COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

BEHAVIORAL HEALTH SCIENCE UNIT

PATTERN OF RESORT TO HEALTH CAREA MONG FUGA IN SOUTHERN NATIONS, NATIONALITIES AND PEOPLE'S REGION (SNNPR) GURGAHE ZONE, EZHA WORDA, QUALITATIVE STUDY

BY: ENDALE YIRGA (Bsc.)

ATHESIS SUBMITTED TO SCHOOL OF PUBLIC, HEALTH COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY FOR PARTIAL FULFILLMENT OF REQUIREMENTS FOR MASTERS OF PUBLIC HEALTH IN HEALTH PROMOTION AND EDUCATION (MPH).

February, 2021

Addis Ababa, Ethiopia

ADDIS ABEBA UNVERSTIY

SCHOOL OF GRADUATE STUDY

Pattern of resort to health care among Fuga in Southern Nations, Nationalities and people's region (SNNPR) Gurgahe Zone, Ezha Worda, Qualitative study.

Submitted BY:	**signature**	**date**
Endale yirga (Bsc.)	----------	----------
Approved by the examining board		
Chairperson, department graduate committee	**signature**	**date**
Advisor		
1. Mirgissa Kaba (PHD, Associate professor)	----------	----------
2. MS: Yordanos Tadess (BSC, MPH)	----------	----------
Internal examiner	**signature**	**date**
1. ----------	----------	----------
External examiner	**signature**	**date**
1. ----------	----------	----------

Feb, 2021

Addis Ababa, Ethiopia

Acknowledgements

I would like to thank Addis Ababa University, College of Health Sciences, and School of Public Health for providing the opportunity to conduct this research. I would like to pass my gratitude to my advisor D/r Mirgissa Kaba and Ms Yordanose Tadess for their unlimited constructive comment and suggestion throughout conduct the research. I would like deeply thanks m/r Gezhagne Ezhea worda administration for giving morale support and solving transportation problem communicate with traffic management group. I would like to thank M/r Ayele fekede, health office managers, M/r Zeryehune Ezhea woreda health office health extension supervisor for give coherent information. Lastly but not lastly, my sincere appreciation goes to my family, relatives and friends for their encouragement to do this research.

List of Figure

Table of Content

Acronyms

CSA----------Central Statistical Agency

HCP---------- health center or health post

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

SNNPR----------South nation nationality people of regain

PRHC---------- pattern of resort to health care

UTI ---------- urinary tract infection

UHC----------universal health coverage

WHO ----------world health organization

Abstract

Background: pattern of resort is action undertaken by individuals who perceive them to have a health problem for the purpose of finding remedy. Delay in pattern of resort to health care implicated with fatal complications and prolonged hospital stay. Despite the lack of standards on patterns of resort it can be affected by diverse contextual factors.

Objective: Explore patterns of resort to health care for anthrax, anemia and diarrheal disease among the 'Fuga' in Guraghe Zone, Ethiopia.

Method: A qualitative research method with thematic analysis approach was followed. The study was conducted from in June 13 to august, 2020 in Guraghe Zone EZha woreda. The study participants were recruited using snowball sampling. Community leaders, HEW and members from the community were participated. A total of 16 in-depth interview and five Key informant was conducted using Semi structured interview guide. The principal investigator with the help of data collectors collected the data using the local language (i.e.guragigna). Codes were grouped into three themes further developed into sub them that respond to the research. Field Notes and audio recording was used to take data. And then it was transcribed verbatim and translated. Open code software version 4.02 was used for coding and further analysis.

Result: Total of sixteen participants and five key-informants were included in 25-80 age of range. Home remedy, spiritual place, traditional healer and modern medication are remedial place where participants resort to health care. Participant's used home remedy is the first choice for anthrax and diarrheal disease. Not cured in home remedy participant's choices modern medication. And they back to home remedy and simultaneously seek to magician. Lastly participant used holy water. Holy water was taken second option and Modern medication used as last choices for diarrheal disease. Modern medication used first choices for anemia disease and home remedy as second choices. Two participants used home remedy and modern medications at the same time for anemia. Low monthly income, having large family size, low educational level, cultures and social non-involvement are factors that delay the trend of resort to health care.

Conclusion: pattern of resort to health care among fuga community was different within different type of illness. Low household income, having large number of family size, low educational level, and culture are factors that delay pattern of resort to health care yet identity doesn't affect resort to health care. So much work needs to be done by responsible bodies such as health care providers, health facilities, governmental bodies, researchers and community leader to improve health status and life style of fuga. .

1. Introduction

1.1 Background

Pattern of resort is action undertaken by individuals who perceive themselves to have a health problem for the purpose of finding health care remedy. People resort to different services available at different levels. Despite the lack of standards on patterns of resort it can be affected by diverse contextual factors. Poor, delayed, or inappropriate health seeking for a sick people associated with high morbidity/mortality. Delay in health seeking is implicated with fatal complications and prolonged hospital stay(1).One of the dynamics of human behavior is how they react in case of sickness with plenty of available options they took decision depending on their respective socio, cultural, economic and demographic circumstances(2)**.**Patterns of resort are acculturation issues, and often used to people try the most familiar or simplest and cheapest treatments first and seek more expensive, complex, or unfamiliar treatments later (3).According to World Bank report Health is an essential part of the Sustainable Development Goals. For example, the SDG 3.8 target aims to "achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines for all." almost 90 million people are impoverished by health expenditure for health care this problem are key concern for minority group of people in developing world(4).

Ethiopia is a home for many minority groups including the Wayto among the Amhara, the Waata among the Oromo, the Manjo among the Kafa and the Fuga among the guraghe(5).consequently including minority group of the people, nearly 80% Ethiopian population still dependent on traditional medicine(6).

