ADDIS ABABA UNIVERSITY

FACULTY OF MEDICINE
DEPARTMENT OF COMMUNITY HEALTH

ASSESSMENT OF HEALTH CARE SEEKING BEHAVIOR AT HOUSEHOLD LEVEL IN SODO ZURIA WEREDA, SNNPR, SOUTHERN ETHIOPIA

BY:
AREGA AWEKE

A THESIS SUBMITTED TO THE SHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN PUBLIC HEALTH

JUNE 2005
ADDIS ABABA, ETHIOPIA

Acknowledgement

My special thanks go to my advisors, Dr. Fikru Tesfaye, for his unreserved and repeated constructive comments through out the development of my research paper.

I would like to acknowledge Ato Wekgari Deressa for his genuine and productive comment that has been enabled to accomplish this paper.

I also extend my gratitude to Addis Ababa University, Faculty of Medicine, and Department of community health for its financial support in the accomplishment of this study.

The library staff and computer technicians of department of community health also deserve my special thanks for their patience and all rounded support in supplying me the available literatures and assisting me during data entry in some difficulties.

I would also like to express my appreciation to Wolaita zone health bureau head, Ato Feleke Fanata, who facilitated close link with government officials, administrative activities, and Sodo Hospital for helping me printing the questionnaires.

I would like to extend my appreciation to Sodo zuria Woreda health bureau and Sodo municipality for support and cooperation in providing the information. The study respondents and the whole community at large is always on my heart for their wholesome effort and contribution in provision of the information.

Last but not least, I would like to thank the survey supervisors and data collectors for their relentless effort to accomplish data collection with due effort and passing all hard time.

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Acronyms

CSA: Central Statistics Authority

CHA: Community Health Agent

DHS: Demographic and Health Survey

MOH: Ministry of Health

NGO: Non-Governmental Organization

OPD: Out Patient Department

SNNPR: Southern Nations and Nationalities People Region

STD: Sexually Transmitted Disease

TBA: Traditional Birth Attendant

TTBA: Trained Traditional Birth Attendant

WHO: World Health Organization

SUMMARY

Background: The processes involved in making decision to seek medical care are not fully understood, and many researchers claim that availability and accessibility of health services are the main factors affecting health care seeking behavior of individuals.

Objectives: To assess the health seeking behavior of household members, identify the role of local healers in health care service provision, and describe the process of decision making to seek health care.

Methods: A community- based, cross- sectional study, was conducted in January 2005 using quantitative and qualitative dada collection methods. The study was carried out in Sodo Zuria Wereda, of Wolaita Zone in Southern Nations and nationalities people region(SNNPR), south Ethiopia. Stratified random sampling technique was employed to select households from rural and urban area. Key informants were selected for in-depth interview using the 'snow ball' technique for the qualitative part of the study. The quantitative part used structured and pre-tested questionnaires to collect data by interviewing the head of households. Households were inquired about illness with regard to the members of the households in the preceding four weeks, for utilization of health care services and perception about local healers.

Result: A total of 844 households were visited, of which 233 (27.6 %) were from urban and 611 (72.4%) were from rural areas. Perceived report of symptoms and utilization of health service to illness was conducted in a sample of 824 households consisting of 5114 household members. The prevalence of illness was 9.7% during a recall period of four weeks preceding the interview. Sickness was associated with a family size above six. About 80.1% of those who reported illness

had visited modern health care services. Of these 49.4% visited private health care providers and 48.6% visited public health facilities. Among sick individuals 47% sought health care within 1-3 days. Of the sick individuals 22.3% got injection, most of which was provided by health centers (35.6%) and clinics (32.7%). About 20% of the sick individuals did not visit any health services, mainly due to shortage of

money. There is low level of visit to traditional healers by sick individuals. 44.6% of doctors and 24.7% of nurses provided health care for sick individuals who visited the health care services.

Conclusion: There is a favorable health seeking behavior in the study area, with the majority of sick individuals visiting modern health care providers within a few days of illness. There is high number of injection provision at lower level of health care unit.

Recommendation: design the family consultation system ought to be employed as health promotion and preventive actions, develop a system of health care provision for those who are not able to get health care, the existing private health care unit utilization should be promoted with due consideration of quality control system, and further exploration is needed for excess injection provision in lower level of health institutions.

Key words: illness, sickness, traditional medicine, household, Kebele.

1. Introduction

It is important to realize that western scientific medicine provides only small proportion of health care in most countries of the world. Medical manpower is often a scarce resource with most health care taking place beyond their jurisdiction (1). Just as illness is not evenly distributed across population neither is the use of health services. To understand the use of health services one must understand not only how people interpret their symptoms but also how they perceived the medical system and whether or not they have access to it. According to Harris and Gutman any behavior of individuals that promotes, protects or maintains one's health regardless of actual or perceived health status is known as health seeking behavior(3). In general, when a person undertakes activities for a feeling and defining an illness and seeking relief from it is known as illness behavior (2). Although the exact process involved in making the decision to obtain medical care is not fully understood at present, enough data is available to support a relationship between individuals' interpretations of deviation in physical functioning and social and psychological factors (3).

In Ethiopia the utilization of modern medicine could be dated back to start with the 16th century particularly during the reign of Emperor Liben Dingel. More recently the development and expansion of modern health services were started in 1930s, followed by the establishment of ministry of health (MOH) in 1948. Since then MOH was the major provider of modern health services in Ethiopia, other health service like military, large corporation and state farms have directly participated in provision of health care under government rule. Private clinics, drug

retailers, and nongovernmental hospital are also secondary health care providers in the community. The over all health service coverage of modern medicine in 1990 was 46% (4).

Ethiopia has the highest number of morbidity and mortality for which health problems due to infectious, communicable disease, and nutritional problems comprising an estimated 60-80%. According to 1995 E.C.(2002/03) health and health related indicators, only 61% of the population were provided with basic health services (5).

The Ethiopian Demographic and health Survey (DHS) conducted in 2000 showed that 44% of household utilized some type of health service, including treatment sought for sick individuals (31%) and immunization (24%). The findings also revealed that there was high urban to rural difference in health service utilization, which was explained by the fact that the urban population had more access to information (6). The majority of households (42%) utilized health services from government health center, where as one in two rural household visited government health station or clinics. About 15% of households that utilized health care did so at private health facilities, with little difference between urban and rural households (6).

The outpatient visit per capita at the national level is 0.29 visits per year and for Southern Nations Nationalities People Region (SNNPR) is 0.16, but the third lowest among regions only higher than Somali (0.09) and Gambella (0.10) visit per capita.(7).

In addition to the low health service coverage, geographic, economic and social barriers greatly affect the health care service utilization. Therefore, understanding of health seeking process can have a tremendous impact upon the structuring of health service for the optimum utilization by people. Providing better medical care and making it more accessible to the people who need it is important. Currently, information generated from a community based study to support the initiating of providing better health services to the community is lacking. Such information is helpful for planning, organization, and implementation of health care delivery systems, by identifying the social influences that encourage or discourage seeking medical care (10). This

study investigated the health care seeking behavior and utilization of health services by household members.

2. Literature Review

In most societies a person suffering from physical discomfort or emotional distress has a number of ways of helping oneself or seeking help from other people. He/she may, for example, decide to rest or to take a home remedy or ask advice from friends, relatives or neighbors or consult a local priest, folk healers or wise person or decide to consult a doctor. He/she may follow all these

steps or perhaps only one or two of them (8). At any given time, 70-90% population has a medical condition that is diagnosable and potentially treatable but 60-70% of them of people do not consult health practitioner (9).

2.1 Health seeking and Socio demographic characteristics

Socio demographic characteristics are important factor in the utilization of use of health care services. A sociological study in Canada found that women, younger person and well educated were more likely to treat their own symptoms than men. In Denmark, women were more likely than men to take care of their health (10). In India, study showed that middle and higher education have a lower probability of falling sick. Similarly, the high and middle-income households have lower probability of falling sick than the lower income households. Older people have higher probability of falling sick than younger ones and higher household size has a negative relationship with probability of falling sick (11).

A study conducted in Ethiopia showed that the use of health station was significantly associated with sex, age, ethnicity, occupation, and education. Socio-demographic and economic factors significantly affected the occurrence of illness (12). There were relatively higher reports of morbidity in the preschool age, as well as, during later life. There was also a preponderance of female (12%) versus male (6%) reporting illness. Age and sex were not significantly associated with the effect on the utilization of outpatient department (OPD) services. Low level of education and marriage also affect health service utilization (13). Some studies show that women report more sickness than males. In Cheha Wereda in Gurage Zone 5.0% of female and 4.9% of male reported sickness (15). From different age categories individuals report different

types of sickness. From an individual's 12-49years who reported sickness the prevalence of sexually transmitted disease (STD) symptoms were 2.5% with in two weeks of recall period. The health care seeking behaviors were mainly influenced by perceived severity of illness and knowledge of symptoms. There are also other factors which may force a person to seek health service; among these was when sick individuals were affected by diseases like malaria (14).

On the other hand over the two weeks period preceding the survey in Amhara region 5.6% people reported sickness , in Dabat baseline survey 6.8% of individuals reported sickness and 15% in Butajira base line survey(18,21,22). The morbidity was considerably higher in rural area. Heads of households and wives had higher reported morbidity than other household member (18).

2.2 Health care seeking behavior and choice of health care providers

Sickness prevalence and reporting varies according to socio-demographic and economic condition of the society. Despite the fact that, human being encounters a number of illnesses throughout the life, health care seeking depends up on the perceived severity and social norms. The perceived sickness prevalence report is scarce at community level in developing countries. A survey in Zambia showed that diseases like cough, fever, and diarrhea reported more frequently (17).

Unlike many developing countries there are few data available on sickness report in Ethiopia. The first epidemiological investigation conducted by Italian doctors in 1940s.reported malaria, Leshimaniasis and relapsing fever. After World War II, health facility report indicated that

majority of the diseases in Ethiopia was as in most third world countries were communicable diseases similar to the health problems in most developing countries. The 1960s report indicated that the most prevalent disease were malaria, ascaris, scabies and conjunctivitis (16). Recently, studies showed that fever, cough, diarrhea, headache, eye problem and gastritis were the prevalent symptoms reported by sick individuals (18,19,20). These studies also showed that under five children and mainly under two are more affected with fever and diarrhea.

Health service utilization varies from place to place with number of factors. Despite the availability of modern health care services sick individuals face difficulty in choosing the available health facilities. The choice of a given provider may be determined by the perceived quality of its service. A study conducted in Zambia showed that 43.5% of sick individuals sought health care from health institutions. Of those, 24% chose a government clinic and health center and 8% visited private health institutions. The level of traditional healer was relatively low(17). There was a higher rate of health care utilization among men than women, in age group 15-49 years than the other age groups, and urban over rural(22). Other study in Nepal showed that out of 213 household in which illness occurred 69% sought health care (35).

Limited surveys conducted in Ethiopia showed that the health care utilization for any form of health problem in Amhara region was 38.7%, in Addis Zemen 57%, and in different base line study 48.9%. For those who did not visited health service providers the most important reasons were the disease did not need treatment from health institution and drugs were available in or from drug vender and some visited traditional healers (12, 18,19,21). Other claimed that their utilization was deterred by high cost for modern health care and distances (22).

Our knowledge about how and when families seek treatment for the prevalent illnesses remains incomplete (17). A study conducted in Jimma hospital showed that 49.3% of sick individuals who reported to out patient department within 1-7 weeks and 11.8% within 24 hours (23). A study in east Showa showed that 25.5% of malaria patients visited malaria control laboratory within two days and the rest after 3 or more days for giving blood sample for malaria diagnosis (24). Another household study showed that illness was reported in 17.3 % of patient within 4-6 days, before survey and 21.6 % of reported within 7-14 days (16).

2.3 Alternative health care utilization among sick individuals

There are always alternative health care services to counter act or withstand the challenge of health problems with the limited availability of modern health care options (25). The WHO report state over 75% of rural population in Africa seeks health care among traditional healers. The main reasons include that it is integral part of every culture, socially acceptable, widest coverage. There are multistage resorts of health care provider from different group of sick individuals. So sick individuals initially resort health care service from traditional healers and additionally resort to modern health care (26). In Nepal, of those who sought health care 81% first visited traditional healers (35).

A study conducted in Jimma hospital showed that 26.9% of rural and 12.3% of urban patients admitted to the hospital were found to use traditional medicine prior to their arrival to hospital (27). The use of drugs from informal sector such as open markets and village kiosks encouraged the practice of self-medication. For self-reported sickness there was self-medication resorted from 28.5% - 81.5% from different surveys. The most common reasons reported for self-diagnosis and self-medication were non-seriousness of disease, emergency use, and previous experience (28, 29).

The effectiveness of health care is determined to some degree by consumer's satisfaction with the services provided. A client who is satisfied likely complies with the provided medical service at any longer period. Satisfaction found to have a direct relationship with increase in age but an inverse relationship with increase in educational level and associated with length of waiting,

consultation time, and type of investigation performed (30). When an individuals dissatisfied due to different reason there is non-compliance. There fore non-compliance could be lack of money to buy drugs or feel the side effects of drugs to be intolerable or forget to take them (31).

