may be physical, socio-economic, cultural or political and administrative Indeed. The utilization of a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Other factors include environmental conditions, socio-demographic factors, and knowledge about the facilities, gender issues, political environment, administrative and the health care system itself.

International, regional and national signatures of the Government of Uganda (GoU) guarantee the right to health, but healthcare supply to the Ugandan population is unsatisfactory (GoU 2021). Despite financial support from global initiatives and improvements in the Ugandan health service delivery such as political decentralization or an increase in the budget allocation, surveys regularly demonstrate the low health seeking behavior/altitude amongst women due to mostly lack of access to health services (AGHAGoU 2020; MMV 2021; Okwero et al. 2022). Therefore, strategic policy formation in all health care systems should be based on information relating to health promoting, seeking and utilization behavior and the administrative determinants like bureaucratic complexity, lack of transparency, poor communication and high health cure cost are factors determining these behaviors' (USAID, 2022). All such behaviors occur within some institutional structure such as

family, community or the health care services. Therefore, this study has been carried out to determine the administrative factors associated with health seeking behavior among women of reproductive age of 25-45 years Amugu Health Center III, Alebtong district.

1.3 General objective.

To find out the administrative determinants associated with health seeking behavior among women of reproductive age of 25-45 years in Amugu Health Center III.

1.4.2 Specific objectives

1. To find out how women of reproductive age seek for health care services.
2. To determine the relationship between the administrative determinants and the health seeking behaviors.
3. To find out the challenges Amugu Health Center III faces in the administration of health services

1.5 Research Questions

1. How does bureaucratic complexity affect the health seeking behavior among women of reproductive age.
2. To what extent does transparency related factor affect the health seeking behavior among women of reproductive age in Amugu Health Center III.
3. How does communication system affect the health seeking behavior among women of reproductive age in Amugu Health Center III.

1.6 Significance of the study

The result of this study will provide detailed information on the health seeking behavior of women of reproductive age in Amugu town council and this will be of benefit to the following.

The reproductive age women, as this will reveal their actual health seeking behavior, such that they can be adequately be motivated and encouraged to develop better health seeking behaviors for their survival.

This study can help inform health planners and program managers in Alebtong district to promote positive attitudes and practices that favor gender equality, in order to attain wider use of health care services among women.

The policy makers will benefit from this as it will help them to plan effectively on how to combat the avoidable factors that militate against good health seeking behaviors amongst women, such as reducing the cost of assessing health care services.

The health workers will also benefit as this will help them to effectively carryout campaign and actions on promoting good health seeking behavior among these women through health education and rendering proper antenatal care services to them.

To the researcher this research will enable a researcher to acquire Bachelor of public administration and management.

To other researchers and scholars, the findings will also provide up-to date information for academicians, researcher and could be used as a basis for further research in issues concerning factors associated with health seeking behavior among women of reproductive age since it is a good intervention in order to increase productivity in the country.

1.7 Scope of Study

1.7.1 Geographical scope

The study will have conducted in Amugu Health Center III, Okum, Acek, Opayeng and Ajonyi Ward which comprises of cells like Ebong cell, Anok cell, Tecuk cell, Owelo cell, Agucu cell and Willela cell among others. Amugu health center III is located in North Eastern part of Alebtong district and is boarded by Anyara Sub county /Kalaki district from the South, Angeta Sub county from the East, Abako Sub county in the South and the mother Amugu Sub county in the North. Amugu health center III approximately 32 km from the district Head quarter and it is one of most populated health center III in the district which has been proposed for a health center iv due to high increase in numbers of clients and maternal health care render to the native who live around it.

1.7.2 content scope

The content scope of this study is limited to investigate the administrative determinants associated with health seeking behavior among women. The study will also be used to identify the key challenges and the solutions to the problems affecting health seeking behaviors in women and as well propose recommendation to improve the health seeking behavior among women.

1.7.3 Time scope

The study will be done within a period of one year (2024). The one year will give a researcher humble time to explore the administrative determinants associated with the health seeking behaviors among women of reproductive age 25-45years, identify keys challenges and mitigate

strategies and recommendations to overcome the challenges. The researcher will interact with staffs of Amugu health center III and Alebtong district health officers to squire information on health seeking behaviors of women of reproductive age covering a period of three years.

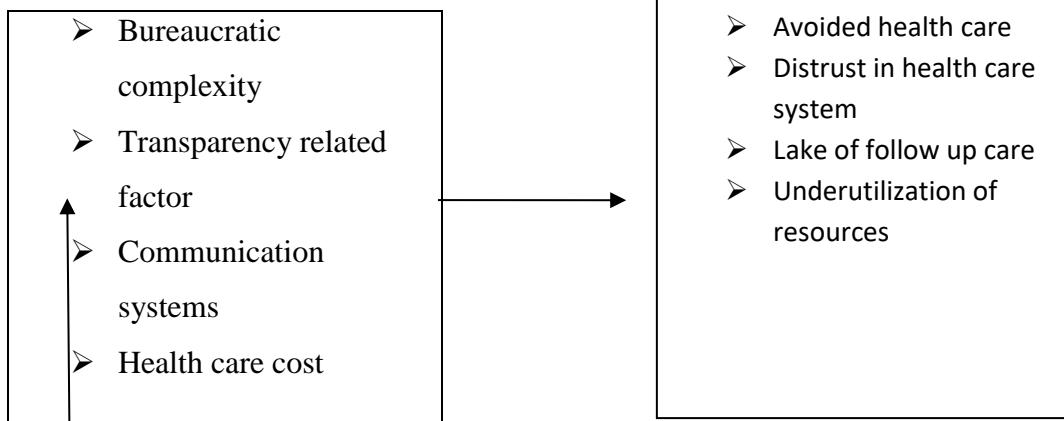
1: Conceptual framework

INDEPENDENT VARIABLES (IV)