Fuga people were one of minority group in guraghe Zone, they specialize as wood workers, predators, hunting animals like goatish, deer, pig, echidna and bird species, like quail so they get the name of 'Golden Hands (7). This is exception feeding style that prohibited by large community in the study area they still face challenges in their living style.

Anthrax is mostly prevalent disease in the study area. It is an acute disease and caused by a spore forming bacteria. Human Cases have been commonly reported in Ethiopia(8).studies indicate that the disease is well recognized by rural communities but little is known about its prevalence. A total of 1,096 suspected human anthrax cases and 16 deaths with a Case Fatality Rate of 1.5% were reported from four regions (Tigray, Amhara, Oromia, and SNNPR). The highest number of cases were reported from Tigray (396), followed by SNNPR (340), while 56% deaths were reported in SNNPR(9).

Based on scholar findings at different time done on minority group of people showed that people were vulnerable to health problems than the majority of people (10). Fuga were minority group of people more susceptible to prevailing of health problems than others. This study explore pattern of resort to health care for Anthrax, Anemia and diarrheal disease and define if there are variations in patterns by type with identifying the determinant factors.

1.2 Statement the problem

Worldwide, Minority group of people seem to be challenged with factors to pattern of resort to health care. Seeking modern medication among minorities and indigenous people is lower compared to other counterpart(11). and also morbidity and mortality from chronic disease is higher in them(12).

Globally In 2019 an estimated 5.2 million children and 500,000 older children died mostly from preventable and treatable causes(12).Choice of resort to health care is guaranty for public health if not remediable disease lead to death according to 2015 millennium development goal report because of health seeking behavior 16,000 children continue to die globally from preventable disease(13).

Minority groups, who are mainly concentrated in rural areas in Uganda, are the most affected by health system challenges indeed, health facility coverage is greater in urban areas and there is less choice of health service provision in villages. Yet these groups are known to be the most at need of these services. The non-use of health facilities leads to undesirable health behavior such as patients using traditional remedies or no treatment at all which has led to increase in mortality even for easily manageable conditions (14)

In Ethiopia, negative health indicators predominantly by minority group(15).This can be reduced by upholding appropriate resort to health care in the marginalized group of people. This study attempted to explore patterns of resort to health care and Identifying factors that delayed resort to health care 'fuga' people.

1.3 Significances of the study

Pattern of resort to health care in Ethiopia especially in rural community is at low level which needs to be intervening. Identification of pattern of resort determinants can set the stage for formulation of effective communicable and non-communicable related disease health promotion and educational programs. Therefore, understanding of the factors and exploring pattern of resort to health care among fuga people is an important step to block factors that delay pattern of resort to health care toward to improving health of those people. There is no research done on pattern of resort among fuga ethnics, therefore this study used as baseline for other researchers.

2. Literature review

2.1 Resort to health care in developing and minority group.

Pattern of resort is important as determines acceptance of health care and outcomes of chronic conditions (i.e. the early recognition of symptoms, presentation to health facilities, and compliance with effective treatment). Geographical distance from patients' homes to the clinic coupled with shortages and poor public transport and associated costs have been noted to influence pattern of resort for health care in developing countries(16).

Study done in Tanzania showed that some patients who had prior knowledge about disease through relatives, neighbors and friends who were suffering from it appeared to have decided to seek care immediately following the onset of the signs and symptoms(17).

Appropriate pattern of resort among diabetic patients is still low, when compared to similar case in developed countries. Because spending significant amount for travelling, consultation, and laboratory investigations along with expenditure for drugs and hospitalization (18).

Study done in Damghan city showed to improve or reduce the problems associated with the disease regarding to knowledge and resources available in the country. The three factors including lack of health facilities, poverty and financial problems and finally cultural issues are most influential factors in determining the health behavior community(19).

71% of rural dwellers have reported inappropriate pattern of resort during their last illness episode while only 53% of urban dwellers reported inappropriate pattern resort to health care during their last illness incident in Nigeria(16).

The research done in Ghana state that Health problem or Complications that are believed to be caused by witchcraft, spells or charms can only be managed by healers, they are available, accessible, affordable, acceptable and trusted by communities to provide care. When woman comes to healers understand that she is suffering from jaundice don't allow her to go to the health facility herbs for her to boil and drink. If she drinks it in the morning, when she passes urine, it will be foamy, it will be jaundice. If you send her to the hospital and they inject her, you will bury her(20).

In Uganda 92% participants did not have a regular medical worker to care for their health or to consult. Among those who did not have a regular medical worker, when asked what they had ever used when sick, responses given were: self-treatment with local herbs (81%), traditional healers (30%), health facilities (99%) and pharmacies/drug shops (94%), and Regarding what they had increasing the frequency of mobile clinic services and strengthening the community

health worker strategy, Only 2% admitted to having sought treatment from a traditional healer (14). Other research in Uganda showed Health care was mainly sought among doctors and nurses in the professional sector because of severe symptoms related to diabetes disease. Females more often focused on follow-up diabetes while males described fewer problems. Among those who felt that healthcare had failed, most had turned to traditional healers in the folk sector for prescription of herbs or food supplements, more so in women than men. Males more often turned to private for-profit clinics while females more often used free governmental institutions (21).

In Ethiopia, government has been lauded for its commitment to training community health workers, especially women, to assist increase their pattern of resort health care with basic health needs. However, substantial challenges remain in the minority group of people(22).

Research conducted in Ben Shangul-Gumuz Berta minority group of people the participants agreed that modern medicine is the first choice during an illness Birde, Kulalite, Malaria, Gunfan, Ikek, Azurite, Kurtemat, diarrhoea, Cheguara and Ashmem.They underlined that treatment recommended by modern medicine is strictly followed for the duration of the treatment and in case no improvement was observed from this treatment they would then resort to consulting traditional healers. Choice of resorting to traditional healers depends on the specific illness episode to be addressed. For instance, modern treatment is the first choice for illnesses known to have been effectively cured by modern medicine. On the other hand 'Setanbeshita' is believed to be an illness that can only be treated by traditional healers. Three participant from two independent FGD argued that for every illness episode, the use of home remedies is the first choice before consulting traditional healers (11).