2.4 Health care provision and an effect of injection provision

Most sick individuals prefer injection for their sickness with different reasons and kinds of disease they acquired. A study in Bahirdar Zuria Woreda showed that there were 13% overall prevalence of injection from those who visited health institution. Of these injections provided 59.8% were from health care facilities while the rest by informal injection providers (32).

Present information has provided a highlight about various symptoms obtained from facility based survey and specific area. It does not give a whole picture about health care seeking behavior according to decision making and the role of ancillary health care providers. It is well known that the demand for and use of health service mainly affected by access to the health service. However, there are also other side that should be given due emphasis which are associated with perceived morbidity and factors that affect health service utilization. This study tried to assess and would like to fill the aforementioned gaps.

3. Objectives

3.1. General Objectives:

To assess health care seeking at household level and identify factors affecting the utilization of health care services in Sodo Zuria Woreda.

3.2. Specific Objectives:

- To identify symptoms of sickness (type of diseases) prevalent among members of the selected households in Sodo Zuria Woreda
- To assess the decision making process at the household level to overcome the illness,
- To determine factors that affect treatment seeking behavior of the household members, and
- To assess factors that determine the utilization of health care services
- To identify type of service sought from (provided by) local healers (injectors)

4. Materials and Methods

4.1. Study Area:

The study was conducted in Sodo Zuria Woreda, Wolaita Zone, the southern nations and nationalities and peoples' region(SNNPR) of south Ethiopia. The capital town of the Woreda is Sodo, located 380 Km away from Addis Ababa on the way to Arbaminch town. Wolaita Zone has seven Woredas, 20 urban dwellers associations, and 274 peasant associations. The total population of the zone for 2000 was 1.48 million. Sodo Zuria Woreda is one of the seven Woredas found in the Zone, with a population size of 259,955 and sex ratio 1:1(33).

The Woreda has one hospital, one health center, 10 health stations (NGO, Private), and 17 pharmacy and rural drug venders. The health service coverage in 2002 was 31.6%. Malaria, gastritis, intestinal parasitosis, eye disease, upper respiratory tract infection, skin infection, and urinary tract infection were the main health problems of the Woreda. The main ethnic groups are Wolaita and Gammo. The major religions are Christianity; namely protestant and orthodox Christian. The official languages are Wolaintigna and Amharic (33).

4.2. Study Design:

The study utilized a community based cross-sectional study design that employed both qualitative and quantitative data collection methods. The quantitative methods used structured questionnaire while the qualitative method employed in-depth interview for key informants and household respondents.

4.3 Study Population:

All households residing in Sodo Zuria Woreda were the source population.

The study unit was individual with and without illness.

For qualitative study- local healers, herbalist, community health workers, trained and non-trained birth attendants were the study subjects. In addition, household respondents who participated in quantitative study in study area were also study unit.

4.4. Sample Size determination:

Using a single proportion cross-sectional formula the sample size calculation considered the following assumption:-

Desired precision (%)	5%
Expected prevalence (%)	50 %(morbidity prevalence)
Design effect	2
Confidence level	95%
Calculated sample size	768
Estimated non-response rate	10%
Total sample size(Individuals)	**844**

$$n= \left(\frac{z_{\propto/2}\sqrt{p_0(1-p_1)} + z\beta\sqrt{p_0(1-p_1)}}{p_1-p_0} \right)^2$$

4.5 Sampling technique:

I. Quantitative part:

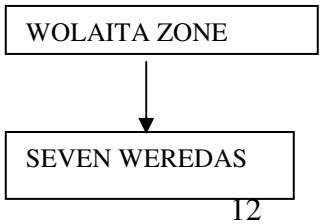
Sodo Zuria Woreda was selected purposively because of the existence of hospital, health center, private health facilities, and NGO health care providers. A total of 10 kebeles were included in the survey, 3 kebeles in town and 7 in rural. The kebeles were selected using simple random sampling methods. The sampling considered probability proportion of population size in urban and rural. Systematic sampling technique was employed for households selection method considering equal number of households in each kebele (i.e. 84 study subjects)(Figure 1).

II. Qualitative part:

Key informants were selected using "snow ball' technique to identify index person from the study area and this was communicated and brought others until saturation reached.

A total of six traditional healers, five traditional birth attendants, and eight community/ trained traditional birth attendants participated in the interview from seven peasant associations and three urban kebeles.

Household respondents were selected from each community, who was participated in quantitative survey. The number of participant considered sufficient, when the information was getting saturated.



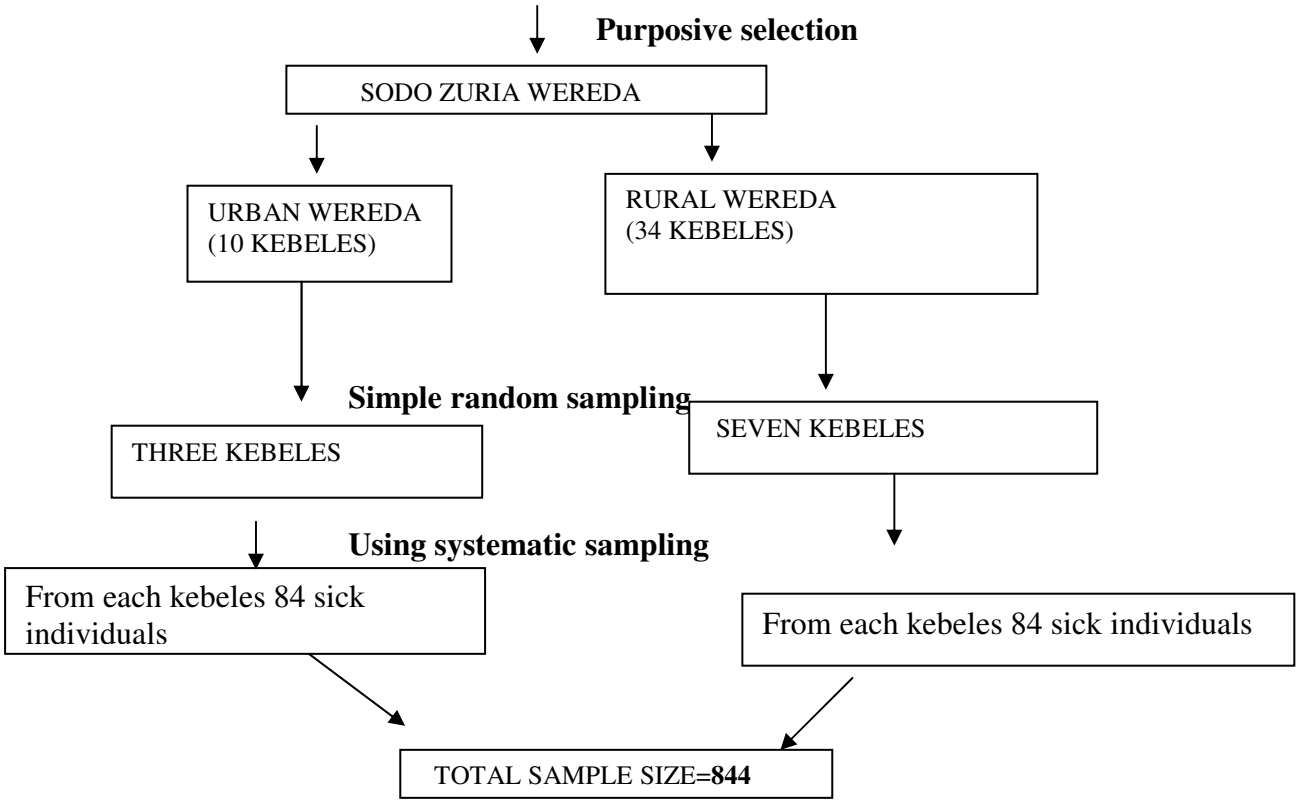


Fig. 1. Sampling frame for selection of Kebeles and total sample size in Sodo Zuria Woreda

4.6 Data Collection Technique

The data collection was carried out using structured questionnaires filled by data collectors. The questionnaire prepared in English and translated from English to Amharic and re-translated back to English to check the reliability of the instrument. Before undertaking the data collection the instrument was tested taking 5% eligible for the feasibility of the questionnaires. The pre-tested data was not included in the main data.

The interviewers were recruited from the study area having completed high school, speaking local language, and have previous experience of data collection. The interviewers consisted of four males and four females. One nurse and one environmental technologist were selected as

supervisor considering their knowledge of biomedical practice (this considered as a resource of information for data collectors). Both interviewers and supervisors were trained, demonstrated, and practiced the data collection technique.

Data collections started from the first household as reference point using lottery method and the next household would be identified by adding a dividend number of community household number by 84. During data collection when the house was found locked next time the house was revisited three times. The household head or housewife was asked to report the illness experienced and health services or treatment used within 4 weeks prior to the survey.

The qualitative data collection used in-depth interview for key informant i.e.; traditional healer, community health worker, traditional birth attendant, and trained traditional birth attendant and household head or housewife using directing questions. The data collection employed interview with exploration through probing questions. Tape recorder was employed for key informant; kebele office and outskirt to home was the area where interview was conducted. Due to shortage of cassette and shortage of time hand writing were employed for household respondents.

4.7 Variables

4.7.1. Dependant variables: Health service utilization, decision making process, type of health care sought, Family perception towards injection, and injection providers.

4.7.2. Independent variables:

Demographic characteristic: - age, sex, marital status, family size, religion, ethnicity. *Socio economic factors*:- educational status, economic status (income), occupation.

Residence: urban and rural

4.8 Data Analysis:

Data analysis was started by sorting and performing quality control checkup at field. Data was checked in the field to ensure that all the information were properly collected and recorded. Before and during data processing the information was checked for completeness and internal consistency. For quantitative data processing, master sheet or template was prepared and the data was entered, categorized, coded, and summarized using EPI 6 and transformed to SPSS version 10.00 in the computer for further analysis. It was verified that all totals corresponded to total number of study units. There were special columns for no response or missing data to arrive at accurate total figures. The analyses was verified using descriptive interpretation for demographic and socio-economic variables using frequencies and means, and comparative interpretation was employed for internal analyses using cross tabulation. Multiple attributes for outcome variables was checked for its association using Chi-square, odds ratio and the main attribute was identified and analyzed by controlling the confounder using multivariate analysis. The significance was checked using p value and 95% confidence interval.

For qualitative data the response was transcribed to Amharic and translated to English and the main response were categorized to its theme. The main response from the respondent was reported using narrative and mentioned in direct quotation.

4.9 Operational definitions

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

Household: a group of related people or family living together

Illness: the subjective response of the patient and of those around him to his being unwell

Kebele: The smallest administrative unit in an urban and rural area.

Self-medication: where ill-health is first recognized and all the therapeutic options initiated and utilized with or without consulting medical practitioners

Sickness: the social connotation and socially acceptable role of an ill person

Traditional medicine: spiritual, religious, and experience based knowledge and practice applied to treat patient with apparent illness and sickness.

4.10 Ethical consideration

Ethical clearance was obtained from ethical review committee of Addis Ababa University, Medical Faculty and this was communicated to the SNNPR Health Bureau, the Wolaita Zone Health Bureau, and the Woreda Health Desk. Prior to data collection, verbal consent was obtained from the study participants. All information that was obtained from the individual was treated confidential. During survey when the interviewer found debilitated, neglected and sick individuals in critical condition, immediately data collectors inform to supervisor and care provision was facilitated by negotiation with the families.

5. Result

A total of 844 households were visited for the survey. Of these 233(27.6%) were from urban and 611(72.4%) were from rural area. Among these 824(97.0%) completed the questionnaires

properly. Of the non-respondents, 17(2.0%) refused to give information and 3(0.4%) were unavailable for three consecutive visits.

5.1. Socio demographic characteristics of household respondents

Out of 824 household respondents, 355(43.1%) were males and 469(56.9%) were females. The minimum age was 17 years and maximum was 99 years, with mean and standard deviation of 39.69±13.08 years. Majority of respondents were within the age group of 25-54 years (Table 1).

As for religions of the household 447 (57.9%) belonged to protestant group, followed by Orthodox Christian, 319(38.7%). Wolaita was a dominant ethnic group, which accounted for 732(85.8%), followed by Gammo 42(5.1%). Majority of the respondents were married 685(83.1%). Housewives comprised of 350(42.5%), followed by farmers 270(32.8%) and employee (government and NGO) 58(7.0%). Approximately 418(50.7%) earn less than 100 birr per month. The literacy status showed that 420(51.0%) were not able to read and write, followed by 1-6 grade students 154(18.4%). The median household size was 6 and 501(60.8%) were having less than six families. The maximum family size was 18 household members (Table 1). Among 498 sick individuals wife constitute 167(33.5%) and followed by son 47(29.5%), daughters 102(20.5%), husband 68(13.7%) and others 2.8% from household reported sickness.