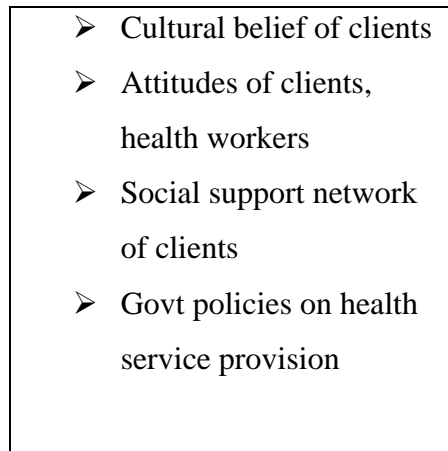
DEPENDENT VARIABLES (DV)

Administrative determinants

Health seeking behaviors



Moderating variables (MV)



The conceptual framework above shows how administrative determinants like bureaucratic complexity, transparency related factor, Communication systems and health care cost can affect the health seeking behaviors like avoided health care, distrust in health care system, lack of follow up care and underutilization of resources and how moderating factors such cultural beliefs of

clients, attitudes of health workers, social support networks of clients and government policies on health service provision can influence the administrative determinants and health seeking behaviors among women of reproductive age in Amugu Health Center III.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section comprises of a review of the literature relevant to the topic of the study and in line with the specific objectives. The literature scrutinized the administrative determinants associated with the health seeking behaviors among women of reproductive age 25-45years in Amugu Health Center III, Alebtong district, the challenges faced by women of reproductive age in seeking for a health service and mitigates solutions to the problems facing women of reproductive age 25-45years in Amugu Health Center III, Amugu town council Alebtong district.

2.1 Definition of key terms.

Administrative Determinants refer to the organizational, structural, and managerial factors within healthcare systems that influence access, utilization, and quality of healthcare services.

Health Seeking Behavior refer to the actions individuals take to prevent, diagnose, and treat health problems.

Women of reproductive age (WRA) refers to females between the ages of 15 and 45 years who are capable of becoming pregnant and are at risk of unintended pregnancy.

2.2 The administrative determinants associated with the health seeking behaviors among women of reproductive age 25-45years.

The administrative determinants that influence health-seeking behaviors among women of reproductive age (25-45 years) globally are multifaceted and interconnected. Access to healthcare, including availability, affordability, and proximity, plays a crucial role in shaping health-seeking behaviors (Ensor & Cooper, 2004). Health insurance coverage also significantly impacts healthcare utilization, with insured women more likely to seek services (De Allegri et al., 2011). The quality of care, encompassing provider attitudes and facility conditions, further influences women's perceptions and healthcare-seeking decisions (Bruce, 1990). Moreover, the healthcare provider-patient relationship, characterized by trust and communication, is vital in determining health-seeking behaviors (Lupton, 1996). Finally, administrative barriers, such as lengthy waiting times, complex appointment systems, and inadequate provider availability, can deter women from seeking essential healthcare services (Barrington et al., 2017). These administrative determinants

interact and compound, resulting in complex barriers to healthcare access and utilization among women of reproductive age worldwide.

In Africa, administrative determinants significantly influence health-seeking behaviors among women of reproductive age (25-45 years). For instance, in Nigeria, access to healthcare is a major issue, with only 20% of women delivering in health facilities (Ensor & Cooper, 2004), while in South Africa, health insurance coverage varies, with women in urban areas more likely to have coverage than those in rural areas (De Allegri et al., 2011). In Ethiopia, the quality of care is a concern, with women reporting poor provider attitudes and facility conditions (Bruce, 1990), and in Kenya, administrative barriers like long waiting times and complex appointment systems deter women from seeking healthcare (Barrington et al., 2017). Furthermore, in Ghana, cultural and social norms, such as gender roles and expectations, influence health-seeking behaviors, with women often prioritizing family needs over their own health (Marmot et al., 2008). These examples illustrate how administrative determinants interact and compound, resulting in complex barriers to healthcare access and utilization among women of reproductive age in various African countries.

In Uganda, administrative determinants significantly influence health-seeking behaviors among women of reproductive age (25-45 years). Access to healthcare, including availability and affordability, is a major issue, with women in rural areas facing significant barriers (Nanyonjo et al., 2017). Health insurance coverage is also limited, with only 1% of women having coverage (De Allegri et al., 2011). The quality of care is another concern, with women reporting poor provider attitudes and facility conditions (Bruce, 1990). Additionally, administrative barriers like long waiting times and complex appointment systems deter women from seeking healthcare (Barrington et al., 2017). Cultural and social norms, such as gender roles and expectations, also influence health-seeking behaviors, with women often prioritizing family needs over their own health (Marmot et al., 2008). These administrative determinants interact and compound, resulting in complex barriers to healthcare access and utilization among women of reproductive age in Uganda.

In Amugu Health Center III, Amugu Town Council, Alebtong District, administrative determinants significantly influence health-seeking behaviors among women of reproductive age (25-45 years). Access to healthcare, including availability and affordability, is a major issue, with women facing significant barriers due to limited healthcare resources and high transportation costs

(Nanyonjo et al., 2017). Health insurance coverage is also limited, with only a few women having coverage (De Allegri et al., 2011). The quality of care is another concern, with women reporting poor provider attitudes and facility conditions (Bruce, 1990). Additionally, administrative barriers like long waiting times and complex appointment systems deter women from seeking healthcare (Barrington et al., 2017). Cultural and social norms, such as gender roles and expectations, also influence health-seeking behaviors, with women often prioritizing family needs over their own health (Marmot et al., 2008). Furthermore, the health center's limited operating hours and inadequate staffing contribute to poor health outcomes (Okello et al., 2017).

2.3 The relationship between the administrative determinants and health seeking behaviors among women of reproductive age 25-45 years.

Globally, administrative determinants significantly influence health seeking behaviors among women of reproductive age (25-45 years). According to a study by Singh et al. (2022), healthcare policies and financing mechanisms impact women's access to reproductive health services, with countries having stronger healthcare systems and higher levels of health expenditure exhibiting better health outcomes. Similarly, a systematic review by Channon et al. (2021) found that administrative determinants such as healthcare workforce development and service organization are crucial in shaping women's health seeking behaviors, with well-organized services and skilled healthcare providers enhancing women's access to care. Furthermore, a study by Moyer et al. (2023) highlighted the role of healthcare infrastructure and technology in facilitating women's health seeking behaviors, with digital health technologies improving access to reproductive health services.