Research conduct in afar for majority of the participants were asked about their choice of health care services to maintain/resort to health.71% participants used modern medication was first choice. On the other hand, 16% of them preferred to traditional medication. The remaining chose self-medication. Meanwhile, about one-tenth required both traditional and modern medications simultaneously and immediately one after the other due to uncertainty (23).

Study done in Jimma, on Patterns of treatment seeking behavior for mental show that Half of the patients required traditional treatment from either a religious healer 116 (30.2%) or an herbalist 77 (20.1%) before they came to the hospital(24).

2.2 factor affecting pattern of resort to health care

People seek to modern medication for cure or treat illnesses and health conditions, to prevent or delay future health problems, and to reduce pain. And increase quality of life. World Health Organization states that health is determined by a person's individual characteristics and behaviors. Recent attention to social determinants of health, such as education, economic stability(25).

1.7 million migrant minority group people living US in 2010, to improve their current patterns of health there is Multiple factors, including cultural frameworks influence and extent of health information seeking, lack of familiarity with the health care system, inadequate health insurance coverage, lack of social support and networks, and unique cultural values and beliefs have been noted as potentially significant factors influencing health outcomes those minor groups (26).

In developing countries socio-economic, socio-demographic, cultural beliefs or educational levels and health care system by itself have a big impact on pattern resort to health care (21)(27)(28).People lead to self-care, home remedies and consultation with traditional healers in rural communities. These factors result in delay pattern resort for health care and exposed to health complication in developing world.

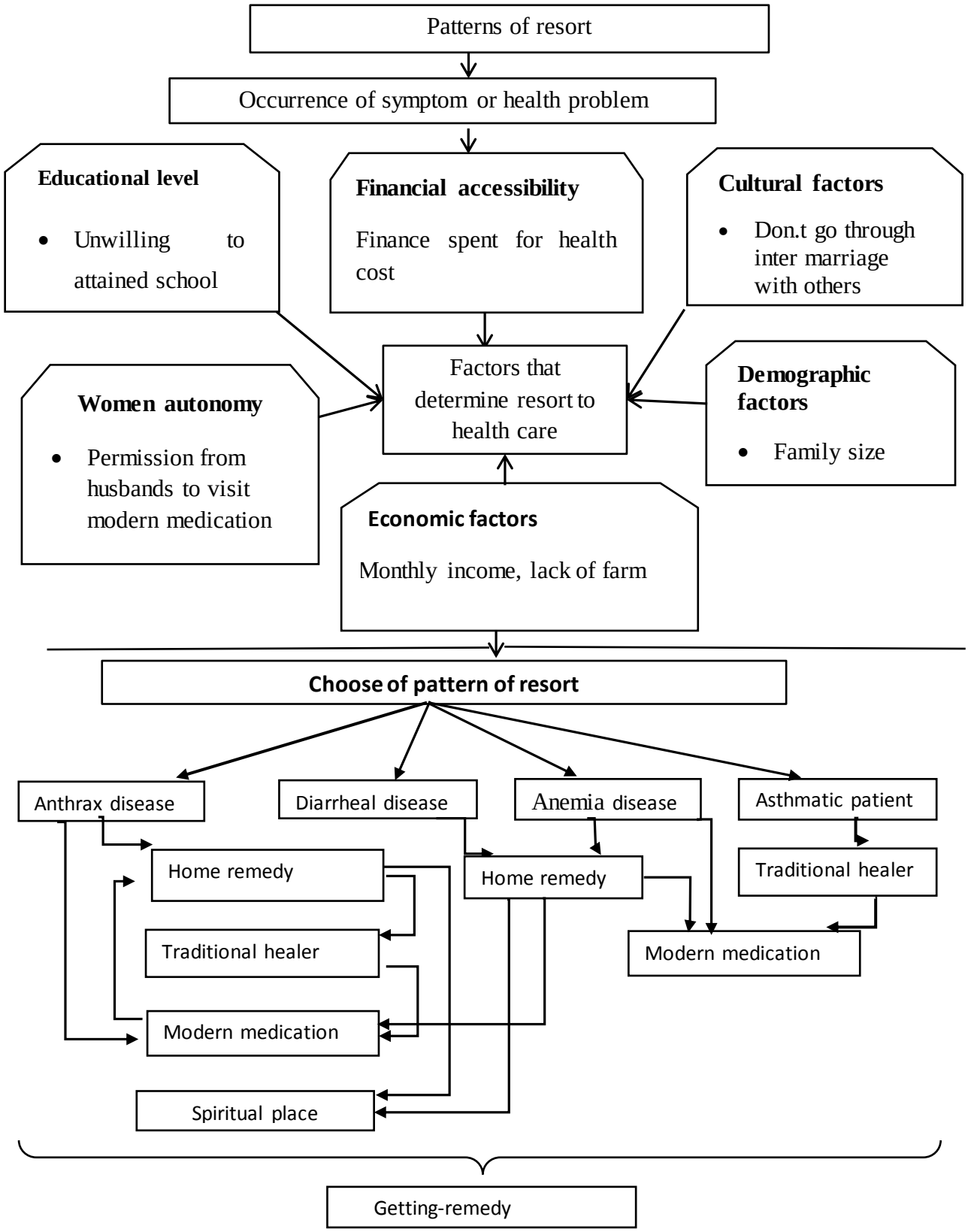
Study explored pattern of resort to health care in Ethiopia disclose link between socio-economic status of patients delay to seek care for perceived symptoms. The main reason for the variation in seeking to health care was affordability either unable to pay medical expenses perceive their own disease was not sever enough requiring treatment in healthcare institutions. Used holy water as a substitute of medical services for the treatment of their illness other barrier that deterred visit to modern medication was the belief that some diseases could not be treated by biomedicine. About 10% of the participants failed to visit healthcare facilities when there is no help from others conversely, Family size was not affect to seek to healthcare(29).