Table 1. Socio demographic characteristics of household respondents in Sodo Zuria Woreda, January 2005 (n=824)

Characteristics	Frequency	Percentage

		233	27.6
Resident		611	72.4
Urban			
	Rural		
		355	43.1
Sex		469	56.9
Male			
	Female		
		58	7.0
Age	15-	243	29.5
24		261	31.7
		159	19.3
	25-34	63	7.6
	35-44	40	4.9
	45-54		
	55-64		
	65^{+}		
		447	57.9
Religion		319	38.7
Protestant		10	1.2
		18	2.2
	Orthodox		
	Muslim		
	Catholic		
		732	88.8
Ethnicity		42	5.1
Wolaita		23	2.8
		11	1.3
	Gammo	16	1.9
	Amhara		
	Gurage		
	Others		
		26	3.2
Marital Status		685	83.1
Single		108	13.1
		5	0.6
	Married		
	Widowed		
	Divorced		
		350	42.5
Employment		270	32.8
Household wife		72	8.7
		58	7.0
	Farmer	25	3.0
	Business man	49	5.9
	Employee		

Daily labourer	418	50.7
Others	238	28.9
Monthly Income		
<100 Birr	85	10.3
	57	6.9
101-300 Birr	26	3.2
301-600 Birr		
600^{+} Birr		
No response		
Educational Status	420	51.0
	85	10.3
	154	18.4
	126	15.3
Not read and write	26	3.2
Read and write	13	1.6
1-6 grade		
7-12 Grade		
12^{+} Grade		
College		

5.2. Socio demographic characteristics of individuals who reported sickness

Of sick individuals males comprise 217(43.6%) and females were 281(56.4%)(Table 2). The minimum age was one month and the maximum was 84 years, and mean age with standard deviation was 25.36$\pm$18.38 years. Majority of sick individuals were from 21-64 years, which accounts for 245(49.2%). 285(57.2%) was Protestant that dominant religion followed by Orthodox Christian 192(38.6%), Woliata accounted 445(89.4%), followed by Gammo 23(4.6%). Most sick individuals were single 215(43.2%) and next married 196(39.4%) and widowed 50(10.0%).

The socio demographic variable of household was not associated with sickness report. The age groups between 35 -44 years and age groups above 65 years old were significantly associated

with reporting sickness. Only family size has an association with sickness report, and household with family size more than six reported more sickness among less household member (Table 2).

Table 2. Socio demographic characteristics of household respondents in association with sickness report in Sodo Suria Woreda, January 2005 (n=498)

Characteristics	Sick #(%)	Crude OR (95%)	Adjusted OR (95%)

Resident			
Urban	132(26.1)	1.00	1.00
Rural	366(73.4)	0.90(0.66,1.23)	1.05(0.73,1.50)
Sex			
Male	217(43.6)	1.00	1.00
Female	281(56.4)	1.27(0.50,1.70)	0.84(0.62,1.12)
Age			
15-24	29(5.8)	1.00	1.00
25-34	137(27.5)	0.77(0.42,1.43)	1.76(0.68,4.55)
35-44	171(34.3)	0.53(0.28,0.97)*	1.62(0.74,3.57)
45-54	98(19.6)	0.81(0.61,1.08)	1.27(0.59,2.74)
55-64	34(6.8)	0.85(0.39,1.85)	1.52(0.69,3.29)
65^{+}	29(5.8)	0.38(0.15,0.88)*	2.19(0.93,5.19)
Religion			
Protestant	279(56.0)	1.00	1.00
Others	219(44.0)	0.82(0.62,1.09)	1.21(0.90,1.64)
Ethnicity			
Wolaita	443(89.0)	1.00	1.00
Others	55(11.0)	1.03(0.66,1.60)	0.88(0.40,1.93)
Marital Status			
Married	459(92.2)	1.00	1.00
Others	39(7.8)	1.06(0.63,1.81)	0.94(0.53,1.86)
Employment			
Employee	40(8.0)	1.00	1.00
Other	458(92.0)	1.94(0.84,2.65)	0.87(0.40,1.93)
Educational Status			
Not read and write	258(51.8)	1.00	1.00
Literate	240(48.2)	0.35(0.82,1.44)	0.69(0.69,1.36)
Income			
<100 Birr	241(48.4)	1.00	1.00
100-300 Birr	140(28.1)	0.95(0.68-1.33)	1.41(0.77-2.56)
	63(12.6)	0.48(0.27-0.82)*	1.30(0.70-2.40)

301-600 Birr	36(7.2)	0.75(0.43-1.46)	0.63(0.30-1.32)
>600 Birr			
Family size	284(57.0)	1.00	1.00
1-6	214(43.0)	0.67(0.50,0.89)*	1.46(1.09,1.96)*
>6			

5.3 Sickness profile of households

The sickness profile of the household for the four weeks prior to the survey showed that 498 (60.4%) reported sickness. Of these report there were two households with two or more individuals were ill. Among a total of 5114 individual members of the households included in the study, 498(9.7%) reported sickness. The proportion of individuals who reported illness was similar in urban (10.5%) and rural (9.4%) areas.

A total of 498 sick individuals reported different kinds of symptoms in preceding four weeks. Among these, fever accounted 248(49.8%), followed by cough 89(17.9%) and abdominal pain with or without diarrhea 56(11.2%) (Fig.1).

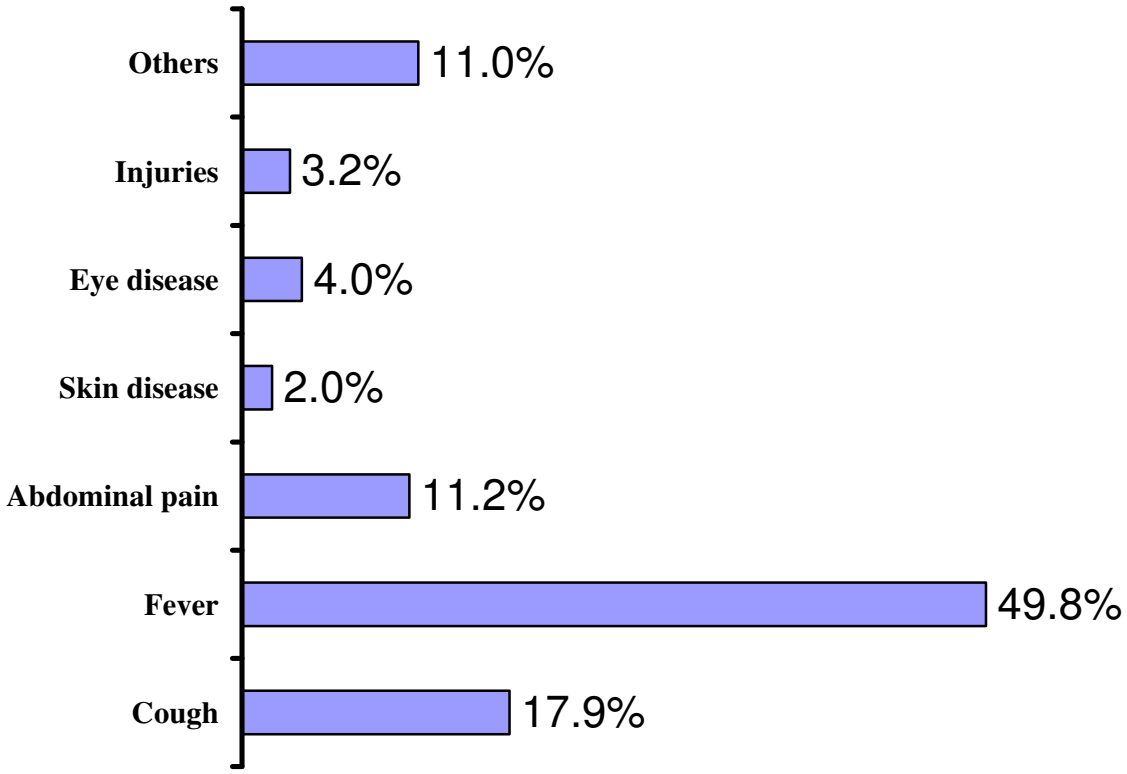


Fig.2 Type of sickness (symptoms)reported at household level within four weeks in Sodo Zuria Woreda, January 2005

For a question "Who identified the sickness?" the respondents responded that it was identified by their previous experience accounted 271(54.4%) followed by household members 179(35.9%) and the least were religious leaders 1(0.2%).

At household level sick individuals ask and communicate household members during illness. The study indicated that the first person who was preferred by sick individuals during sickness was fathers 263(52.8%) followed by mothers 132(26.5%). Outside home neighbors were consulted that account 221(44.4%) and followed by grand parents 120(24.1%) and religious leaders were last resort for consultation 19(3.8%) (Figure 2).

There were many type of care sought at home level, among these rest accounted 182(36.5%) and followed by "nothing was given" 136(27.3%) and others still resorted self-medication 14(2.8%).

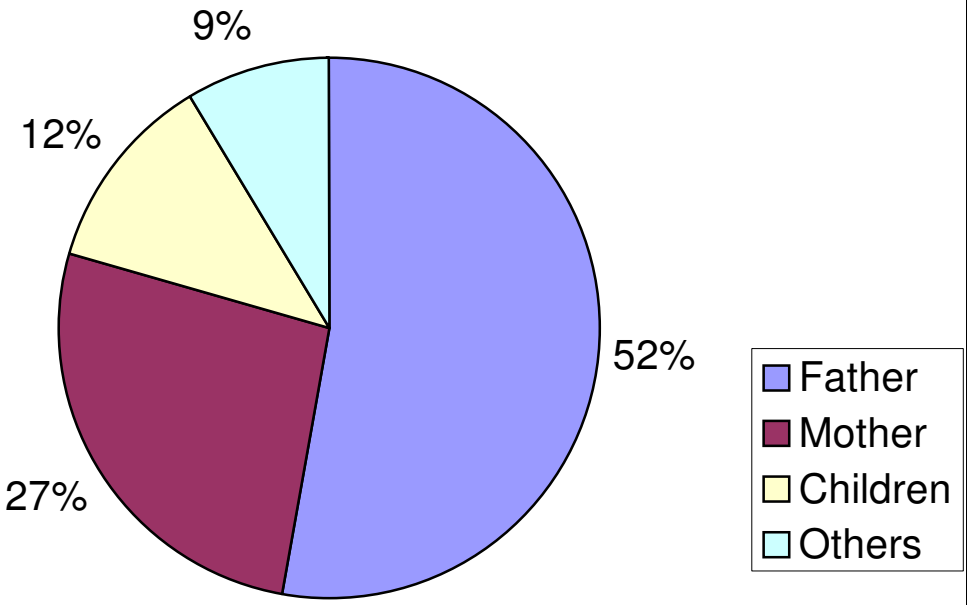


Fig. 3 Type of person who was in contact at home for sick individuals during sickness in Sodo Zuria Wereda, January 2005

5.4 Type of measure taken for sickness

Modern medicine was sought by 398(79.9%) of sick individuals. Majority of sick individuals 188(47.2%) sought health service with in 1-3days followed by 156(39.2%) who sought care in 4-7 days of illness. There is association between residence and health service utilization that showed x^2= 11.36 with p= 0.001 and it is statistically significant with OR: 2.138 with 95% CI 1.369, 3.340. The other socio-demographic characteristics do not show any association.

Among individuals that reported sickness private health institutions were visited by 197(49.4%), and public health facilities were visited by 194(48.6%) (Table 3).

Table 3. Type of health service utilization and visiting of sick individuals in Sodo Zuria Woreda, January 2005

Characteristics	Number	Percentage
Treatment provided from health care institution (n=498)		
Yes	399	80.1
No	99	19.9
Type of health care unit visited(n=498)		
Private health care	197	49.4
Public health service center	194	48.6
NGO health cent	17	4.3
Traditional treatment	3	0.8
Home treatment	1	0.3
Self-medication	1	0.3
Number of frequency of visit to health care institution (n=498)		
1-3 time	322	81.1
4-6 times	43	10.8
>6 time	33	8.1

During health institution visit sick individuals claimed that they were seen by doctors account 177(44.6%) and followed by nurse 98(24.7%), junior health professional 40(10.1%) and some did not know who provided them the treatment 46(11.6%)(Table 4). The sick individual were provided by health care provider with respect 312(78.4%) and polite 224(56.3%), and few were treating them friendly 70(17.0%). Most of the sick individuals who visited health facility would like to return again 371(93.2%) and the rest would not like to return (Table 4).

In addition to the previous visit to health facilities, some sick individuals sought additional health institutions and health care providers. The clinic was sought of 65(35.5%) and followed by health center 60(32.5%) and the least was local healers. The reason forwarded for additional treatment was their sickness was not relieved by previous treatment of 130(36.3%) and they needed efficient and effective diagnostic facility, 28(7.8%) (Table 4).

Table 4. Health care providers type and attitude of sick individuals to health professionals in Sodo Zuria Woreda, January 2005

Characteristics	Number	Percentage
Type of person who served at health institution (n=498)		
Doctor	177	44.6
Nurse	98	24.7
Health assistant	46	11.6
Junior health professional	40	10.1
Health officer	30	7.6
I don't know	4	1.0
No response	2	0.6
Health professionals approach during treatment provision (n=498)		
Respectful	312	78.4
Polite	223	56.2
Knowledgeable	175	44.0
Friendly	70	17.6

Sick individuals additional visit to health service (n=186)	68	35.5
	60	32.8
	34	18.6
Clinic	6	3.3
Health center	4	2.2
Hospital	14	7.7
Traditional		
Local healers		
Others		
Reason for additional treatment (n=186)	130	36.3
	21	5.9
	6	1.7
Sickness is not relieved	1	0.3
Not satisfied with result	28	7.8
Referral		
Insisted with relatives		
Others		

5.5 Traditional healer role in health care seeking

Traditional healers were one area of treatment sought and visited by sick individuals. The reason forwarded by utilizers was "they respect them" and "it was nearby". During visiting majority of them were provided massage 76(54.7%) followed by herbal medicine of 19(13.7%) (Table 5).