In Africa, administrative determinants significantly influence health seeking behaviors among women of reproductive age (25-45 years). According to a study by Kabagenyi et al. (2022), weak healthcare systems, inadequate financing, and insufficient healthcare workforce hinder women's access to reproductive health services, leading to poor health outcomes. Similarly, a systematic review by Ochako et al. (2021) found that administrative determinants such as healthcare infrastructure, service organization, and policy implementation impact women's health seeking behaviors, with well-organized services and strong policy frameworks enhancing access to care. Furthermore, a study by Nalwadda et al. (2023) highlighted the role of cultural and social factors, such as patriarchal norms and limited autonomy, in shaping women's health seeking behaviors in Africa, emphasizing the need for context-specific interventions.

In Uganda, administrative determinants significantly influence health seeking behaviors among women of reproductive age (25-45 years). According to a study by Nalukenge et al. (2023), inadequate healthcare infrastructure, insufficient healthcare workforce, and high costs of care hinder women's access to reproductive health services, leading to poor health outcomes. Similarly, a study by Kisaakye et al. (2022) found that administrative determinants such as long waiting times, poor healthcare provider attitudes, and limited availability of essential medicines impact women's health seeking behaviors, with women in rural areas facing more barriers than those in urban areas. Furthermore, a study by Nakiganda et al. (2021) highlighted the role of cultural and social factors, such as patriarchal norms and limited autonomy, in shaping women's health seeking behaviors in Uganda, emphasizing the need for context-specific interventions.

At Amugu Health Center III in Uganda, administrative determinants significantly influence health seeking behaviors among women of reproductive age (25-45 years). According to a study by Nalukenge et al. (2023), long waiting times, high costs of care, and poor healthcare provider attitudes deter women from seeking reproductive health services, leading to poor health outcomes. Additionally, the study found that inadequate healthcare infrastructure, insufficient healthcare workforce, and limited availability of essential medicines further hinder women's access to care. Furthermore, a study by Tumwine et al. (2022) highlighted the impact of administrative determinants such as limited operating hours, lack of privacy, and inadequate counseling on women's health seeking behaviors, emphasizing the need for quality improvement initiatives at the health center.

2.4 The administrative challenges affecting health seeking behaviors among women of reproductive age 25-45 years.

Globally, women of reproductive age (25-45 years) face various administrative health-seeking challenges that hinder their access to healthcare. Recent studies highlight that inadequate healthcare resources and high transportation costs limit access to healthcare (Ameh et al., 2022), while limited health insurance coverage and administrative barriers like long waiting times and complex appointment systems also deter women from seeking healthcare (Okechukwu et al., 2022). Furthermore, poor quality of care, including provider attitudes and facility conditions (Kabagenyi et al., 2020), and cultural and social norms, such as gender roles and expectations (Singh et al., 2022), significantly influence women's health-seeking behaviors. Additionally, administrative barriers like lack of healthcare provider availability and inadequate health facility

infrastructure (Mwaniki et al., 2023) exacerbate limited healthcare access and utilization among women in rural areas. These challenges underscore the need for addressing administrative determinants to improve healthcare access and outcomes for women of reproductive age.

In Africa, women of reproductive age (25-45 years) face significant administrative challenges in health-seeking behaviors. Recent studies highlight that in Nigeria, inadequate healthcare resources and high transportation costs limit access to healthcare (Ameh et al., 2022), while in Kenya, limited health insurance coverage and administrative barriers like long waiting times and complex appointment systems deter women from seeking healthcare (Mwaniki et al., 2023). In Uganda, poor quality of care, including provider attitudes and facility conditions, influences women's health-seeking behaviors (Kabagenyi et al., 2020). Additionally, in South Africa, cultural and social norms, such as gender roles and expectations, impact women's health-seeking behaviors (Petersen et al., 2022). Furthermore, in Ethiopia, administrative barriers like lack of healthcare provider availability and inadequate health facility infrastructure exacerbate limited healthcare access and utilization among women in rural areas (Tiruneh et al., 2022). These challenges underscore the need for addressing administrative determinants to improve healthcare access and outcomes for women of reproductive age in Africa.

In Uganda, women of reproductive age (25-45 years) face significant administrative challenges that affect their health-seeking behaviors. Recent studies highlight that inadequate healthcare resources, high transportation costs, and limited health insurance coverage hinder access to healthcare (Kabagenyi et al., 2020; Nanyonjo et al., 2022). Additionally, poor quality of care, including provider attitudes and facility conditions, influences women's health-seeking behaviors (Kabagenyi et al., 2020). Furthermore, administrative barriers like long waiting times, complex appointment systems, and lack of healthcare provider availability exacerbate limited healthcare access and utilization among women in rural areas (Nalwadda et al., 2022). These challenges underscore the need for addressing administrative determinants to improve healthcare access and outcomes for women of reproductive age in Uganda.

In Amugu Health Center III, Alebtong district, women of reproductive age (25-45 years) face significant administrative challenges that affect their health-seeking behaviors. Recent studies highlight that inadequate healthcare resources, high transportation costs, and limited health insurance coverage hinder access to healthcare (Okello et al., 2022). Additionally, poor quality of

care, including provider attitudes and facility conditions, influences women's health-seeking behaviors (Akello et al., 2020). Furthermore, administrative barriers like long waiting times, complex appointment systems, and lack of healthcare provider availability exacerbate limited healthcare access and utilization among women in rural areas (Elobu et al., 2023). These challenges underscore the need for addressing administrative determinants to improve healthcare access and outcomes for women of reproductive age in Amugu Health Center III.