Study conducted on seeking to health care among lesbians in Addis Ababa, Only 37.5% stated being always motivated to seek care when sick and the rest cited the following barriers that stifled their pattern of resort to health care and utilization of health care services: Stigma and discrimination (83%), shame and embarrassment (83%), fear of being discovered (78%), lack of LGB friendly services (45%), affordability (18%), distance (17%), and health care professional refusal (10%) (30).There are several factors influenced the choice of health care. These include availability of the required medicine, cost of health care services, attitude towards health care services and socio-cultural factors that govern interpersonal relationship

while the educational level and age of the patients have no effect either on the choice of care (11).The principal role in determining health needs of a family members among ‘fuga’ people were led by partner. Subsequently they decide when and where family members should seek health care (31).

According to WHO and world bank Report on Financial Protection in Health 2019 universal health all people have access to health service without financial hard ship it includes full range of essential health service(4). However Factors affecting health seeking behavior in the fuga people are the most neglected and poor with regard to medication. They used different remedial action.

Conceptual framework



source: - European Journal of Social Sciences Studies.

Figure 1 Adopted Conceptual framework of pattern of resort to health care.

3. Objective

3.1 General objective

- To explore pattern of resort to health care among Fuga people, in South nation nationality region of people, Gurgahe Zone, Ezha woreda 2019/2020.

3.2 Specific objective

- To explore resort of health care for Anthrax, Anemia and diarrheal disease at the community among the Fuga people in the Gurgahe Zone Ezha woreda.
- To identify factors determine choices of resort among Fuga people.
- To define the patterns of resort by type of disease.

4. Methodology

4.1 Study setting and period

The study was conducted from 13, June to august 2020 in Guraghe Zone Ezha woreda in the Southern Nations, Nationalities and Peoples' Region of Ethiopia. Ezha is surrounded on the south by Gumer, on the west by Imdiber on the north by Muhor Na Aklil and on the southeast by Werabe. Agena is city of Ezha woreda which is far 180 km from Addis Ababa and 28 km from Wolkite University. According to 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA),total population of 1,279,646, of whom 622,078 are men and 657,568 women and 9.36% are urban residents(32). The Gurage people are one of the ethno linguistic groups living in the SNNPRS, the most ethno linguistically diverse region in Ethiopia. These people speak more than twelve language varieties known by the umbrella term "Guragigna". In addition to their own linguistic diversity, a large proportion of these people are dispersed all over the country because of their active engagement in trade activities (33).They live a sedentary life based on agriculture, involving a complex system of crop rotation and transplanting. False banana (Ensete) is their main staple crop, but other cash crops are grown, which include coffee and Khat.

4.1 Study design

The study was Phenomenology study design to explore pattern of resort to health care of fuga. Data was collected using interview guide with probe. The interview guide was adopted after reviewing different articles (15)(30)(31).That had been used in related studies and had section place of remedial during an illness, Factors that delay pattern of resort to health care demographic information of participants.

4.2 Study participant recruitment

Source:-https://bachmannfoundation.org/2016/02/27/ethiopie-fuga-donkey-and-cart-

Figure 2. Samples of participant's photo.

Fuga is name given to potters, one of the artisan groups that are found in Guraghe zone and tribes within the minor group of Guraghe. Characterized by low standard life style and exposed to social, economic and health problems. They are discriminated, by their tribal identity and way of life. They produce and sell pottery products and working as daily laborers for living. Mainly produce clay utensils and items made of wood. Those skilled artisans live at the margins of society with absolutely no rights, in conditions that are hard to believe in 21st century. Their exclusion from society was total and included lack of land use rights and inability to intermarry. Since 2006, KMG has launched a series of successful initiatives to mobilize and organize these groups to fight for their human rights and dignity. KMG Ethiopia is trying to improve the social status and economic conditions of these communities through the tested tools of community conversation and social mobilization. KMG has been working with both "Fuga" and "non Fuga" communities to find the basic reasons for discrimination and exclusion. Based on this intervention, life among both communities has improved; even the derogatory name of "Fuga" has changed into "Golden Hands". Snowball sampling methods were used to recruit participants because of geographical settlement of participants. A combination of in-depth interview and key informant was applied to collect data from purposively selected participant. A total of nine women and seven men were participated in the study. In-in-depth interviewer recruited considered as their experience and those experienced participants recruited by trough observation al techniques. Key informant were interviews with health extension worker, health extension supervisor and community leader recruited their being active service provider and well-informed about the participants.

4.3 Data collection procedure

Data was collected through in-depth interview using semi-structured interview guide prepared in English and translated to the local language, i.e. Guragena. To give an opportunity and freedom of the participants to express their individual views. And back to English by individuals that have similar educational background to check the consistency. Two days training was given for data collectors. The investigator and two public health graduate who speak fluently local language. Before starting collected data identify all listed kebele in the woreda. Woreda administration body Informed for each kebele leaders. The investigator arranged all kebele based on accessibility and affordability of transport. Communicate with Woreda traffic management and organized 'Bajaje' transportation for three individuals in especially permission to collect data during instant proclamation for prevention of corona virus. The investigator oriented for each Participant in the household about the aim of research. Data was collected well experienced household members. Those experienced household members were recruited by observational techniques. Before starting collected the data Recorder asked to permission for participants. Field Notes and audio recording materials were used to take data.

4.4 Operational definition

Fuga -is minor group of people live in Guraghe zone.

Thera - community or non fuga that have majority clan in the study setting.