The survey tried to identify the sick individuals' injection practice. From the sick individuals 111(22.3%) got an injection for their sickness. Majority of the sick individuals were given an injection from health center and clinic with 39(35.5%) and 30(32.7%) respectively. The remaining injections were provided from hospital 19(17.3%) and pharmacy 4(3.6%) and only 1 individual was provided injection by local healers. The injections were ordered by health professionals in the majority of cases 83(75.5%) while they were requested by households to sick individuals by 16(14.5%). According to the respondents response injections were given by "doctor" that account 55(50.0%) followed by health assistant 34(30.9%) and few got from local injector 6(5.5%). Majority of the sick person who got injection did not have a problem 102(92.7%), while one individual got abscess. The sick individuals claimed that the following sicknesses needs injection: cough (78.8%), fever (78.5%), injuries (55.9%) and abdominal pain (55.6%) (Table 5).

Table 5. Traditional healers' utilization and injection practice among sick individuals in Sodo Zuria Woreda, January 2005

Characteristics	Number	Percentage
Type of treatment provided from traditional healers		
Massage	76	54.7
Herbal medicine	19	13.7
Cauterization	12	8.6
Prey	5	3.6
Advice	1	0.7
No response	26	18.7
Injection provision for sick individuals (n=498)	111	22.3
Yes	383	77.1
No	3	0.6
No response		
Type of sickness claimed that need injection (n=498)		
Cough	376	78.8
Fever	374	78.5
Abdominal pain	265	55.6
Skin disease	194	40.7
Eye disease	91	19.1
Injuries	262	54.9

There were 100 sick individuals who had not visited health facility within the four weeks prior to the survey. Among these, majority reported shortage of money 78(77.2%), area of residence as the main factor for non utilization of health care unit. The others claimed that sickness relieved by itself 11(10.9%) and some stated disease is not treatable and shortage of time with 3.0% and 2.0% respectively. There were people who treated themselves for different types of sickness. The reason forwarded for self treatment was not reported 45(50.6%) and some claimed that there was long stay in health service institution 11(12.4%) and self treatment was cheap 10(11.2%).

The other question forwarded to those who did not took treatment for their sickness was "where did they think would be the appropriate place for the current sickness?" was responded as the appropriate place for their current sickness would be modern medicine account 95(94.1%) and the rest claimed that disease resolve itself and traditional treatment would be the best account 2.0%.

5.6 In-Depth Interview for Household Member in Sodo Zuria Woreda

The in-depth interview tried to explore household members' experience in decision making. Majority of the respondents claimed that the immediate contact person for consultation at household level have been household head. On the other hand, others would like to consult health professional. In addition, most sick individuals ask advice from neighbors.

In some families mainly the whole families sit down to find a solution, this was facilitated through discussion among household members. If the problem were beyond the capacity of family members, there would be consultation to knowledgeable and experienced person living nearby. When mothers and fathers were getting sick they consult their children. Religious families mainly pray for preserving and curing them from sickness. However, there was room for looking modern medicine.

It was mentioned that decision makers or a consultant decision depends according to the severity of sickness. When the sickness was not serious they decided alone, however, when the sickness was getting severe and chronic usually a decision maker consult friends, neighbors, and religious leaders. While the condition of the sick person was getting severe and when there would be no good prognosis in near future, relatives from nearby and those who live faraway would be called and consulted with due assumptions of treatment and to facilitate expected outcome. When the family needs money it could be extended to money borrower.

Respondents mentioned that there were some sickness which needs special concern and consultations from people living nearby i.e. neighbors and elderly. Of these cough, diarrhea and fever require additional consultation before seeking treatment at home or to transport for medical help. Majority of respondents mentioned that malaria need immediate consultation followed by tuberculosis, and abdominal pain with diarrhea, prior to treatment. Still some claimed typhoid fever, HIV/AIDS, liver disease, and nerve disease needs consultation. Few claimed fracture, hypertension, asthma, diabetes mellitus, and dental disease also need consultation.

Majority of decision maker have a positive attitude towards modern medicine. When the head of household or decision maker had previous exposure to health care he would advice, encourage or support modern medicine. Some group of people said *"health professional are mainly trained and prepared for provision of health service so they are better"*. Still some tried to explain that "*modern medicines have better supply of equipment and medication"* and this would be a good reason to be supported by decision maker.

Among a number of sicknesses reported from respondents', malaria stand top sickness that was considered severe disease followed by pulmonary tuberculosis, HIV/AIDS, and liver disease. Diarrhea, typhoid, cancer, and tetanus were also reported as severe sickness. Again malaria, typhoid, abdominal pain and eye disease were also claimed moderate sickness. Some respondents claimed that injuries and accident and dental caries were moderate sickness. Common cold and headache reported as mild sickness. Arthritis and abdominal pain, mild injuries and "wugat" were also mentioned as mild sickness.

Majority of respondents mentioned that children and pregnant mothers would be given priority during sickness out of the whole families.

5.7 In-Depth Interview for Key Informant in Sodo Zuria Woreda

The key informant interview was conducted with assumption of direct and indirect associations with health care provision and having an influence on health care provision. A total of six traditional healers, five traditional birth attendants, and eight community/ trained traditional birth attendants participated in the interview from seven peasant associations and three urban kebeles.

Dirty, shortage of food, parasites, and insects like mosquito were mainly mentioned as cause of sickness from CHA and TTBA respondents.

From different sickness that were mentioned by key informant, diarrhea which was not profuse and not complicated with vomiting, fever which is mild form, and eye disease could be managed at home, otherwise, all form of sickness need treatment at health institution. Mother role at home would be provision of care for household during sickness and father role would be supporting economically and facilitate treatment. “During sickness the household should seek advice and consultation from neighbors and health care provider living nearby” said CHA’s and TTBA’s. They claimed that the communities mainly consult them during epidemic and emergency situations.

According to them, the kinds of sickness should be classified according to their severity. Headache, common cold, and abdominal cramp were considered and mentioned as mild sickness. HIV/AIDS, tuberculosis, malaria, and diarrhea were mentioned as severe forms of sickness.

Previously, locally known as “festal hakims” were providing health care in the community, nevertheless, recently sick individuals resort to modern medicine. The reason for the diversion of sick individuals to modern medicine was due to their effort to create awareness about the side effect of unnecessary and unprotected injection. On the other hand, traditional healers were providing health care for eye disease, evil eyes, mental illness, and convulsion.

Tuberculosis, abscess, fever, cough, and injuries were claimed by the respondents that require injection during treatment. Other sickness like abdominal pain and eye disease do not need injection. All key informants mentioned that injection should be given in health institutions. However, there were ‘Festal hakims’ previously providing injections, nowadays, this group of people were discouraged and prohibited by government and the community. At present they did not actively involve in provision of injection. If they were found to give injection in the

community, they would be asked for illegal conduct. They might be punished; actually they were not able to specifically mention the type of punishment.

6. Discussion

This study employed subjective reporting of sickness using cross-sectional study to assess the health care seeking. From the total household member sickness was reported by 9.7 %, urban and rural study subjects reported 10.5 % and 9.5 %, respectively within four weeks recall period. On the other hand survey conducted on the basis of recall period of two weeks in Dabat health project showed sickness report from urban was (4.0%) and rural (7.2%)(18), another base line survey in Gurage zone showed (4.0%) of urban and (5.0%) of rural residents reported sickness(15). Other study on the basis of four weeks recall period reported 18 %(12). In the above two base line survey the sickness report in both urban and rural setting is lower than this study, however, the four weeks recall period showed an excess report. The excess frequency in this study of urban over rural is due to the number of households that existed in each family in urban is less than the rural family. In general, there could be an over reporting of symptoms due to geographic difference.

With regard to sex, sickness was reported by 56.9% of females and 43.1% of male from the sick individuals. In Gurage Zone Cheha Woreda base line survey showed that (5.0%) of female and (4.8%) of male reported sickness (15). In this study as well as the above mentioned studies there is an excess report of sickness by female but it is not statistically significant. It can be explained as male may not consider simple sickness as a special issue.

With regard to age 25-35 years and age above 65 years have reported an excess sickness than the age group of 15-20, but it can not be confirmed with adjusted. On other hand study in Adami Tulu showed that 12-49 years of male individuals reported more STI syndromes (14). This age group of population might reported more sickness because of their awareness to sickness.

Urban population has utilized health service more than rural populations. This is supported as resident and health service utilization was associated with x^2= 11.36; p= 0.001 and it is statistically significant with OR: 2.14 with 95% CI 1.4, 3.34. The DHS survey by CSA also indicated that there were more urban versus rural population utilized health service (6). There was a higher rate of health care utilization among men than women, the age group 15-49 years than other age group and urban over rural area(22). This can be explained by the fact that the urban population has more access to information than rural population. However, Socio-demographic variables in this study did not show an association.

The study shows a family size less than 6 people reported less sickness than large families and this is statistically significant OR: 1.46 with 95% CI 1.09, 1.96. On other hand a study in Indian showed that higher household size has a negative relation ship with probability of falling sick (11). The finding in this study is consistent with the above study and the excess report of sickness from families' size above six household members can be explained as there could be less share of resource that can expose the family member to different forms of sickness.

The study also showed that the most prevalent symptoms were fever, cough, and abdominal pain from sick individuals. The perceived sickness in many studies reported fever, headache,

abdominal pain, cough, and eye disease (18, 19, 20). Others reported malaria and diarrhea. The trend of sickness through out the survey showed that there are commonly reported sickness, nevertheless, there are prevalent sickness that have been reported from place to place and this can be explained that there is a difference in geographic and disease prevalence.

In this study almost half of sick individuals visited health unit within 1-3days and most patient visited health unit within 1-7 days. A facility based study in East Showa found 25.5% of patient visited laboratories of malaria center within two days and the rest come after 3 days (24). In both studies sick individuals visit health service institution after 3 days and these may be explained that sick individuals resorted modern medicine after all possible trials available in their surrounding.

With regard to consultation father or household head were the most important person consulting and being a contact person at household level followed by mothers during sickness. The study also showed neighbor played a great role for consultation (44.4%). Indian study showed women consult family member usually head of household (44.5%) and neighbor 3.0 %(11). It is obvious that household head is controlling the economy and more responsibilities are given in the society, so that it would not be different in our setting. With regard to neighbor support system, it showed that there is a strong bond among one family to other living nearby. On the other hand study from Ethiopian arm showed that peers were found to be the most important source of information for STD related symptoms (34). In both studies people living nearby whether as peers or families are good sources of information.

When some body gets sick different kinds of treatment options are presumably resorted. The study showed that sick individuals at household level took rest (36.5%) and others took no measure at all (27.3%). Some abstain food and drink intake (6.2%). From positive health behavior point of view those who encourage food and drink intake and rest can be taken as promotive. There are few peoples who abstain food and drink intake during sickness and the reason need to be identified.

Of individuals who visited health care services, 80.1% of sick individuals sought care from modern medicine. On other hand study in rural Dabat project showed 27.8% of people visited health institution for their sickness, and other survey in Cheha Woreda showed that 48.9% of sick individuals got help from health institution and 35.8% did nothing for their illness (18, 19). There is large portion of sick individuals resorted to modern medicine in this study. The probable explanation could be the society may give special attention to sick individuals. Other explanation could be due to the new health policy the health promoter have been played a great role in promotion and health education in the society.

Among sick individuals 48.6% visited public health institution and 49.4% visited private health care unit. The finding may show that the society transformed from total relay to public health institution utilization and look for alternatives like private health institution. This is supported by a comparative study in Wolaita Zone that a study subject got care in health center. Among these were not satisfied by services, because drug was not available and long waiting hours (35). The main reason for seeking health care in private health institution could be public health institution may not able to avail prescribed drugs and diagnostic test.

The study tries to assess respondent's knowledge about the professional title of health workers. 44.6% of respondent claimed that doctors (physician) had provided health care during their visit to health care unit followed by nurse 24.7% and only 1.0% claimed they do not know their profession. The respondents report is doubtful, because in lower level health institutions, health professionals do not put tag in their chest frequently. The other explanation is provided that majority of sick individuals visited clinics and health centers, and these areas at this moment are not covered by physicians.

The study also tries to assess the attitude of sick individuals towards health professionals. Most respondents reported that health professionals were treating respectful (78.4%) and communicate with polite (56.2%). To support the above response the questionnaire was put in another form to get additional information about a respondent in such away that whether the respondent return back to health care provider again. Majority (93.2%) claimed they would return back to health care giver if they would be sick again in near future. This finding indicates that health professional character and their relationship towards health service provision towards the consumer is encouraging.

The study also assessed the traditional healers' role in health seeking behavior. Out of sick individuals who visited traditional healers massage and herbal medicine were mainly provided. The reason for seeking traditional healer of sick individual was they were nearby and with short walking distance. A study in rural Nepal showed from those who visited health care 81% visited traditional healers prior to visit modern medicine (36). Despite low utilization of traditional health care unit the study in this survey agree with the reason for utilization.