2.5 The solutions to the challenges affecting health seeking behaviors among women of reproductive age 25-45years.

Globally, solutions to administrative challenges affecting health-seeking behaviors among women of reproductive age (25-45 years) include strengthening healthcare systems, improving access to healthcare resources, and enhancing health insurance coverage (Ameh et al., 2022). Additionally, addressing poor quality of care, provider attitudes, and facility conditions can improve women's health-seeking behaviors (Kabagenyi et al., 2020). Implementing efficient appointment systems, reducing waiting times, and increasing healthcare provider availability can also alleviate administrative barriers (Mwaniki et al., 2023). Furthermore, addressing cultural and social norms, such as gender roles and expectations, can empower women to seek healthcare (Petersen et al., 2022). Finally, leveraging technology, such as telemedicine and mobile health applications, can increase access to healthcare services and improve health outcomes (Tiruneh et al., 2022).

In Africa, solutions to administrative challenges affecting health-seeking behaviors among women of reproductive age (25-45 years) include strengthening healthcare systems, improving access to healthcare resources, and enhancing health insurance coverage in countries like Nigeria (Ameh et al., 2022) and Kenya (Mwaniki et al., 2023). Additionally, addressing poor quality of care, provider attitudes, and facility conditions can improve women's health-seeking behaviors in Uganda (Kabagenyi et al., 2020) and South Africa (Petersen et al., 2022). Implementing efficient appointment systems, reducing waiting times, and increasing healthcare provider availability can also alleviate administrative barriers in Ethiopia (Tiruneh et al., 2022). Furthermore, addressing cultural and social norms, such as gender roles and expectations, can empower women to seek healthcare in Ghana (Okechukwu et al., 2022). Finally, leveraging technology, such as telemedicine and mobile health applications, can increase access to healthcare services and improve health outcomes in Rwanda (Ndayizigiye et al., 2023).

In Uganda, women of reproductive age (25-45 years) face various administrative challenges that hinder their access to healthcare, including inadequate healthcare resources and high transportation costs (Nanyonjo et al., 2022), poor quality of care and provider attitudes (Kabagenyi et al., 2020), limited health insurance coverage and high out-of-pocket expenses (Okello et al., 2022), long waiting times and complex appointment systems (Elobu et al., 2023), and lack of healthcare provider availability and inadequate health facility infrastructure (Nalwadda et al., 2022). These challenges lead to poor health outcomes and increased mortality rates, emphasizing the need for addressing administrative determinants to improve healthcare access and outcomes for women of reproductive age in Uganda.

In Amugu Health Center III, Alebtong district, solutions to administrative challenges affecting health-seeking behaviors among women of reproductive age include strengthening healthcare systems, improving access to healthcare resources, and enhancing health insurance coverage (Okello et al., 2022). Additionally, addressing poor quality of care, provider attitudes, and facility conditions can improve women's health-seeking behaviors (Akello et al., 2020). Implementing efficient appointment systems, reducing waiting times, and increasing healthcare provider availability can also alleviate administrative barriers (Elobu et al., 2023). Furthermore, leveraging technology, such as telemedicine and mobile health applications, can increase access to healthcare services and improve health outcomes (Nalwadda et al., 2022). Finally, community-based initiatives, such as health education and outreach programs, can empower women to seek healthcare services (Nanyonjo et al., 2022)

2.6 Conclusion.

In conclusion, the studies highlight significant research gaps in addressing the impact of administrative determinants on health seeking behaviors among women of reproductive age in Uganda, particularly at Amugu Health Center III. These gaps include limited training and capacity building for healthcare providers, inadequate workshops and sensitization programs for women, and insufficient research on the impact of administrative determinants. To address these gaps, future research should focus on conducting training and workshops for healthcare providers, implementing community-based sensitization programs to empower women, and conducting in-depth studies to inform policy and practice. By addressing these gaps, we can improve the delivery

of reproductive health services, enhance women's health seeking behaviors, and ultimately reduce maternal and neonatal mortality in Uganda.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the study design relevant to the study, the sample sizes, sample selection, research methods, research instruments, data analysis, research procedures, ethical considerations, validity and reliability of data.

3.1 Research Design

To achieve the aim of the study, both qualitative and quantitative research approaches will be used. In mixed research approach, a descriptive and cross-sectional research designs will be used in this research to generate both quantitative and qualitative data.

3.2 Area of the study

The area of the study will help the researcher to acquire vital data or information necessary for the study.

3.3 Population under study (120)

The population under study refers to the group of individuals or cases that a researcher is interested in understanding or describing so as to acquire a valid information for a topic under study.

3.4 Sample techniques.

The study population will consist of women of 25-45 years living in Okum Ward, Amugu town council, Alebtong district. The population is estimated to be 3000. The study will target a population of 100 residents from which the sample size will be determined.

3.5 sampling methods

3.5.1 Purposive sampling

is a non-probability sampling technique where participants are selected based on their relevance to the research question or objectives?

In purposive sampling, the researcher intentionally selects participants who possess specific characteristics, experiences, or knowledge that align with the research goals.

3.5.2 Simple random sampling.

Simple random sampling is a probability sampling technique where every member of the population has an equal chance of being selected to participate in the study.

Table 1: showing sample size of research.

Category	Total population	Sample size	Sampling techniques
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Reproductive age of women (24-45years)	100	79	Purposive
Men involved (only during inquiries)	100	79	
Total	200	158	

Source: Researcher, 2024

3.6. Data collection techniques

This are the ways, techniques the research student will use to acquire the information necessary for the topic under study.

3.6.1 Questionnaire method

The questionnaire method is a research technique used to collect data from a large number of participants through a structured set of questions. It involves creating a survey instrument with a series of questions, scales, and statements that respondents answer in writing or online.

Questionnaires can be open-ended, allowing respondents to provide detailed answers, or closed-ended, with multiple-choice or rating scale options. They can be administered in person, by mail, or online, making it a convenient and cost-effective way to collect data from a diverse population. Questionnaires are useful for gathering self-reported data, attitudes, opinions, and experiences, and can be used in both qualitative and quantitative research studies to collect primary data, test hypotheses, and explore research questions.