Pattern of resort- people usually option for the simplest, cheapest and effective treatment they believe to be form of treatment(3).

Traditional heal- -is health practices, approaches, their knowledge and beliefs

Home remedy- used plant herbs and plant root-based medicine.

Minority group-people having small numbers of people live in the study area(34)

4.5 Data analysis

The data were analyzed using thematic data analysis approach that was used participant interview guide. The analysis process include reading, coding and organizing themes, representing and interpreting the data coding, audio recorded were transcribed verbatim. Data was analyzed simultaneously during data collection. Pattern of resort to major health problems, remedial places and factors that determine resort to health care are them that respond to the research.

4.6 Data quality assurance

Data quality assured throughout the data collection process. As Sandelowski (1993) mentioned that it becomes a matter of persuasion where by the scientist is viewed as having made those practices visible and auditable (35).Qualitative research generally is often questioned by positivists. Many investigators have preferred to use different terminology to distance themselves from the positivist paradigm. One such author is Guba who proposes four criteria that should be considered by qualitative researchers in pursuit of a trustworthy study(36). The researchers used Credibility, dependability, transferability and conformability criteria to ensured Trustworthiness.

4.6.1 Credibility

The principal investigator used triangulation techniques using data sources in order to gain a more complete understanding of the phenomenon being studied. This helped to make sure the research findings are robust and Triangulate data from in depth interviewer and key-informants within the same method. Described individual codes to themes for clarify to the readers and to examine the characteristics of the data. Data was collected in long-lasting engagement in the field with participants and spend time to become familiar with study area to build trust. Made clear to participants has the right to withdraw from the study at any point and should not even be required to disclose an explanation. Constantly read and re-read the data to being aware. Rehearse process of collecting, analyzing and interpreting the data. Member checking the other techniques that researcher used to ensure the Credibility in which the data interpretations are shared with the participants. Investigator allows participants to clarify what their intentions were and provide additional information.

4.6.2 Dependability

Colleague review audit or analyzed correctly on the research to confirm findings consistent with the raw data. Colleague are outside of the data collection and data analysis examine the processes of data collection, data analysis and the results of the research study. This is done to confirm the accuracy of the findings and to ensure the findings are supported by the data collected. All interpretations and conclusions are examined.

4.6.3 Conformability

Audit Trail techniques used to ensure the Conformability. It involves researcher writing up details the process of data collection, data analysis, and interpretation of the data. Record unique topics and interesting during the data collection. Researcher adopts period of data collection and data analysis. Frequent de-briefing sessions from advisor to discuss alternative. Check and rechecking the data during the entire research.

4.6.4 Transferability

Ensured by thick description technique. Researcher provides a strong and detailed account of participant's experiences during data collection. Providing readers with evidence that the study findings be applicable to other. Researcher makes explicit connections to the cultural and social contexts that surround data collection. This means talking about where the interviews occurred, the possibility of participants conducting the interview. And fuller understanding of the research setting.

4.7 Data managements

Data was checked for completeness, edited and coded. Recorded data were transcribed with no names and reviewed the original audio. Note was taken during discussion from expert and interviewing the participants in the field note during data transcription. Developed them to ensure consistency and the investigator ensured quality of recording and Open code software version 4.02 was used to manage the data.

4.8 Ethical consideration

Ethical approval and permission were obtained from research ethical committee of School of Public Health, Addis Ababa University. Letter of support was written Guraghe Zone EZhea woreda Health office distributed for each kebele. Clarified for participants about the risk/harm participating in the study and direct benefits derived from the study. Though, the study could provide Administrative office that will help guide to planner's strength design of further for intervention and health promotions in public health issue. During data collection and analysis, the researcher used password for keep confidentiality of participants. Verbal consent obtained from each participant and the right of participants to discontinue the study maintained. No names of the study participant used. The data collected from each participant kept confidential and permission of participants consider and before starting collected the data all participants notify the right to decline to participating and withdraw from the study at any time and if they agreed to participate and continue.

4.9 Dissemination of the result

The final result will be submitted to Addis Ababa University School of Public health, Federal Ministry of Health and guraghe Zone Health Bureau and administrative office. Also, effort will be made to disseminate the result through Platform.

5. Result

5.1 Characteristics of participants

Total of Nine women and seven men participated in In-depth interview and five key-informants were participated in 25-80 age of range. All participant were married and orthodox Christian followers. All except one can't read and write. From the five key informant interview participant three of them were female health extension workers. They attained level four, one male health extension supervisor Degree and also one male community leader he attained grade eight.

5.2 Them one:-Pattern of resort to major Health problems among fuga community.

Depends on the nature of illness and symptoms, participant used different health care choices. Treatment failure is one of the reasons required to an alternative care. However, pattern of resort to health care vary in age. Four Participants give more attention for their children and wanted to care in modern medication as first line and home remedy. Other participant's seek to health care of family members based on the severity illness.one participant mentioned that;

"I am frequently sick by 'shimateree' anthrax disease thanks' to my husband's give priority to treat me in all option more than our children" (ID16 number: 42 year's old, female)

Elders treated in traditional treatment than younger generation but there is a progress on the pattern of resort to health care from the previous. Previously every sickness treated by home treatment or traditional healers. One Elder participant mentioned that;

" *I don't stand to health facility when I observed symptom like high body temperature and headache instead of home treatments." (ID3 number 80 years old participant).*

To improve utilization of modern medication in minority group of people woreda health office implemented Public health insurance '*ማ.ጤ.መ*" but there was gap living under poor life style of fuga people. Participant uses public health insurance, she said if members of public health insurance can get modern medication when they observe symptom of disease like high body temperatures family members immediately, they went health post having registration card.