The research also tries to assess injection practice and perception to injection and its influence towards health care seeking behavior. The study found that 22.3% of sick individuals were

given injection for their sickness. On the other hand, a study in Bahirdar Zuria Woreda showed there was 13% of overall prevalence of injection from those who visited health institution and these rose to 39% from those who visited formal health care facilities (32). The overall injection rate observed in this study was not significantly higher than the above study. In this study majority of sick individuals were provided injection from health center and clinic and more injection (75.5%) was given by health professionals. This shows that lower health institutions are the main source of injections and this may be explained that oral medications are scarce or health professionals' attitude towards injection is questionable. Most individuals mentioned that injection was provided by "doctors". Their claim about injection provider was doubtful because people in developing countries especially in Ethiopia assume that white gown wearing health professionals are considered "doctor".

Majority of respondents claimed that cough and fever need injection and this was extended to other sicknesses. This shows that there is a deep rooted belief in injection healing power in communities. This may need further exploration through study.

The most frequent reason mentioned in many study for utilization of self medication were the disease was minor, the health service provision site were far, and they could find medication from drug retailers any where. In this study self medication was preferred due to long waiting hours in health care unit, the treatment was cheap and they already know treatment for their sickness. The finding in this study has the same opinion with others study findings.

The qualitative study of in depth interview for household respondents and key informant indicated that decision making at household was conducted by household head and this is shared by household members. Outside home neighbors, elderly and religious leader were consulted during sickness. The consultation depends on the severity of the sickness, outcome of the sickness, and economy of the household. This finding shows that household should be the main area where health professionals can employ their effort to promote health service. In addition, neighbors play a great role in promotion and rehabilitation of health.

From different kinds of sickness cough, diarrhea, and fever require additional consultation from other group of members. Some disease like malaria, pulmonary tuberculosis, and HIV/AIDS are considered severe; eye disease is considered as moderate and common cold, headache and "Wugat" are considered mild. On other hand, a Nepal study reported household categorized 34%of sickness perceived as mild illness. These were referred to flu, headache or body pain, 41% of sickness perceived as moderate these comprised diarrheas, stomach pain and chest pain and 24% felt that the illness was severe and these were diarrhea with vomiting, high and persisted fever and injury with bleeding (36). This finding agrees with the above study and gives an opportunity to gear health care provision priority towards those disease mainly considered important in the community.

Mothers and children are given priority during sickness from the family. This shows a positive affirmative action towards female and children, who are more prone for different form of sickness due to their compromised physiology and immunity. This area should be promoted.

From key informant CHA and TTBA have a good knowledge about sickness but TBA and traditional healers have low level of awareness about sickness. This finding indicates that since health care provisions are given by this group of people by virtue of available health care unit so that their defect should be identified for further implementation. The local healers that were known as “Festal hakims” role are discouraged by both utilizers and health care promoters like CHA and TTBA. This is a good information that indicates community awareness have getting improved and this can be applied for prevention of communicable disease like HIV/AIDS.

7. Strength and Limitation of the survey

7.1 Strength:

- It employed community based study
- It used both quantitative and qualitative studies for triangulation
- The study used both urban and rural community for comparison

7.2 Weakness:

- The study utilized perception and oral report of an individuals for sickness report
- There is time limit to follow sick individuals in different time

8. Conclusion

The study showed that the sickness report has no association with resident (urban and rural), socio demographic and economic characteristics. However, female reported more sick than male but this was not statistically significant. With regard to family size, families who have more than six household members reported excess sickness. The finding also revealed that there was high urban to rural population health service utilization.

The most prevalent symptoms reported in the area were fever, cough, and abdominal pain with or with out diarrhea and some reported eye disease and injuries. For the given sickness, most individuals visited health institution within 1-3 days. At home father or household head was the main source of contact person and he has positive attitude towards modern medicine. Out side home neighbor played great role on consultation and this finding was supported by qualitative part. In addition, the qualitative finding showed that priority was given for pregnant mothers and children during sickness.

From those who reported sickness, there was high proportion of modern medicine utilization. The public health institution and private health care unit were visited with equal proportion. There were a few who have not visited health institution; the reason was due to shortage of money and lack of time.

Sick individuals got treatment from doctors (Physician) and nurses. Some claimed that they do not know the title of health professionals. For those who visited health institutions, health professionals treated sick individuals respectful and politely.

The injection practice in the community was relatively low. From those who were given injection more injections were provided from low level of health institutions like public health center and clinic. The health professionals were the main source of injection and there was no problem reported from clients during injection. The most frequently reported sickness that was claimed to be given injection were cough and fever followed by abdominal pain and injuries.

There was self medication reported from sick individuals and the reason was long waiting hours in health service, the treatment was cheap and they know the treatment for the illness.

Fever, diarrhea and cough were sickness that claimed mainly required consultation prior to treatment seeking and CHA and TTBA were good promoters for health care provision.

9. Recommendation

Based on the finding of the result to facilitate health seeking behavior and health service provision in household level and as large in the community the following recommendation are forwarded.

1. The family consultation system ought to be employed as health promotion strategy at household and community level for managing illness and preventive actions,
2. The existing private health care unit utilization should be promoted with due consideration of quality control system,
3. Develop a health care provision system for those who are not able to get health services, and
4. Further exploration is needed, "why excess injection is provided at lower level of health institutions?"

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11. Annex

Annex I. English Version Questionnaires

This questionnaire is prepared for collecting information on health seeking behavior at household level among household members in Sodo Zuria Wereda Wolaita Zone.

Consent form
001. Questionnaire identification number /---------/---------/
002. Region: SNNPR
003. Zone: Wolaita
004. Wereda: Sodo Zuria
Greetings
Introduction:

My name is _____. I am working as a data collector in a survey conducted by the collaboration of Addis Ababa University, Medical Faculty, and Department of Community Health so as to assess the type of sickness you have encountered, the type of health care providers sought, decision making for seeking health care and the role about the local healers for health seeking behavior at household level. Your name will not be written on this form and will never be used with any information you tell me. You don't have to answer any questions that you don't want to answer and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think and do about health seeking behavior during sickness. We would greatly appreciate your help in responding to this survey. Would you be willing to participate?

1. Yes 2. No

Signature of interviewer certifying that informed consent has been given verbally by respondent.

Result codes: completed 1, respondent not available 2, refused 3, partially completed 4, others 5
005: Interviewer code [---------/----------] Name_____
006: Date of interview: [------/-------/-------]
Checked by supervisor: Name _____

Signature_____
Date _____

Questionnaire One

S. No.	Characteristics	Response Variable	Skip to
	Part One: Socio-demographic variables		
101	Name of household head:_____		
102	Sex	1. Male 2. Female	
103	Age	1._____ 99.No response	
104.	Employment of household(head)	1. Housewife/ Not employed 2. Farming 3. Government employee 4. Private Business 5. Pension 6. Student 7. Trader 8 Others_____	
105.	Religion	1. Orthodox 2. Protestant 3. Catholic 4. Muslim 5. Others_____	
106	Marital status	1. Single 2. Married 3. Widowed 4. Separated 99. No response	
107	Family size	1. _____ 99. No response	
108.	Ethnic group	1. Wolaita 2. Dawro 3. Amhara 4. Sidama 5. Oromo 6. Guragie 7. Tigre 8. Others 99. No response	
109	Monthly income	1. Less than 100birr 2. 101-200birr 3. 201-300birr 4. Greater than 300birr	

		99. No response	
110	Educational status	1. Illiterate 2. Read and write 3. 1-12 grade 4. 12 and above 5. Graduated from college	
111	Is there a sick individual in the household since the last one month?	1. Yes 2. No ⟶ 99. No response	Skip to question Two
112	If yes what is the relationship of the sick individual with the household head?	1. Wife 2. Husband 3. Son 4. Daughter 5. Relative(state)_____ 6. Servant 99. No response	
Part Two: Socio-demographic variables of Sick individual			
201	Sex	1. Male 2. Female	
202	Age	1._____ 99. No response	
203	Occupation	1. House wife 2. Unemployed 3. Government employee 4. Farmer 5. Artesian 6. Student 7. Others_____ 99. No response	
204	Religion	1. Orthodox 2. Protestant 3. Catholic 4. Muslim 5. Others_____	
205	Marital Status	1. Single 2. Married 3. Widowed 4. Separated 99. No response	
206	Ethnicity	1. Wolaita 2. Dawro 3. Amhara 4. Sidama 5. Oromo 6. Guragie 7. Tigre 8. Others	

		99. No response	
207	Educational status	1. Illiterate 2. Read and write 3. Grade1-6 4. Grade 7-12 5. 12^{+}..... 6. College graduate	
208	Monthly income	1. Less than 100birr 2. 101-200birr 3. 201-300birr 4. Greater than 300birr 99. No response	
Part Three: Sickness Profile			
301	If you were sick in the last one month, which kind of symptom did you have?/ the individual have?	1. Cough with or without sputum 2. Fever with chill and rigor 3. Abdominal pain with diarrhea 4. Skin disorder 5. Eye diseases 6. Others(Injuries) 99. No response	
302	How long have you been sick?	1……. 99. No response	
303	Who was the illness detected?(identified)	1. Self identified 2. Have previous experience 3. Household identified 4. Neighbors identified 5. Religious leader 6. Health professional 7. Other_____ 99. No response	
304	Who was the first person contacted at this event at household level?	1. Father 2. Mother 3. Others (specify)_____ 99. No response	
305	Who was the first person contacted at this event out of household?	1. Grand parents 2. Neighbors 3. Religious leader 4. Others (specify)_____ 99. No response	

306	What type of measure was taken at home level?	1. None 2. Rest 3. Abstinence of fluid and food 4. Encourage fluid and food 5. Pray for preying 6. Took left over drugs 7. Other_____ 99. No response	
307	What kind of measure have you taken?(have you gone mention it?)	1. Home treatment 2. Rest 3. Traditional treatment 4. Private health care unit 5. Hospital 6. Health center 7. Nothing 99. No response	→ Part 5
308	Have you gone health service facility for recent sickness?	1. Yes 2. No 99. No response	→ No. 320
309	When did you go to health care provider?	1._____ 99. No response	
310	If yes for (Q. No. 312) where did you seek the treatments?	1. Home remedy 2. Traditional healer 2. 1. Non trained care giver 2.2. Wegesha 2. 3. Tsebel 2.4. Spiritual healer 3. Private health care 3.1. Clinic 3.2. Pharmacy 3.3. Higher clinic 4. Public facility 4.1. Health station 4.2. Health center 4.3. Hospital 5. NGO 5.1. Clinic 5.2. Hospital 6. Self treatment 7. Others_____ 99. No response	→ Part 4
311	How many times have you visited the care provider in the last 1 month?	1. Number of visit_____ 99. No response	

312	Who did you talk to or see at health service care unit?	1. Doctors 2. Nurses 3. Health assistant 4. Traditional healers 5. Health officer 6. Junior health worker 7. I don't know 99. No response	
313	Health care provider during care provision was ------?	Yes No 1. Friendly 1 2 2. knowledgeable 1 2 3. Well qualified 1 2 4. Respectful 1 2 5. Polite 1 2	
314	Would you return again to seek advice or treatment from this care provider?	1. Yes 2. No → No. 319 99. No response	
315	In addition to the above mentioned health care unit which health care units have you visited others?	1. Hospital 2. Health center 3. Clinic 4. Traditional healer 5. Local healers 6. Others_____ 99. No response	
316	What was the main reason for visiting additional health service?	1. Because it s not relived 2. I have not satisfied 3. Referral 4. Insisted from relatives 5. Others 99. No response	
317	From the most recent symptoms you had, have you received any treatment?	1. Yes 2. No → No. 318 99. No response	
318	If you have not completed the medication Why?	1. Due to side effect 2. Perceived not effective 3. Have not bought yet 4. Expensive(lack of money) 88. I don't Know 99. No response	
319	If you would not return again to seek the treatment (Q. no 318) why not you return back?	Yes NO 1. Made me unwelcome 1 2 2. Made me fell ashamed 1 2 3. Do not provide me necessary treatment 1 2 4. Not knowledgeable 1 2 5. Others_____	

		99. No response	
320	If you have not received treatment (Q. No 308) what were the reasons?	Yes No 1. Shortage of money 1 2 2. Long distance 1 2 3. Perceived low quality of Service 1 2 4. Do not believe in Biomedical Therapy 1 2 5. Hatred for health care Providers 1 2 6. Others_____ 99. No response	
Part Four: Health care seeking from traditional healers/providers			
401	What is the most important reason for resorting traditional healers (Q. no 313) ? More than one answer is possible and circle all response.	1. I don't get cure from medial care 2. They do not charge to much 3. They are respectful 4. There is no long waiting 5. Treatment is effective 6. Maintain confidentiality 7. Maintain privacy 8. Because, family recommended it 9. Because, they are near 10. Others_____ 99. No response	
402	What type of medication have you sought from traditional healer?	1. Massage 2. Herbal medication 3. Tattooing/cauterization 4. Spiritual care 5. Advice 6. Other_____ 99. No response	
403	Have you been given an injection?	1. Yes 2. No 99. No response	
404	If yes where were the injection prescribed?	1. Hospital 2. Health center/health post 3. Private clinic 4. Local healer 5. Pharmacy 99. No response	
405	Who requested this injection?	1. Myself 2. Family/relatives 3. Care givers 4. Others 99. No response	