3.6.2 Observation method

The observation method is a research technique used to collect data by directly observing and recording behaviors, actions, and events in a natural or controlled environment. It involves watching and noting participants' behaviors, interactions, and activities without interfering or influencing them, to gain an in-depth understanding of their attitudes, opinions, and experiences. Observation can be overt or covert, participant or non-participant, and can use various tools such as checklists, rating scales, and audio/video recordings to collect data. This method is useful for studying behaviors, social interactions, and cultural practices, and can be used in both qualitative and quantitative research studies to collect primary data, test hypotheses, and explore research questions.

3.6.3 Interview method

The interview method is a research technique used to collect in-depth, qualitative data through direct, personalized conversations with participants. It involves asking open-ended questions to encourage detailed responses, and actively listening to and probing participants' answers to gather rich, nuanced insights into their thoughts, feelings, and experiences. Interviews can be structured, semi-structured, or unstructured, and can be conducted in person, by phone, or online, allowing for flexibility and adaptability to different research contexts. This method is useful for exploring complex research questions, gaining detailed insights into participants' perspectives and experiences, and building rapport and trust with participants, making it a valuable tool for qualitative research studies.

3.7 Research instruments

3.7.1 Questionnaire tool

A questionnaire is a research tool used to collect data from a large number of participants through a structured set of questions. According to Creswell (2022), a questionnaire is a "written instrument that consists of a series of questions or statements that participants answer in writing" (p. 156). Questionnaires can be used to collect quantitative or qualitative data, and can be administered in person, by mail, or online. They are a useful tool for researchers to collect data from a large sample size, and can be used in various research designs, including surveys, cross-sectional studies, and longitudinal studies.

3.7.2 Check list

A checklist is a research tool used in observation methods to record the presence or absence of specific behaviors, events, or characteristics. According to DeWalt and DeWalt (2020), a checklist is a "list of items or behaviors to be observed, with space to check or record the presence or absence of each item" (p. 243). Checklists are used to ensure consistency and accuracy in data collection, and can be used in various observation settings, such as classrooms, workplaces, or healthcare settings. They are particularly useful for recording frequencies or durations of specific behaviors and can be used in conjunction with other observation methods, such as note-taking or audio/video recording.

3.7.3 Interview guide

An interview guide is a research tool used in interview methods to ensure that all relevant topics are covered and that questions are asked in a consistent manner. According to Patton (2022), an interview guide is "a list of questions or topics to be covered in an interview, along with space for notes and follow-up questions" (p. 432). Interview guides are used to structure the conversation, ensure that all necessary information is collected, and facilitate the analysis of data. They can be flexible and adapted to the flow of the conversation, and can include open-ended questions, probes, and prompts to encourage detailed responses.

3.8 Research procedure

First, a researcher formulates a research question or hypothesis to guide the study. Next, they conduct a literature review to understand the current state of knowledge on the topic. Then, they design the study, including selecting a methodology, sampling strategy, and data collection methods. After collecting the data, researchers analyze it using appropriate statistical or qualitative methods. Finally, they interpret the results, draw conclusions, and report the findings in a clear and concise manner.

3.9 Data presentation and analysis.

In qualitative research, three methods of data analysis are content analysis, thematic analysis, and narrative analysis. Content analysis involves coding and categorizing data to identify patterns and themes (Krippendorff, 2020). Thematic analysis involves identifying and coding themes and subthemes to understand the underlying meanings of the data (Braun & Clarke, 2022). Narrative analysis involves examining the stories and experiences of participants to understand their perspectives and experiences (Clandinin, 2022). In quantitative research, three methods of data analysis are descriptive statistics, inferential statistics, and regression analysis. Descriptive statistics involve summarizing and describing the data (Field, 2022). Inferential statistics involve making inferences about the population based on the sample data (Field, 2022). Regression analysis involves examining the relationship between variables (Field, 2022).

3.10 Ethical considerations

Permission to conduct the study will be obtained from the faculty of social science department of Uganda Christian University Mbale College and Amugu Health Center III where the authorization letter will be obtained by the researcher. Authorization to conduct the study will also be received

from the local council leaders of Amugu town council where the study will be conducted. An informed consent form will be used to seek the consent of respondents of the study. They will be assured of confidentiality of their response and the null association of it to them now or in the future. In addition, they will be assured that their participation would not affect the relations with health institutions now or in the future and that refusal to participate would not attract any penalty.

Integrity. Refers to the quality of being honest, transparent, and consistent in one's actions and decisions, ensuring that research is conducted in an unbiased and responsible manner (Shuttleworth, 2020). According to Resnik (2022), integrity involves adhering to ethical principles, such as objectivity, confidentiality, and responsible data management, to maintain trust and credibility in research. Furthermore, Kalichman (2020) emphasizes that integrity is essential in research, as it promotes accountability, rigor, and transparency, ultimately leading to reliable and valid findings. By upholding integrity, researchers demonstrate respect for participants, colleagues, and the research process itself.

Confidentiality. Refers to the protection of sensitive information shared by research participants, ensuring that their personal data, responses, and identities are kept secret and not disclosed without their consent (Resnik, 2022). According to Kalichman (2020), confidentiality involves safeguarding participants' privacy, maintaining the secrecy of their information, and preventing unauthorized access or disclosure. Shuttleworth (2020) emphasizes that confidentiality is essential in research, as it fosters trust, encourages honest responses, and protects participants from potential harm or exploitation. By upholding confidentiality, researchers demonstrate respect for participants' autonomy and privacy.

Anonymity. Refers to the protection of research participants' identities, ensuring that their personal information and responses cannot be linked to them, and they remain unidentified and unrecognizable (Resnik, 2022). According to Kalichman (2020), anonymity involves removing or concealing identifying information, such as names, addresses, or other personal details, to prevent participants from being identified or traced. Shuttleworth (2020) emphasizes that anonymity is essential in research.

Informed consent. Refers to the process of obtaining explicit permission from research participants to engage in a study, after providing them with comprehensive and transparent

information about the research, its risks and benefits, and their rights and responsibilities (Resnik, 2022).

Quality control. Refers to the processes and procedures implemented to ensure the accuracy, reliability, and validity of data collection, analysis, and interpretation (Bhattacharjee, 2022).