The other resort to heath care likewise differs in the gender. The responsibilities to health care of family members among the fuga were husbands. Women need to visit modern medication should get permission from their husbands. One of the 27years old participants lost her husband a years ago therefore, any decision including health care of children by her. Participant still not resort to modern medication but by any case if she get an illness asked a permission for her

husband's because he Responsible for Medication fee. Three female participants resort to modern medication without interfere their husband's.

5.2.1 Pattern of resort to health care for anthrax disease among fuga.

Anthrax is one of the top ten diseases in woreda health office and commonly occurred in the study area. It affects both fuga and non-fuga community. 'Fuga' people have experience to recognize domestic animals like cow, ox and ship died by anthrax disease using organs of pancreas. According to participant's response the first line resort to health care anthrax disease is home remedy or immediately used herbs as prevention of the bacteria. Participants well experienced in herbs for anthrax disease, even so not get remedy choices to modern medication considering inexpensive health cost instead of transportation and payment. Even when it relapses they re-treat themselves with that herb. And Seek to traditional healers to finding out the cases of recurrence.

Identifying herbs differs from person to person which need skill to differentiate from the other herbs. One participant treats himself by 'Feto' (Lepidiumsativam) until he get the 'yafergranger' herb for anthrax disease. Non fuga people go to experienced fuga to providing home treatments for anthrax disease. One Participant said, People come to his father they asked to give treatments and He was strictly follow to acquire the skill. His father died but he gives the treatment for people without any fee. He said anthrax patients go health center don't get cure when takes 'yafergranger' they get healthy immediately. By any case if not cured by this herb the disease not anthrax. Earlier got magician or sensible person now day seek to health institute because they suspects the illness was severe and they fair to die.

Experienced participant believe that Anthrax disease not cure by modern medicine. it cured by traditional treatment someone ill by anthrax and they go to modern medication 'Hakim bet' get injection, the disease relapse so many times may be die this impression was get trust in other community**.** participant visit health center get medication seven months ago she can't do any simple activity every parts of her body is weariness and Swell her face by anthrax disease that why not exempt from spore 'merzuen alewetam' so she used cultural treatment recurrently she get some rest from pain.

5.2.2 Pattern of resort to health care for diarrheal disease

They usually used traditional treatment especially for the children. The herb that used as treatment is so called "Arge". It has special features. When somebody have "Arge" don't talked with other if talked, herbs just like banal leaves but apply this instructions cured from disease. Even people outside that community aske this herb for treatment.

Other experienced participant from non fuga people visits modern medication the help of public health insurance when they observed symptom on their family members. One participants used holy water after traditional treatments they considers as clean the whole grubby in the abdomen.

5.2.3 Pattern of resort to health care for anemia disease

Anemia is among the top ten disease treated by home medicine. Participants observed like vertigo they used to say it is Anemia and used herb called 'Yetbederer'. Participant asked elder to make sure and share experience from individuals used these herbs. Earlier the treatment identify from the other herbs only by fuga clan. Now days, non fuga people were also commonly used. In the Earlier time, when mothers gave birth at home, they took this herb to prevent anemia.

35 years old participant familiar to visit health facility during an illness but she live with her husband no other supporter like children and kin they try to save money for medical fee but, it takes long time therefore when she observed symptoms like vertigo 'azurite' treat herself by home treatments until visiting to health facility.

5.3 Them-two: - Where they go people get an illness (Place of remedial)

Depending on illness type, people seek different forms of treatments specific to the disease they are diagnosed with. In addition, depending on the severity of the diagnosed disease, people might select different forms of treatments and medication. It was found that individuals perceived their illness to be either mild or not for medical treatment, which prevented them from seeking healthcare treatment. Key-informant mentioned that all health extension program was given using Health extension workers. They give house to house health education without any payment and bounder between minority and the majority clan. To address all household used the strategies one health post in one kebele. This is great role in the prevention of disease as EZeha woreda health office. However, people including fuga clan were carless about prevention of disease and the resort to health care until severely sick. They needs day to day reprimand. Key-informant mention that fuga clan needs special economical and health support. Resort to health care in modern medication of fuga was less

compared with other but they visit health center asked about family planning and children immunization. To make equalize those discriminated people from other society as Health office promote to use health insurance. Save 220 ETB annual for health service for all family members. If they can't save this money woreda administrate office cover health service for 150 under poor living people. 'Fuga' included in this chance.

5.3.1 Modern medication

Modern medication has given respect in the large community. When they get an illness or they observe symptoms of disease like headache. Unlike non fuga community interest of fuga clan to visit modern medication is rare. Five participants were directly visit modern medication during an illness because of different reasons. Among the five modern medication participants two participants constantly sick their eye they treat only by modern and one participant skillful to visit health institution because live and stay for long time with non fuga people.Private and Governmental health facility available in the woreda. However, affordability of the cost is encumbrance to visit health facility between the participants. One Participant said that;

"The cost of living is increase time to time it is so expensive. Perversely if you have 10 birr you are rich and can buy any food types eat the whole family. Currently 10 birr is nothing but to get this ten birr I go to Agena bought bamboo to make hive it takes a week so difficult not only health care difficult for life" (ID11 number:63 years old participant)

Cost played an important role in determining which different alternatives to choose for treating an illness. Due to affordability of health care cost fuga people seek modern medication in emergency cases or when they severely ill. One participant had hypertension until he severely sick he treat himself by traditional medication finally he visit to private clinic then they refer him to Atate hospital.

The other participant visit modern medication during give birth. Because of two reasons. It takes long time for labor therefore, fear to Complication and fatality. The second when the time of giving birth was 'meskele' ceremony, numbers of young people come here therefore giving birth at home is unlawful so fear nominate to legal person.

5.3.2 Home remedy

Figure 3 Home remedy herb (treatments) that was used by the people.