406	If your family or yourselves have requested why for?	1. Works faster 2. Cheaper 3. Because I forget tablets to finish 4. Other_____ 99. No response	
407	Who was the injector?	1. Nurse 2. Doctor 3. Health assistant 4. Local healers 5. Others_____ 99. No response	
408	According to you which illness would be treated better with an injection? (Read the list of the diseases)	Yes No 1. Cough with /without sputum 1 2 2. Fever With chills and rigor 1 2 3. Abdominal pain with diarrhea 1 2 4. Skin disorder 1 2 5. Eye diseases 1 2 6. Injuries 1 2 7. Other_____ 99. No response	
409	After you have visited this area what type of problems you faced?	None Infection Abscess 99. No response	
Part Five: No treatment and self treatment			
501	If you have not visited a health care provider (Q no. 312) what is your most important response for not receiving any treatment?	1. Thought sickness is incurable 2. symptoms is not serious 3. thought getting well from symptom without treatment 4. Do not know where it can be treated 5. No effective treatment is available 6. Lack of time 7. Lack of money 8. Feeling guilty telling my problem to health worker 9. Long distance 10. Others_____ 99. No response	
502	According to the main cause of your most recent symptoms, from where do you believe is the best treatment available?	00. Symptoms have no cure 1. Symptoms disappear without treatment 2. From traditional healers 3. From modern health care institutions 4. Others_____ 99. No response	

503	Do you believe that getting early treatment is beneficial for people who are sick?	1. Yes 2. No 99. No response	
507	If you have not got treatment in institutions (Q no 223) what is the most important reason for preferring self treatment for the disease mentioned above?	1. I know the treatment myself 2. Diseases is not serious 3. It is cost effective 4. Maintain confidentiality 5. Feeling guilty discussing my problem with other 6. In health care there is long waiting time 7. In health care reception is not good 8. Others_____ 99. No response	

Questionnaire Two: This part of questionnaire is prepared for those who have no sick individuals in the household for the preceding one month.

S No.	Characteristics	Responses	Code
101	Would you please mention a kind of symptoms, from the family, any one who have been sick within the last couple of months?	1. Cough with /without sputum 2. Fever With chills and rigor 3. Abdominal pain with diarrhea 4. Skin disorder 5. Eye diseases 6. Injuries 7. Other_____	
102	For the then sickness what did think is the cause?	1. Evil eyes 2. Shortage of nutrient 3. Microorganism 4. Curse from God 5. Others_____ 99. No response	
103	Have you taken treatment for the sickness? (Have gone to health care unit?)	1. Yes 2. No 99. No response	
104	If some body in the family becomes ill how would you detect it?	1. Accidentally identified 2. Have previous experience 3. Household identified 4. Neighbors identified 5. Religious leader 6. Health professional 99. No response	

105	Who would be the first person to be contacted at this event at household level?	1. Father 2. Mother 3. Others(specify)_____ 99. No response	
106	Who would be the first person contacted at this event out of household?	1. Grand parents 2. Neighbors 3. Religious leader 4. Others (specify)_____ 99. No response	
107	Where do you visit for household family sickness?	1. Home treatment 2. Local healers 3. Traditional treatment 4. Private health care unit 5. Government health care unit 6. Others_____ 99. No response	
108	What are the main factors that hinder a sick individuals to visit health care unit?	1. Religious factor 2. Shortage of time 3. shortage of money 4. Road is not available 5. If one do not know health care unit 6. Others_____ 99. No response	
109	In your environment health care providers which unit professionals are working under rules and regulation?	1. Government health care unit 2. Private health care unit 3. Local healer 4. Traditional health provider 5. Others_____ 99. No response	
110	If you are going to be sick where do you want to get a treatment?	1. Government health care unit 2. Private health care unit 3. Local healer 4. Traditional health provider 5. Others_____ 99. No response	
111	If for question no. 109 is no why would not you return?	1. Made me unwelcome 2. Made me fell ashamed 3. Do not provide me necessary treatment 4. Not knowledgeable 99. No response	
112	What would happen to a person for the above sickness if not treated?	1. Nothing would happen 2. They will suffer a lot 3. They are getting additional sickness 4. Others_____ 99. No response	

113	Have ever visited traditional healers or got advice or treatment from them?	1. Yes 2. No 99. No response	
114	If yes what is the most important reason for resorting traditional healers ? More than one answer is possible and circle all response.	1. They do not charge to much 2. They are respectful 3. The treatment is effective 4. Maintain confidentiality 5. There is no one during care 6. Because, they are nearby 7. Others_____ 99. No response	
115	What type of medication have you sought from traditional healer?	1. Massage 2. Herbal medication 3. Tattooing/cauterization 4. Spiritual care 5. Advice 6. Others _____ 99. No response	
116	Have you been given an injection?	1. Yes 2. No 99. No response	
117	If yes where were the injection prescribed?	4. Hospital 5. Health center/health post 6. Private clinic 7. Traditional healer 5. Pharmacy 99. No response	
118	Who requested this injection?	1. Myself 2. Family/relatives 3. Care givers 4. Others	
119	If your family or yourselves have requested why for?	1. Works faster 2. Cheaper 3. Because I forget tablets to finish 4. Other_____ 99. No response	
120	Who was the injector?	1. Nurse 2. Doctor 3. Health assistance 4. Local healers 99. No response	
121	According to you which illness would be treated better with an injection?	Yes No 1. Cough with /without sputum 1 2 2. Fever With chills and rigor 1 2 3. Abdominal pain with diarrhea 1 2 4. Skin disorder 1 2	

		5. Eye diseases 1 2 6. Injuries 1 2 7. Other_____ 99. No response	
122	Where do you believe that the recent sickness would be treated	1. Symptoms have no cure 2. Symptoms disappear without treatment 3. From traditional healers 4. From modern health care institutions 5. Others_____ 88. I don't know 99. No response	
123	Do you believe that getting early treatment is beneficial for people who are sick?	1. Yes 2. No 88. I don't know 99. No response	
124	Have ever taken self treatment for previous sickness from pharmacy?	1. Yes 2. No 99. No response	
125	If you have not got treatment your self what are the reason for preferring self treatment for the disease mentioned above?	1. I know the treatment myself 2. It is cost effective 3. Feeling guilty discussing my problem with other 4. In health care there is long waiting time 5. In health care reception is not good 6. Others_____ 99. No response	

QUESTIONNAIRE THREE: SEMI-STRUCTURED QUESTION FOR IN- DEPTH INTERVIEW

I am from Addis Ababa University community department. I am here to explore household health seeking behavior, decision making and the role of local healers in health care provision. This study is for partial fulfillment of my master's degree. I want your opinion and knowledge background about the aforementioned area. All information and discussion will be confidential. Your response is very important for health promotion and planning and implementation of health care provision in the community. So that, you are kindly requested to participate in this study. I am grateful for participation.

Code No. _____ Age_____ Sex_____
Occupation_____ date of Interview_____
Place of Interview_____
Time of Interview_____
For how long have you served_____
Working area_____

Section one: in depth interview for key informant

1. How do you define sickness?
2. What are the causes for sickness?
3. At house hold levels who are a good predictor for identifying sickness for individuals?
4. At household level who is the fist person to be contacted for seeking help?
5. According to your experience what type of diseases are considered mild, moderate and severe?
6. Where is the appropriate place to seek health care?
7. From mild moderate and severe which sickness need traditional healers?
8. Which of the above sickness need injection?
9. If some one seeks injection where is the appropriate place?
10. What do you call them those who give injection outside health facilities?
11. If the local healers are providing injection where do they usually give this injection?
12. If they are helpful/not helpful in what respect do you express it?
13. In the zone as well as in your kebele what are the trends of their number for the last one year?
14. If they are increasing or decreasing what are the main reason?
15. Do you think they are appropriate person for providing injections?
16. If they are not appropriate for giving an injection who do you think are the appropriate person or institutions?

Section Two: in depth interview for household respondent about decision making

1. When ever you got any form of sickness who is the first person to be contacted?
2. Is the first person who has been contacted is responsible to facilitate transportation for health care?
3. If the person to be contacted is not responsible to decide who is the others person?
4. Who is the second person that would be consulted during decision making?
5. What types of sicknesses are being asked the above consultation?
6. What is decision maker's attitude to wards modern medicine?
7. From your point of view and experiences what type sicknesses are classified under severe, moderate and mild sickness?
8. For decision making who are given priorities between age groups and social status?

ቃለ መጠይቅ

<u>መግቢያ</u>
ይህ ቃለ መጠይቅ የተዘጋጀው በቤተሰብ ደረጃ አንድ ሰው ህመም ሲያጋጥመው የሚወስዳቸውን እርምጃዎች ለማወቅ ሲሆን ምርምሩ የሚከሄደው በሶዶ ወረዳ በወላይታ ዞን ነው፡፡

በምርምሩ ለመሳተፍ የፍቃደኝነት ፎረም
001. የቃለ መጠይቁ መሌያ ቁጥር.....
002. ክልል፡ ደቡብ ህዝቦች ብሄር ብሄረሰብ ክልል
003. ዞን፡ ወላይታ
004. ወረዳ፡ ሶዶ ዙሪያ
005. ቀበሌ/ገበሬ ማህበር.....
006. የቤት ቁጥር.....

እንደምን ዋሉ!

እኔ ስሜ.....እባላለሁ፡፡ በአዲስ አበባ ዩኒቨርሲቲ እና በሜዲካል ፋኩልቲ በህብረተሰብ ጤና የትምህርት ክፍል አማንኝነት ለሚከሄደው ምርምር እንዲሳተፉ በቅድሚያ ትብብሮን እንጠይቃለን፡፡ የዚህ መጠይቅ አላማ በቤት ውስጥ ህመም ያለበት ግለሰብ ህክምና በሚያስፈልግበት ወቅት የሚወስዳቸውን ዕርምጃዎችን ለማወቅ ነው፡፡ በዚህ መሰረት በቤትዎ ውስጥ የሚገኙ የቤጠሰብ አባል የሆኑ ነዋሪዎች ባለፉት አንድ ወር ውስጥ የታተሙትን ህመም አይነት የጎበኙትን የህክምና ድርጅት ለህክምና ለመሄድ የሚወስደውን ውሳኔ አሰጣጥ እና የመንደር ህክምና ሰጭዎች በህክማ አሰጣጡ ላይ ያላቸውን ተጽዕኖ ለማወቅ ነው፡፡ ስለዚህ እርሶም በዚህ የጥናት ምርምር እንዲሳተፉ በአክብሮት ይጠየቃሉ፡፡ በመጠይቁ ወቅት የሚሰጡት መረጃዎች በሙሉ በሚስጢር የተጠበቁ ይሆናሉ፡፡ ይሁን እንጂ የሚሰጡት መረጃዎች የሰዎችን አስተሳሰብ በህክምና ፍለጋ ዙርያ ለማወቅ ከፍተኛ ጥቅም ስለሚኖራቸው እውነተናውን እንዲነግሩን ይጠየቃሉ፡፡ በዚህ የጥናት ምርምር ላለመከፈልና በጥያቄ መሀል ለማቆም በማንናውም ጊዜ መብትዎ ነው፡፡ በጥናት ምርምር በመሳተፍዎ በጣም እናመሰግኖታለን፡፡ በዚህ የጥናት ምርመሩ ለመሳተፍ ፍቃና ኖትን?

1. **አዎን**
2. **አልከፈልም**

.....ተጠያቂው በቃሉ ለሰጠው የፍቃደንነት ምላሽ የጠያቂው ፊርማ፡፡

007. የተጤቂው ምላሽ ውጤት፡
1. የተሟላ ነው
2. መረጃ ሰጨው አልተገኘም
3. አልተስማሙም
4. በከፊል ተሞልቷል

5. ሌላ.....

008. የጠያቂው መለያ ቁጥር.....
009. ቃለ መጠቁ የቀረበበት ቀን.....
010. የተቆጣጣሪው ስም..... ፊርማ..... ቀን.....