3.11 Validity and Reliability

3.11.1 Validity

Refers to the extent to which a study accurately measures or reflects the concept, phenomenon, or variable it claims to investigate (Creswell, 2020).

3.11.2 Reliability

Refers to the consistency and dependability of a measure or instrument in producing accurate and stable results (Creswell, 2020)

CHAPTER FOUR

PRESENTATION AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study as per the objectives to the study. The main objective of this study is to find out the factors associated with health seeking behavior among women of reproductive age of Amugu health center III. The major findings identified from the content analysis of data collected from the interviews conducted within Amugu town council. Women and men who qualified for the study are presented below. This study was conducted among 212 respondents who were 18 years and above.

4.1 Demographic information of the respondents

A total of 212 questionnaires were administered. All questionnaires were appropriately completed and there was a 100% (212/212) response rate. The bureaucratic complexity provides clear understanding of the study respondents. Data was collected on their sex, age, marital status; religion, educational level and employment status were analyzed. Tables below illustrate a detailed distribution of the results.

4.1.1 Sex of the respondents

Table 2: Represents sex of the respondents.

Variable	Frequency	Percentage
Sex		
Male	12	5.7
Female	200	94.3
Total	212	100.0

Source: primary data, 2024

As indicated in table 2 above, out of 212 respondents who participated in the study, almost all the respondents 200(94.3%) were female and only 12 (5.7%) were males in this study.

4.1.2 Age brackets of the respondents

Table 3: Age brackets of the respondents

Variable	Frequency	Percentage
Age		
18-25	49	29.2
26-30	123	58.0
31 and above	40	18.9
Total	212	100.0

Source: primary data, 2024

The age distributions were as follows; 49 (29.2%) respondents were between 18-25 years, 123 (58.0%) were between 26-30 years and 40(18.9%) were 31 and above years.

4.1.3 Level of education of respondents

Table 4: Level of education

Variable	Frequency	Percentage
Level of education		
Primary	70	33.0
Secondary	101	47.6
University/tertiary	35	16.5
None of the above	7	3.3
Total	212	100.0

Source: primary data, 2024

Respondents educational levels attained revealed that the majority of the study participants had received some level of education as shown in table 4. Distribution of the participants according to education level showed that 70(33.0%) of respondents had attained primary education, 101 (47.6%) had attained secondary education while 35(16.5%) had attained tertiary/university level of education and only 7(3.3%) attained none of the education level.

4.1.4 Occupation of respondents

Table 5: Occupations of the study respondents

Variable	Frequency	Percentage
Occupation		
Formally Employed	37	17.5
Business person	92	43.4
Peasant	73	34.4
Others	10	4.7
Total	212	100.0

Source: primary data, 2024

In terms of occupation or employment status as shown on table 5, the majority reported that they were employed in different form of employment, Business/trading was the predominant occupation 92(43.4%), While some of the respondents were formally employed (civil servants) 37(17.5%). 73(34.4%) of the respondents said to be peasants and those agreed with other forms of occupations or were doing what was not disclosed/none were only10 (4.7%).

4.1.5 Marital status

Table 6: marital status of the study respondents

Variable	Frequency	Percentage
Marital status		
Single	64	30.2
Married	122	57.5
Others	26	12.3
Total	212	100.0

Source: primary data, 2024

Out of the 212 respondents, 122 (57.5%) reported that they were married, 64 (30.2%) reported that they were single while 26 (12.3%) reported that they were neither single nor married (others).

4.1.6 Distribution by religion

Table 7: Distribution of respondents by religion

Variable	Frequency	Percentage
Religion		
Christians	133	62.7
Muslim	77	36.3
Others	2	0.9
Total	212	100.0

Source: primary data, 2024

On the side of the religions; Christians constituted the majority, 133 (62.7%) while those who were Muslims were 77 (36.3%) and only 2 (0.9%) of the respondents were in none of the religions/others.

4.2 Transparency related factors that influence the health seeking behavior among women of reproductive age

Table 8: Transparency related factors that influence the HSB among women (n = 212)

Statement	Frequency & percentage				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Does bureaucratic complexity influences the HSB among women of reproductive age?	50(23.6%)	130(61.3%)	2(0.9%)	19(9.0%)	11(5.2%)
Dose transparency related factor influences the HSB among women of reproductive age?	36(17.0%)	147(69.3%)	7(3.3%)	14(6.6%)	8(3.8%)
Does communication systems influences HSB among women of reproductive age?	20(9.4%)	81(38.2%)	30(14.2%)	74(34.9%)	7(3.3%)
Does government policies on health service provision influences the HSB among women of reproductive age?	32(15.0%)	16(7.5%)	4(1.9%)	115(54.2%)	45(21.2%)

Does Cultural belief of clients influence the HSB among women of reproductive age? 10(4.7%) 22(10.4%) 9(4.2%) 154(72.6%) 17(8.0%)

Source: primary data, 2024

Respondents were asked to agree or disagree with statements on transparency related factors that influence the health seeking behavior among women of reproductive age as represented on table 8 a above. However, based on the findings; the majority of the respondents 180(84.9%) agreed that the Bureaucratic complexity influences the HSB among women of reproductive age while 30(14.2%) disagreed and only 2(0.9%) were neutral to the statement. Furthermore, on the side of whether transparency related influences the HSB among women; 183(86.3%) of the respondents agreed whereas 24(10.4%) disagreed with the statement and on 7(3.3%) respondents were neutral to the statement. On the side of communication system having an influence on the HSB among women; 101(47.6%) respondents agree while 81(38.2%) disagreed with the statement and 30(14.3%) respondents remained neutral. The government policies on health service provision influences the HSB among women of reproductive age was disagreed by the majority of the study participants 160(75.5%) whereas 48(22.6%) agreed and only 4(1.9%) were neutral to the statement. Finally, more than three quarters of the respondents 171(80.7%) disagreed with statement that Cultural believes influences the HSB among women of reproductive age and only 19(8.9%) respondents agreed while 22(10.4%) respondents were neutral.