Different health problem were observed in the fuga people. 9 out of 16 participants were used home remedy as the first line treatments. Participants don't use modern medication when they get symptom of disease like high body temperature and headache they use homemade treatments. 56 years old key- informant said Fuga people unlike 'Thera' more experienced in traditional medication. It based on the disease and the case what they ill. Example when mother should go to health facility to give birth because give birth at home totally illegal whereas if they are not severely sick they treat themselves by home remedy. Community leader said that he was amazing that why fuga people were wonderful in traditional treatment. He mentioned that in one village two household were fuga clan one of the husband more experienced in home remedy than the other.There were different herbs used as home remedy for different disease like Feto (Lepidiumsativam) and 'Yafergranger' prevention or 'makeshfiya 'for anthracis. Children were not interested to take 'Yafergranger' because it has bitter test. When people observed symptoms of diarrhea especially for children give 'Arege'

'Yetbederer' Cooked for 15 minutes until the color of soups change to red and they drink the soup with sugar in the morning consecutive days for anemia and used as prevention of urinary tack infection.

Keskes'/'Yebserchesa is lovely wanted at the time of cross festivals 'meskel' many people's eat raw meat correspondingly they get abdominal pain then they go to 'fuga' to get herb, Until they lose appetite to eat food. Not experienced fuga clan like 'Thera' used Ocimum lamiifolium, Rue, ginger, garlic, for common cold and weed for abdominal pain.25 years old five family size participant not skilled in traditional treatment but 'Thera' people not understand him they understood expert to herb.

5.3.3 Spiritual place

They use holy water as treatment when the traditional treatment is not effective. Fuga discriminated by other because they ate died animals not slave by Christian or Muslim. Therefore, to find social interaction with non fuga people they go to spiritual place.

5.3.4 Traditional healer

Participants not cured in home remedy they seek to magician or sensible person. One Participants mention that perversely many people including non fuga go to magician people to get remedy this is misunderstanding it is not good way of curing.

"my brother acquires disease he go to magician and sensible person. Repeatedly treated what told by magician people but he was not cure he was died two years ago by unknown disease. If healing to modern medicine chance to survive" (ID6 number: 50 years old participants, male).

Other one participant he was Asthmatic patient perversely go to sensible people so many times he used what tell the instruction from sensible people He said that:-

"sometimes I was severely sick but immediately cure by blood of got with black color, I get this experience from sensible person but, it was costly "(ID7 number: 57 years old participant)

5.4 Them-three: - factors that determine resort to health care.

5.4.1 Identity factors

Earlier, fuga people do not involved any of social activity like coffee ceremony with other even if child could not play with non fuga children that much discriminated in social interaction. That's why in the 'Thera' community Ate died body of domestic animals was strictly forbidden. Fuga wanted only for day labor don't drink a cap coffee with non fuga people coincidence. If join in coffee ceremony set in the back and parting cap. Currently lots of progress they involves social activity like 'ider', coffee ceremony, funeral and wedding but still there was problem. If not involved in the social interaction anyone not be interested borrow money from 'ider' during family illness. 56 years old Key-informant said they included in social activity as mandatory like community discussion and 'ider' because they live with us they live in one village 'jefore' they should participated .other related to their identity the name by itself 4 out 16 participants don't give any sense related to the name fuga. 80 participant heard 'and silent somebody said 'fuga' it is nothing some were feud with other. 'Thera' have different tribe 'like 'Negera' and 'konchacha' therefore I don't have any feeling someone Summon by clan. This idea supported by one participant. He said that:-

"Ahh…Ahhh... speech of Impoliteness individuals and bad odour of fart are similar both are not controlled. Therefore they can summon I was make silent I don't worry when somebody said fuga" (ID11Number 63 years old)

Other 27 years old participants not only for her quarreled for other .she mentioned

"I am so talkative and splenetic consequently if I heard not make silent many people feud with me regarding to clan " (ID5 number: 27 years old participants: four family size).

One participant can do statuette wood but confidentially said can do wood work. He have name but deferent people summons by clan. He feud with deferent people Cramp him because the name fuga is minority ethnic groups and discriminated by the community as blasted and outcast people.

> *" Sometimes I was cry I am human being like other people beget within 9 month by GOD so why do people discriminated 'Hode yebsgnale' and let down myself and I lost confidence" (ID1number: 40 years old Participants: seven family size.)*

Fourteen participants said that tribe not classified by government. Clan by itself not influence pattern of resort to health care. If you have enough money for health expenditure you visit any remedial place without fear. However according to 28 years old Key-informants there is no explicative health problem related to their clan but the name fuga influence on health of

individual. Participants accept the clan as minority but morale uncomfortable feeling on psychology, yet they can visit facility. Other Key-informants mention that not only about economic/property they hurt psychological because, Most of the time they develop inferiority. Therefore, as woreda health office those people categorized under people needs special health care like giving especial care during giving birth.

5.4.2 Economic factors

The gap created based on economic difference within the society together with the nonexistence of social security intensifies the vulnerability of the poor in terms of affordability and choice of health care provider. Governmental and private health facility available in the woreda however affordability of health coast among the fuga was questionable. Male participants get income by made beehive using bamboo, wood work and day labors. Women made local reamer, potter and day labors. This hand work products provided for customer twice a month. Out of 16 participants five of them were owners of farm land yet not sufficient the rest live as keepers. They need to treat themselves in modern medication yet they were not fulfilling their need because they live hand to mouth life style.

5.4.3 Cultural factors

‘Thera’ Ethnic group developed their own cultures expressed in taboos. One of taboos cultures were wedding. ‘Thera’ doesn’t go through inter married with fuga people. If they married with other tribe difficult to get advice from friend during reproductive health problem because they infraction taboos. They considered as deprave if married with other live in secretly. No one interested married with this clan rather secretly not guarantee for their marriage after a time they become make divorced.