መጠየቅ አንድ፡-ክፍል አንድ የቤቱ ሀላፊ ሁኔታ የሚገልጽ መረጃ

ተ.ቁ	የመጠይቁ አይነት	ምላሽ	መለያ ቁጥር	ወደሚቀጥለው ሂድ
101	የቤቱ ባለቤት ስም			
102	የተጠቂው ጸታ	1. ወንድ 2. ሴት		
103	ዕድሜዎ ስንት አመት ነው?	1..... 99. መረጃ የለም		
104	በአሁኑ ወቅት የቤቱ ባለቤት ስራዎ ምንድነው?	1. ገበሬ 2. የቤት እመቤት 3. የመንግስት ሠራተኛ 4. የመንግስታዊ ያልሆነ ድርጅት ሰራተኛ 5. ነጋዴ 6. ተማሪ 7. የቀን(ጉልበት) ሰራተኛ 8. ሥራ የለኝም 9. ሌላ(ይገለጽ).....		
105	የየተኛው እምነት ተከታይ ነዎት?	1. ፕሮተስታነት 2. ኦርቶዶክስ ክርስቲያን 3. ሙስሊም 4. ከቶሊክ 5. ሌላ(ይገለጽ)..... 6. 99. መረጃ የለም		
106	የየትናው ብሄረሰብ አባል ነዎት?	1. ወላይታ 6. ኦሮሞ 2. ጋሞ 7. ትግሬ 3. ሲዳማ 8. ሌላ(ይገለጽ)..... 4. ጉራጌ 88. አላውቅም 5. አማራ 99. መረጃ የለም		
107	ምአሁኑ ወቅት የጋብቻዎ ሁኔታ እንዴት ነው?	1. ያላገባ 2. ባለትዳር 3. የትዳር ጓደኛው በሞት የተለያየ 4. የተለያየ 99. መረጃ የለም		
108	የገቢዎ መጠን ምን ያህል ነው?	1. ከ100 ብር ያነሰ 2. ከ100-300 ብር 3. ከ301- 600 ብር 4. ከ600 ብር በላይ 99. መረጃ የለም		

109	የትምህርት ደረጃ ሁኔታ	1. መጻፍና ማንበብ አልችልም 2. መጻፍና ማንበብ እችላለሁ 3. ከ1-6 ክፍል 4. ከ7-12 ክፍል 5. ከ12 ክፍል..... 6. ከኮሌጅ የተመረቀ		
110	እርስዎን ጨምሮ የቤተሰብዎ ብዛት ስንት ነው?	1..... 99. መረጃ የለም		
111	በቤት ውስጥ ባለፈው አንድ ወር ውስጥ የታመመ ሰው ይኖራል?	1. አዎ 2. የለም		
112	ህመምተኛው ከቤቱ ሀላፊ ጋር ያለው ዝምድና እስከምን ደረጃ ድረስ ነው?	1. ሚስት 2. ባል 3. ወንድ ልጅ 4. ሴት ልጅ 5. ዘመድ..... 6. የቤት ውስጥ ሰራተኛ 7. ሌላ..... 99. መረጃ የለም		

ክፍል ሁለት፡ የህመምተኛው ሁኔታ የሚገልጽ መረጃ

ተራ ቁ	የመጠይቁ አይነት	ምላሽ	መለያ ቁጥር	ወደሚቀጥለው ሂድ
201	ዕድሜዎ ስንት አመት ነው?	1..... 99. መረጃ የለም		
202	በአሁኑ ወቅት ስራዎ ምንድነው?	1. ገበሬ 2. የቤት እመቤት 3. የመንግስት ሠራተኛ 4. የመንግስታዊ ያልሆነ ድርጅት ሰራተኛ 5. ነጋዴ 6. ተማሪ 7. የቀን(ጉልበት) ሰራተኛ 8. ሥራ የለኝም 9. ሌላ(ይገለጽ).....		
203	የየተኛው እምነት ተከታይ ነዎት?	1. ፕሮተስታንት 2. ኦርቶዶክስ ክርስቲያን 3. ሙስሊም 4. ከቶሊክ 5. ሌላ(ይገለጽ)..... 99. መረጃ የለም		
204	የየትናው ብሄረሰብ አባል ነዎት?	1. ወላይታ 6. ኦሮሞ 2. ጋሞ 7. ትግሬ 3. ሲዳማ 8ሌላ(ይገለጽ)..... 4. ጉራጌ 88. አላውቅም 5. አማራ 99. መረጃ የለም		
205	ምአሁኑ ወቅት የጋብቻዎ ሁኔታ	1. ያላገባ 2. ባለትዳር		

	እንዴት ነው?	3. የትዳር ጓደኛው በሞት የተለያየ 4. የተለያየ 99. መረጃ የለም		
206	የገቢዎ መጠን ምን ያህል ነው?	1. ከ100 ብር ያነሰ 2. ከ100-300 ብር 3. ከ301- 600 ብር 4. ከ600 ብር በላይ 99. መረጃ የለም		
207	የትምህርት ደረጃ ሁኔታ	1. መጻፍና ማንበብ አልችልም 2. መጻፍና ማንበብ እችላለሁ 3. ከ1-6 ክፍል 4. ከ7-12 ክፍል 5. ከ12 ክፍል..... 6. ከኮሌጅ የተመረቀ		
ክፍል ሶስት: የህመም ሁኔታ				
301	ከላይ እንደተጠቀሱት የታመመ ከሆነ ባለፈው አንድ ወር ውስጥ የታመሙት የህመም አይነት ምን ይሆን?	1. ሳል(ከአክታ ጋር) 2. ትኩሳት(ከማንቀጥቀጥ ጋር) 3. ሆድ ህመም(ከተቅማጥ ጋር) 4. የቆዳ ህመም 5. የአይን ህመም 6. ቁስል 7. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
302	ህመሙ ከጀመረ ምን ያህል ጊዜ ሆነው?	1..... 99. መረጃ የለም		
303	ህመሙን መጀመርያ ያወቀው ማነው?	1. በአጋጣሚ እራሴው 2. ከዚህ በፊት ከለው ልምድ 3. የቤተሰቡ አባላት 4. የጎረቤት ነዋሪዎች 5. የሀይማኖት አባት 6. የጤና ባለሙያ 7. ሌላ..... 99. መረጃ የለም		
304	በህመሙ ወቅት ለእርዳታ የሚጠየቀው የመጀመሪያ ሰው በቤት ውስጥ ማነው?	1. አባት 2. እናት 3. ልጆች 4. ሌሎች..... 99. መረጃ የለም		
305	በህመሙ ወቅት ለእርዳታ የሚጠየቀው የመጀመሪያ ሰው በቤት ውጭ ማነው?	1. አያት(ዘመድ) 2. ጎረቤት 3. የሀይማኖት አባት 4. ሌሎች..... 99. መረጃ የለም		
306	ምን ምን አይነት ህክምና ነው በቤት ውስጥ ለህመምተኛው የሚሰጠው(የተሰጠው)?	1. ምንም አይነት 2. እረፍት 3. ምግብና መጠጥ መተው 4. ብዙ ምግብና መጠጥ መውሰድ 5. ጸሎት ማድረግ 6. በቤት ውስጥ ያለውን መድሀኒት ወስጄአለሁ		

		7. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
307	ለህመሙ ምን አይነት እረምጃ ወሰዱ? የሄዱቡት ቦታ ናለ ይጠቀስ?	1. የቤት ውስጥ ህክምና 2. እረፍት 3. የባህል ህክምና 4. የግል ህክምና ድርጅት 5. ሆስፒታል 6. ጤና ጣቢያ 7. ምንም አልተደረገለትም 99. መረጃ የለም		ክፍል 5
308	በቅርቡ ለታመሙት ህመም ህክምና ወስደው ነበር?(የጤና ድርጅት ለህክምና ሄደው ነበር)?	1. አዎ 2. የለም 99. መረጃ የለም		ቁጥር 320
309	በሽታው እንደጀመሮት መቼ ወደ ህክምና ድርጅት እደሄዱ ቢነግሩኝ?	1. ቷ..... 99. መረጃ የለም		
310	ለተራ ቁጥር 308 መልሶ አዎን ከሆነ የትኛው ህክምና ድርጅት እንደሄዱ ቢነግሩኝ?	1. የቤት ውስጥ ህክምና 2. የልምድ ህክምና ቦታ 2.1 ምንም ስልጠና ያልወሰዱት ቦታ 2.2 ወጌሻ 2.3 ጸበል 2.4 በመንፈስ የሚፈወስበት ቦታ 3. የግል ህክምና ድርጅት 3.1 ክልኒክ 3.2 ፋርማሲ 3.4 ከፍተኛ ክልኒክ 4. የህዝብ ህክምና ድርጅት 4.1 ጤና ኬላ 4.2 ጤና ጣቢያ 4.3 ሆስፒታል 5. መንግስታዊ ያልሆኑ ድርጅት 5.1 ክልኒክ 5.2 ሆስፒታል 6. በግል መድሀኒት ወስጀአለሁ 7. ሌላ(ይፎቀስ)ቷ..... 99. መረጃ የለም		ክፍል 4
311	ባለፈው አንድ ወር ውስጥ ምን የህል ጊዜ ከላይ ወደተጠቀሰው የህክምና ድርጅት ሄደዋል?	1. ለ.....ቁጥር የህል ጊዜ 99. መረጃ የለም		
312	የጤና ድርጅት ከሄዱ በወቅቱ ማንን ነው ያገኙት?	1. ሀኪም 2. ነርስ 3. ጤና መኮንን 4. ረዳት የጤና ህክምና ባለሙያ 5. ጤናረዳት		

		6. አላውቅም 7. ማንንም(ምክንያት)..... 99. መረጃ የለም		
313	በወቅቱ እርዳታውን ለታማሚው ይሰጡ የነበረው ጤና ባለሙያ የአገልግሎት አሰጣጣቸው ከተጠቀሱት ውስጥ የትኛውን ይገልጻል?	አዎ የለም 1. በወንድማዊነት ነበር 1 2 2. እውቀት ያለው ነበር 1 2 3. በአክብሮት ነበር 1 2 4. በትህትና ነበር 1 2 5. ሌላ ከሌ ይጠቀስ..... 99. መረጃ የለም		
314	ከዚህ በኋላ ቢታመሙ ቀድም ብለው ወደሄዱበት የህክምና ድርጅት ተመልሰው ይሄዳሉን?	1. አዎ 2. የለም 99. መረጃ የለም		
315	ከላይ ከተጠቀሰው የጤና ድርጅት በተጨማሪ ወደ ሌላ የህክምና ድርጅት ለተጨማሪ ህክምና ከሄዱ የት ነበር?	1. ሆስፒታል 2. ጤና ጣቢያ 3. ክሊኒክ 4. ባህላዊ የህክምና ድርጅት 5. የመንደር ህክምና ባለሙያ 6. ሌላ..... 99. መረጃ የለም		
316	ከላይ እንደጠቀሱት ተቸማሪ ህክምና የወሰዱ ከሆነ ምክንትዎ ምን ነበር?	1. ህመሙ ስላልተሻለኝ 2. ውነቱ ስላላረከኝ 3. በሀኪሞች ስለታዘዝኩ(ሪፈራል) 4. ዘመዶቼ ስለጎተጎቱኝ 5. ሌላ..... 99. መረጃ የለም		
317	በጤና ድርጅት ውስጥ ህክምናዎን የተከታተሉ ከሆነ መድሐኒቱን ጨርሰው ወስደዋል?	1. አዎ 2. የለም 99. መረጃ የለም		
318	ህክምናውን ያልጨረሱ ከሆነ(ተ.ቁጥር 317) ለምን መድሀኒቱን አልጨረሱም?	1. መድሀኒቱ ስለከበደኝ 2. መድሀኒቱ የሚጠቅም ስላልመሰለኝ 3. መድሀኒቱን አልገዛሁትም 4. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
319	ከላይ ወደተጠቀሰው የጤና ድርጅት(ተ.ቁጥር 314) ተመልሰው አልሄድም ከሆነ ለምን?	አዎ የለም 1. ጥሩ አቀባበል የላቸውም 1 2 2. አሳፍረውኛል 1 2 3. የሚያስፈልገኝን መድሀኒት አልሰጡኙም 1 2 4. እውቀት የላቸውም 1 2 5. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
320	ለህመም ህክምና ለመውሰድ ወደ ጤና ድርጅት	አዎ የለም 1. የገንዘብ እጥረት 1 2 2. ርቀት 1 2		

	ያልሄዱ(ተ.ቁጥር308) ከሆነ ምክንያቷ ምን ነበር?	3. የህክምና አሰጣጡ ደከማ ነው 1 2 4. በህክምና አሰጣጡ አላምንበትም 1 2 5. ሕክምና ሰጪዎችን እጠላለሁ 1 2 6. ሌላ (ይጠቀስ)..... 99. መረጃ የለም		
ክፍል አራት፡ ከአንባቢ ህክምና ሰጪዎች እርዳታ አሰጣጥ				
401	ወደ መንደር የህክምና ሰጪዎች የሄዱ ከሆነ ዋናው ምክንያት ምን ነበር?(ከተሰጡት ምርጫዎች መልስ የሆነውን ሁሉ የምረጡ)	1. በዘመናዊ ህክምና ምንም እርዳታ አላገኘሁም 2. የህክምና ወጪያቸው ርከሽ ስለሆነ 3. በህክምና ሲሰጡ አክብሮት ስላላችው 4. ህክምናውን ወዲያው ስለምሰጡ 5. ህክምናው ፍቱን ስለሆነ 6. ሚስጢር ስለሚጠብቁ 7. በህክምና ወቅት ማንም ሰው ስለሌለ 8. ቤተሰባችን ሁሉ ስለሚያምንበት 9. በቅርቡ ስለሚገኙ 10. ሌላ..... 99. መረጃ የለም		
402	ከባህል ህክምና ሰጪዎች ያገኙት የህክምና አይነት ምን ነበር?	1. መታሸት 2. የሚጠጣ መድሀኒት 3. መበጣት 4. ጸሎት እና መንፈሰሳዊ ፈውስ 5. ምክር 6. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
403	ለህመሙ በአንባቢዎ ከሚገኝ የመንደር መርፌ ወጊ መርፌ ወስደው ነበር?	1. አዎ 2. የለም 99. መረጃ የለም		
404	መርፌውን ከወሰዱ(ተ.ቁ 403) የት ነበር የታዘዘልዎ?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክልኒክ 4. የመንደር መርፌ ወጊጋ 5. ፋርማሲ 99. መረጃ የለም		
405	ማነው መርፌውን እንዲታዘዝ የጠየቀው?	1. እራሴው 2. ቤተሰብ/ዘመድ 3. ህክምናውን የሰጠው ሰው 4. ሌላ(ይጠቀስ).....		
406	እርሷ ወይም ቤተሰብዎ መርፌውን እንዲሰጥ ጠይቀው ከሆነ ምክንያቱ ምን ነበር?	1. በፍጥነት ስለሚሰራ 2. ርንህ ስለሆነ 3. በአፍ የሚወሰደውን መድሀኒት ስለምረሳ 4. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
407	በወቅቱ መርፌውን የውጋት ማን ነበር?	1. ነርስ 2. ሀኪም		