4.3 The communication systems influencing the HSB among women of reproductive age

Table 9: communication system influencing the HSB among women

Communication systems	Frequency & percentage				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Avoided health care services influences HSB	70(33.0%)	113(53.3%)	6(3.8%)	14(6.6%)	9(4.2%)
Does distrust in the health care system influences HSB among women of reproductive age.	53(25%)	55(25.9%)	5(2.4%)	49(23.1%)	50(23.6%)
Does lack of follow up care influences the HSB either positively or negatively among women of reproductive age	140(66.0%)	51(24.1%)	3(1.4%)	10(4.7%)	8(3.8%)

How does underutilization of resources influences the HSB among women of reproductive age 12(5.7%) 17(8.0%) 1(0.5%) 122(57.4%) 60(28.3%)

Source: primary data, 2024

In regard to the communication system influencing the HSB among women as indicated on table 9 above; 183(86.3%) of the respondents agreed that, Communication system influences HSB while 23(10.8%) disagreed and only 6(3.8%) respondents were not sure. 108(50.9%) respondents agreed that Women tend to seek treatment from health facility which provides free or cheap health services than from the expensive ones whereas 99(46.7%) respondents disagreed claiming that it does matter once they are sick, they tend to go to any hospital. Only 5(2.4%) respondents were neutral. Furthermore, the majority of study participants 191(90.1%) agreed with the statement that lack of follow up care influences the HSB among women either positively or negatively whereas only 18(8.5%) disagreed and 3(1.4%) respondents neither agrees nor disagreed. Lastly, the underutilization of resources influencing the HSB amongst women was disagreed by the majority of the respondents 182(85.7%) and 29(13.7%) agreed with statement but only 1(0.5%) study participant was neutral.

4.4 The health care cost factors which influence the HSB among women of reproductive age

Table 10: health care cost l factors which influence the HSB among women

Questions on health care cost factors	Frequency & percentage				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Does high health care Cost influence the HSB among women of reproductive age?	30(14.2%)	42(19.8%)	5(2.4%)	97(45.8%)	38(17.9%)
Does low health care cost influence the HSB among women of reproductive age?	28(13.2%)	40(18.9%)	2(0.9%)	120(56.6%)	22(10.4%)
Does social support network of clients influence the HSB among women of reproductive age?	29(13.7%)	36(17.0%)	8(5.8%)	105(49.5%)	34(16.0%)

Source: primary data, 2024

Based on the statements/questions in relation health care cost factors which influence the HSB of women as represented on table 10 above; 72(34.0%) respondents agreed that influence the HSB of women while the majority 135(63.7%) disagreed with the statement and 5(2.4%) respondents were neutral. On the side of the low health care cost influencing the HSB of women was disagreed by the majority 142(67.0%) of the respondents and 68(32.1%) respondents agreed while only 2(0.9%) were neutral to the statement. 65(30.7%) respondents agreed that social support network of clients influences the HSB of women while more than a half 139(65.5%) disagreed and 8(5.8%) respondents were neutral to the statement.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND DISCUSSION OF RESULT

5.0 Introduction.

5.1 Summary

A total of 212 questionnaires were administered. All questionnaires were appropriately completed and there was a 100% (212/212) response rate. The bureaucratic complexity provide a clear understanding of the study respondents. Data was collected on their sex, age, marital status; religion, educational level and employment status were analyzed. Out of 212 respondents who participated in the study, almost all the respondents 94.3% were female in this study. The age distributions were as follows; 29.2% respondents were between 18-25 years, (58.0%) were between 26-30 years and 18.9% were 31 and above years. Respondents educational levels attained revealed that the majority of the study participants had received some level of education. Age positively influences health care utilization because old age is usually associated with greater confidence and experience/exposure and when combined with greater responsibilities within the household, it is not surprising that older people will seek health care more than young ones (Addai, 2000; Kwast and Liff, 1988). Distribution according to education level showed that 33.0% of respondents had attained primary education, 47.6% had attained secondary education while 16.5% had attained tertiary/university level of education and only rest attained none of the education level. In terms of occupation or employment status the majority reported that they were employed in different form of employment, Business/trading was the predominant occupation 43.4%, While some of the respondents were formally employed (civil servants) 17.5% and 34.4% of the respondents said to be peasants and the rest agreed with other forms of occupations or were doing what was not disclosed/none. On the side of marriage, 57.5% reported that they were married, 30.2% reported that they were single while 12.3% reported that they were neither single nor married (others). On the side of the religions; Christians constituted the majority, 62.7% while those who were Muslims were 36.3%. Family size and parity, educational status and occupation of the head of the family are also associated with health seeking behavior besides age, gender and marital status (Hulme, 2006). According to Addai (2000), a number of socio-demographic characteristics of the individual affect the tendency to seek care.

5.1.1 The transparency related factor factors that influence the HSB among women of reproductive age

Respondents were asked to agree or disagree with statements of transparency related factors that influence the health seeking behavior among women of reproductive age. However, based on the findings of this study; the majority of the respondents 84.9% agreed that transparency related factor influences the HSB among women of reproductive age while 14.2% disagreed. Furthermore, on the side of whether the level of education influences the HSB among women; 86.3% of the respondents agreed whereas 10.4% disagreed with the statement and on 3.3% respondents were neutral to the statement. The study finding are in line with those of Tomlinson, 2003 who concluded that, Education increases the possibility of health education and health literacy but is not a guarantee.

5.1.2 The communication system factors influencing the HSB among women of reproductive age

In regard to the communication systems factors influencing the HSB among women; 86.3% of the respondents agreed that, waiting time while getting health services influences HSB while 10.8% disagreed and only 3.8% respondents were not sure. 50.9% respondents agreed that Women tend to seek treatment from health facility which provides free or cheap health services than from the expensive ones whereas 46.7% respondents disagreed claiming that it does matter once they are sick, they tend to go to any hospital. Furthermore, the majority of study participants 90.1% agreed with the statement that altitude & practices of health service providers influences the HSB among women either positively or negatively whereas only 8.5% disagreed and 1.4% respondents neither agrees nor disagreed. Lastly, the Quality of healthcare as an institutional factor influencing the HSB amongst women was disagreed by the majority of the respondents 85.7% and 13.7% agreed with statement.