		3. ጤና ረዳት 4. የመንደር መርፌ ወጊ 5. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
408	በእርሷ እምነት የትኞቹ ህመሞች መርፌ ያስፈልጋቸዋል?	1. ሳል(ከአክታ ጋር) 2. ተኩሳት(ከማንቀጥቀጥ ጋር) 3. ሆድ ህመም(ከተቅማጥ ጋር) 4. የቆዳ ህመም 5. የአይን ህመም 6. ቁስል 7. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
409	መርፌውን ለመውሰድ የሄዱበት ቦታ መርፌውን ከወሰዱ በኋላ ምን አይነት ችግር ገጠምዎት?	1. ምንም አይነት ችግር 2. ከወሰድኩ በኋላ ሰውነቴን ጤና አልተሰማኝም 3. በተወጋሁበት ቦታ አብጦ ቆሰለ 4. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
ክፍል አምስት፡ ምንም ህክምና ያልወሰዱ ወይም በራስ የታከሙ				
501	የህክምና ጣቢያ ሄደው ህክምና ያልተከታተሉ ከሆነ(ተ.ቁ 307) ዋናው ምክንያት ብለው የሚያምኑት ምን ይሆን?	1. በሽታው የሚድን ስላልመሰለኝ 2. የህመም ምልክቱ የማያሳስብ ስለሆነ 3. ህመሙ በራሱ ጊዜ የሚድን ስላልመሰለኝ 4. ህክምናው የሚሰጥብት ቦታ ስለማለውቅ 5. ለበሽታው ምንም ህክምና ስለሌለው 6. የጊዜ እጥረት 7. የገንዘብ እጥረት 8. ያለብኝን የበሽታ ሁኔታ ለሰው መናገር አሳፍሮኝ 9. የህክምና ድርጅት ርቀት ስላለው 10. ሌላ..... 99. መረጃ የለም		
502	ምቅርቡ የታመሙትን ህመም በትክክል እታከማለሁ ብለው የሚያምኑት የት ነው?	0. በሽታው መድሀኒት የለውም 1. በሽታው በራሱ ጊዜ ይድናል 2. በባህል ህክምና አዋቂ 3. ከዘመናዊ ህክምና ድርጅት 4. ሌሎች..... 99. መረጃ የለም		
503	በእርሷዎ እምነት ህመም የታመመ ሰው ወዲያው መታከም አለበት ብለው ያምናሉን?	1. አዎ 2. የለም 99. መረጃ የለም		
504	ለህመሟ የወሰዱት እርመጃ በራሷ ህክምና የወሰዱ ከሆነ ዋናው ምክንያት ምን ይሆን?	1. ህክምናውን እራሴው ስለማውቀው 2. ወጪው ርከሽ ስለሆነ 3. የህሜሜን ሁኔታ ለሰው መንገር ስለሚያሳፍረኝ 4. በጤና ድርጅት ብዙ ጊዜ ስለሚያስጠብቁ 5. በጤና ድርጅት አቀባበላቸው ስለማያስደስተኝ 6. ሌላ..... 99. መረጃ የለም		

ቃለ መጠይቅ፡ ሁለት

የዚህ ቃለ መጠይቅ ዓላማ በቤት ውስጥ ጣማሚዎች በአንድ ወር ውስጥ ባልተገኙበት ቤት ውስጥ የሚጠየቅ ቃለ መጠይቅ ነው፡፡

ተ.ቀ.	የመጠይቁ አይነት	ምላሽ	መለያ ቁጥር	ወደሚቀጥለው ሂድ
101	በዚህ ውስጥ ከተጠቀሱት የህመም ዓይነቶች ውስጥ በቅርቡ ጊዜ ውስጥ በቤተሰብ መከከል ታመው የሚያውቁት የቱ ነው?	1. ሳል(ከአክታ ጋር) 2. ተኩሳት(ከማንቀጥቀጥ ጋር) 3. ሆድ ህመም(ከተቅማጥ ጋር) 4. የቆዳ ህመም 5. የአይን ህመም 6. ቁስል 7. ሌላ(ይጠቀስ)..... .		
102	በወቅቱ የታመሙት ህመም መነሻ ነው ብለው የሚያምኑት ምንድነው?	1. የሰው አይን 2. የምግብ አጥረት 3. የበሽታ አምጪ ህዋስ 4. የአምላክ ቁጣ 5. ሌላ..... 99. መረጃ የለም		
103	ለህመሙ ህክምና ወስደው ነበር?(የጤና ድርጅት ለህክምና ሄደው ነበር)?	1. አዎ 2. የለም 99. መረጃ የለም		
104	በቤት ውስጥ በማንኛውም ጊዜ ሰው ሲታመም በመጀመርያ የሚያውቀው ማነው?	1. በአጋጣሚ በራሴ 2. ከዚህ በፊት ከለው ልምድ 3. የቤተሰቡ አባላት 4. የጎረቤት ነዋሪዎች 5. የሀይማኖት አባት 6. የጤና ባለሙያ 7. ሌላ..... 99. መረጃ የለም		
105	በህመሙ ወቅት ለእርዳታ የሚጠየቀው የመጀመሪያ ሰው በቤት ውስጥ ማነው?	1. አባት 2. እናት 3. ልጆች 4. ሌሎች..... 99. መረጃ የለም		
106	በህመሙ ወቅት ለእርዳታ የሚጠየቀው	1. አያት(ዘመድ) 2. ጎረቤት 3. የሀይማኖት አባት		

	የመጀመሪያ ሰው በቤት ውጭ ማነው?	4. ሌሎች..... 99. መረጃ የለም		
107	የቤተሰብ አባል ህመሙ ቢያመው መጀመር ህመምተኛ ው መታየት ያለበት ብለው የሚያምኑት የትነው?	1. በቤት ውስጥ ህክምና 2. በመንደር ህክምና መስጫ 3. በባህላዊ ህክምና መስጫ ድርጅት 4. የግል ህክምና መስጫ ድርጅት 5. የመንግስት የጤና ድርጅት 6. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
108	በርሶ እምነት ወደ ጤና ድርጅት አንድ ህመምተኛ በፍጥነት ደርሶ ለመታከም የሚያግደው ምንድነው ብለው ያምናሉ?	1. የሀይማኖት ተጽዕኖ 2. የጊዜ እጥረት 3. የገንዘብ ዕጥረት 4. የመንገድ አለመኖር 5. የሚታከሙበትን ቦታ አለማወቅ 6. ሌላ..... 99. መረጃ የለም		
109	ባከባቢ የህክምና አገልግሎት እየሰጡለት ከሉት የጤና ባለሙያዎች የትኛው ደንብ መመሪያ እና ስራቸውን አክብረው ያክማሉ ብለው ያምናሉ?	1. የመንግስት ጤና ድርጅት 2. የግል ጤና ድርጅት 3. የመንደር ህክምና ሰጪዎች 4. የባህላዊ ህክምና ሰጪዎች 5. ሌላ..... 99. መረጃ የለም		
110	ከዚህ በኋላ ህመም ቢያጋጥሞት የትኛው የጤና ድርጅት ለመሄድ ፍቃደኛ ኖት?	1. የመንግስት ጤና ድርጅት 2. የግል ጤና ድርጅት 3. የመንደር ህክምና ሰጪዎች 4. የባህላዊ ህክምና ሰጪዎች 5. ሌላ..... 99. መረጃ የለም		
111	ወደ መንግስት ጤና ድርጅት ሄደው ዘልታከምም ከሆነ ለምን?	1. ጥሩ አቀባበል የላቸውም 2. ከዚህ በፊት አሳፍረውኛል 3. የሚያስፈልገኝን መድሀኒት አልሰጡኝም 4. እውቀት የላችወም 5. ሌላ..... 99. መረጃ የለም		
112	ከላ የተጠቀሱት(ተ.ቁ 101) የህምም ዓይነት ታማሚው ህክምና ናላገኘ ምን ይሆናል ብለው ያምናሉ?	1. ምንም አይሆንም 2. ለበለጠ ስቃይ ይጋለጣል 3. ለሌላ በሽታ ይጋለጣል 4. ሌላ..... 99. መረጃ የለም		
113	በህይወትዎ ውስጥ የባህል ህክምና ወደሚሰጥበት ሄደው ወይም ታክመው ወይም አማክረው ያውቃሉ?	1. አዎ 2. የለ 99. መረጃ የለም		
114	አዎን ከሆነ መልሶ	1. የህምክና ወጪያቸው ርከሽ ስለሆነ		

	ምክንያትዎ ምንድነው?	2. ህክምና ሲሰጡ አክብሮት ስላላችው 3. ህክምናውን ወዲያው ስለሚሰጡ 4. ህክምናው ፍቱን ስለሆነ 5. ሚስጢር ስለሚጠብቁ 6. በህክምናው ወቅት ማንም ሰው ስለሌለ 7. በቅርቡ ስለሚገኙ 8. ሌላ..... 99. መረጃ የለም		
115	ከባህል ህክምና ሰጪዎች ያገኙት የህክምና አይነት ምን ነበር?	1. መታሸት 2. የሚጠታ መድሀኒት 3. መበጣት 4. ጸሎት እና መንፈሳዊ ፈውስ 5. ምክር 6. ሌላ..... 99. መረጃ የለም		
116	ከዚህ በፊት ለህመም በአንባቢዎ ከሚገኝ የመንደር መርፌ ወስደው ነበር?	1. አዎ 2. የለም 99. መረጃ የለም		
117	መርፌውን ከወሰዱ የት ነበር የታዘዘልዎ?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክልኒክ 4. የመንድር መርፌ ወገጋ 5. ፋርማሲ 99. መረጃ የለም		
118	ማነው መርፌውን እንዲታዘዝ የጠየቀው?	1. እራሴው 2. ቤተሰብ/ዘመድ 3. ህክምናውን የሰጠው ሰው 4. ሌላ.....		
119	እርሷ ወይም ቤተሰብዎ መርፌውን እንዲሰጥ ጠይቀው ከሆነ ምክንያቱ ምን ነበር?	በፍጥነት ስለሚሰራ ርከሽ ስለሆነ በአፍ የሚወሰደውን መድሀኒት ስለምረሳ ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
120	በወቅቱ መርፌውን የውጋት ማን ነበር?	ነርስ ሀኪም ጤና ረዳት የመንደር መርፌ ወጊ ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
121	በእርሷ እምነት የትኞቹ ህመሞች መርፌ ያስፈልጋቸዋል?	1. ሳል(ከአክታ ጋር) 2. ተኩሳት(ከማንቀጥቀጥ ጋር) 3. ሆድ ህመም(ከተቅማጥ ጋር) 4. የቆዳ ህመም 5. የአይን ህመም 6. ቁስል 7. ሌላ(ይጠቀስ)..... 99. መረጃ የለም		
122	በቅርብ የታመሙትን	1. በሽታው መድሀኒት የለውም		

	ህመም በትክክል እታከማለሁ ብለው የሚመኑት የት ነው?	2. በሽታው በራሱ ጊዜ ይድናል 3. ከባህል ህክምና አዋቂ 4. ከዘመናዊ ህክምና ድርጅት 5. ሌላ..... 88. መልሱ አልተሰጠም 99. መረጃ የለም		
123	ምእርሶ እምነት ህመም የታመመ ሰው ወዲያው መታከም አለበት ብለው ያምናሉን?	አዎ የለም 88. መልሱ አልተሰጠም 99. መረጃ የለም		
124	ከዚህ ቀደም በሆነ ምክንያት ራሶን አሞት ለራሶ መዲሀኒት ከፋርማሲ ገዝተው ተጠቅመው ያውቃሉ?	1. አዎን 2. የለም 99. መረጃ የለም		
125	ለህመሟ የወሰዱት እርምጃ በራሶ ህክምና የወሰዱ ከሆነ ዋናው ምክንያት ምን ይሆን?	1. ህክምናውን እራሴው ስለማውቀው 2. ወጪው ርከሽ ስለሆነ 3. የህሜሜን ሁኔታ ለሰው መንገር ስለሚያሳፍረኝ 4. በጤና ድርጅት ብዙ ጊዜ ስለሚያስጠብቁ 5. በጤና ድርጅት አቀባበላቸው ስለማያስደስተኝ 6. ሌላ..... 99. መረጃ የለም		