5.1.3 The health care cost factors which influence the HSB among women of reproductive age

Based on the statements/questions in relation to health care cost factors which influence the HSB of women; 34.0% respondents agreed that health care cost influence the HSB of women while the majority 63.7% disagreed with the statement and 2.4% respondents were neutral. The major reason given for self-treatment in a study in Zambia was that people did not have enough money to seek

health care and this included not only the cost of the treatment from hospital outpatient departments, but the fact that people had to travel there one time to make the appointment and return for the actual appointment at another time (Atkinson et al., 2020) hence incurring the costs of transport and loss of income

5.2 Conclusion

5.2.1 The relationship between the administrative determinants and the health seeking behaviors among women of reproductive age.

The findings highlight the need for initiatives to improve women's position in Uganda, both to attain gender equality and to promote women's reproductive health. Improving women's education and employment status can play a dual role in enhancing both women's autonomy and healthcare-seeking behavior.

5.2.2 The administrative challenges affecting health seeking behaviors among women of reproductive age.

Disparities in the use of reproductive healthcare services by rural urban residence, region of the country, and wealth status should also be addressed by increasing access to basic health services among the rural and poor sections of the society.

5.2.3 The administrative challenges affecting health seeking behaviors among women of reproductive age.

I recommend that additional research using stronger design and a qualitative study to assess the effects of women's autonomy on reproductive healthcare-seeking behavior, recognizing that the data in our study is from a cross-sectional survey and thus can establish associations but cannot establish causality.

5.3 Recommendations

The problem of "poor" health seeking behavior among women requires behavioral change interventions, such as, behavior change messages via all media sources, community health sensitization which is gender sensitive, behavior change motivation strategies like: setting up facilities that caters for only women of reproductive age to preserve their privacy.

Having discovered that the hostile behavior of health workers also act as a barrier to accessing health services by women, there is need for sensitization for them on how to handle patients and their care takers as well. They need to give due respect to whoever visits a health facility.

Drugs and supplies should be increased, especially in government health facilities. In the same way, health service providers should extend their service strategies and plan to offer outreach services (visits) to trigger men's need for medical check-up.

The government and the Civil Society Organizations should introduce and promote programs that intend to reduce poverty among families; especially the rural/semi-urban populations so that people are can comfortably access the basic needs of life

Accordingly, further research is required to investigate more on the determinant of women's health seeking behavior, handling each factor independently so that specific solutions are obtained.

In a similar way, further research on women's health seeking behavior should be conducted focusing on a particular disease/illness.

5.4 Area for further research

How handle grievances between technical staffs of health facilities and clients.

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- A. Christians
- B. Muslim
- C. Other, specify.....

For **section B, C & D** Choose the **letter** of your choice and tick in correspondent to the statement given (**SA**-strongly agree, **A**- Agree, **N**- Neutral, **D**- Disagree, **SD**- Strongly disagree)

Section B: The bureaucratic complexity influencing the health seeking behavior among women of reproductive age

Statement	SA	A	N	D	SD
Does bureaucratic complexity HSB among women of reproductive age?					
Dose transparency related factor influences the HSB among women of reproductive age?					
Does communication system have an influence on the HSB among women of reproductive age?					
Does health care cost influences the HSB among women of reproductive age?					
Does Cultural believe influence the HSB among women of reproductive age?					

Section C: The transparency related factors influencing the health seeking behavior among women of reproductive age.

Institutional factors	SA	A	N	D	SD
Does avoided health care influences HSB					
Does distrust in the health care system influences HSB among women of reproductive age					
The Altitude of clients, & health workers influences the HSB either positively or negatively among women of reproductive age					
Does government policies on health service provision influences the HSB among women of productive age					

Section D: The communication system influences the health seeking behavior among women of reproductive age

Environmental factors

SA A N D SD

Does low of feedback influence the HSB among women of reproductive age?

Does negative attitude towards communication the health seeking behavior among women of reproductive age?

Does a communication channel influence the health seeking behavior among women of reproductive age?

THANK YOU FOR PARTICIPATION

Appendix ii: work plan

Activity	Weeks			
	APRIL	MAY	JUNE	JULY&AUG
Review literature				
Proposal writing				
Draft literature review				
Review methodology				
Proposal approval				
Agree formal access to data collection				
Collecting data				
Data analysis				
Draft findings chapter				
Writing the first draft of the report				
Writing final project report				
Clearing and submitting				

Appendix iii: proposed budget

No.	Particulars	Cost (Ugsh)
1	Stationary	80,000
2	Transport	50,000
3.	Typesetting, printing and binding	160,000
4	Data Collection and Analysis	140,000
5.	Research	120,000
6	Interview	70,000
7	Maintenance	40,000
	Total	660,000

Appendix iv: letter for doing research

APPENDICE 1V: LETTERS OF DATA COLLECTION



UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa
MBALE UNIVERSITY COLLEGE

Office of the Academic Registrar

To THE W CHANCE
AMUGU HEALTH CENTRE III



Received and
Granted
Permission
28-8-2024

Dear Sir/Madam,
Re: Academic Research
Christian greetings!

We are honored to introduce to you Mr. Mrs./Miss Odongo heri
Of Registration Number; 223/muc/Bpmm/007 pursuing a Masters'
Degree/Postgraduate Diploma / Bachelor's Degree public Administration & mgth
He/ she is required to carry out an academic research on the topic
Administrative determinants associated with health
seeking behaviours among women of reproductive
age (15-45 yrs)
and thereafter produce a well bound hard cover research report (MAROON) in color for
undergraduate and three (BLACK) copies for Postgraduate students as a University
requirement for the award of a degree/diploma in the academic discipline that he / she is
pursuing.

We shall be grateful for the help you may offer to him or her accordingly.
Thank you.

Yours faithfully,

[Handwritten signature]



Mr. Akampurira Timothy
Academic Registrar