5.4.4 Educational level

It has also been noticed that education status has a significant influence on pattern of resort to health care of individuals. When people are educated, they tend to be more familiar with modern medication in times of ill. In this study15 participants were not educated and Willingness to visit modern medication is low. 56 year old key-informants mentioned that they are not educated and not interested to teach their children rather highly interested to married their children at some age. 13 participants were careless in the prevention measures. Some 'fuga' live in Addis Abeba they aware bout prevention of disease nevertheless there was gap and participant believed as anything regarding to her life for GOD.

5.4.5 Family size

Having large numbers of family size was factors to pattern resort to health care. But it's seen as a blessing. Eleven participants have more than five family members. The maximum family size was nine. And five participants have less than five family members. Participants seeking to medication-based on their life style. Participants mentioned that large number of family directly affect choices of health care don't seek to modern medication immediately. 29 years old female participant don't visit modern medication during an illness rather use home remedy because she has six family members all needs medication when they get an illness it was so difficult cover the coast.

6. Discussion

The people chose different treatment options depending on their perceptions of the kind and severity of their illness.in this community the order in which they resorted to different options was dependent on these perceptions of illness. The decision to choose a particular treatment alternative can be dependent on several factors and decision-making may follow different paths for different people. In this study the community can easily access traditional healer with affordable service. This is consistent with the study conducted in Ghana indicated traditional healers are easily accessible and affordable by the community (21).

Regards to the acceptability traditional healer varied as the participant mentioned repeatedly when they went for treatment in case of not cured. This finding is inconsistent with the study conducted in Ghana which showed high acceptability of traditional healer(21). This variation might be due to in the current study participants considered their curability to accept the traditional healer.

In the current study if the participant were sick with illness like Anthrax disease they can be treated by home remedies because they thought if they got the modern treatment it may relapse some other day or even they might be die. Qualitative study done in northern Ghana showed that if the participant were sick with jaundice, they don't go to the modern medication. they used home remedies as treatment by boiling and drinking herbs(21). This is due to the choice of resort for treatment in the participants are the same in both studies.

This study showed most of the participant's preferred home remedies as the first choice of treatment for the disease like Diarrheal and Anemia disease. this finding is not same with study done in Benishangul-Gumuz which showed that modern medicine is the first choice during an illness such as Anemia and diarrhea related problems (11).This variation might be due to their perception toward to traditional treatment might be different.

In this study, alternatives were used simultaneously perhaps with the belief that one of them will lead to a cure or relief from symptoms. This is consistent with the Study conducted in Berta community which showed one-tenth participant required both traditional and modern medications simultaneously(11).

In this Study participants don't stand to health institution during observation of symptoms like high body and headache they used home treatments. This may believe to be symptoms were not serious can be get cure by home treatments. Other study conducted in afar the severity of

the sickness is determining factor when the choice of a treatment option is being made. For instance fever which is mostly considered non-serious resort to the use of home remedies (23).

In this study household monthly income cost of health expenditure and non-socio involvements were factors that determined the pattern of resort to health care. This is consistent with the Study conducted in Uganda which showed the cost of health care services and socio-cultural are factors influenced the choice of health care(14) .

In this study educational status was factors that delay resort to health care of participants. This finding inconsistence with study conducted in Berta ethnic showed that educational level had no effect on choice of health care (11).This may due to Unwillingness to school in the current study participants and background of their lifestyle.

This study Identity of the participants don't influence the pattern of resort among fuga people. It affect their psychology or influence on health of individual because they developed the inferiority where as having large numbers family size impact on pattern resort for health care in the family members but they considers as blessing. This may be low awareness on utilization of family planning. Finding conducted in Uganda Showed large numbers of family size is factors that delay resort to health care particularly, in minority group communities (14).

.

7. Conclusion

The decision to choose a particular treatment alternative can be dependent on several factors and decision-making may follow different paths for different people. Most them prefer homemade treatment as option .Also their perception toward the severity of illness have impact on decision making .They used home remedies for minor illness and modern medication for major illness .Factors that influenced their decision were severity of illness, family size, monthly income and educational status but their identity don't have impact.

8. Recommendation

1. Recommended for Gurahge zone EZha woreda health office should be more work done on awareness creation at large about enhancements of resort to health care of minority group of people and prevention measures of disease.
2. For woreda administration office to make arrangements in small scale enterprise based on their talent to modify their economic status.
3. Gurahge zone EZha woreda health office incorporate with other stakeholder to avoid the stigmatization of the people and decrease their cramp in the social interaction.
4. Concerned bodies like educational office, schools and teachers should have to focus onto increase willingness of schooling.
5. Recommended that for higher educational institution to recognize traditional treatment herbs clip together with modern medication.
6. So much work needs to be done by responsible bodies such as health care providers, health facilities, governmental bodies, researchers and community leader to improve health status and life style.
7. Recommended for the community having common understanding related to clan and avoid the discrimination instead helping those people in different way of support.

Reference:-

1. Wambui WM, Kimani S, Odhiambo E. Determinants of Health Seeking Behavior among Caregivers of Infants Admitted with Acute Childhood Illnesses at Kenyatta National Hospital, Nairobi, Kenya. Int J Pediatr. 2018;2018:1–11.

2. Siddqui MS, Sohag AA, Siddiqui MK. Health Seeking Behavior of the People. Prof Med J [Internet]. 2011;18(May):626–31. Available from: https://www.researchgate.net/publication/216455397%0A

3. https://www.barnardhealth.us/medical-anthropology/healthseeking-and-patterns-of-resort.html#. 2012;

4. WHO. Global Monitoring Report on Financial Protection in Health 2019. 2019 [Internet]. 2019;10–5. Available from: https://www.who.int/healthinfo/universal_health_coverage/report/fp_gmr_2019.pdf?ua=1

5. Giday M, Asfaw Z, Woldu Z, Teklehaymanot T. Medicinal plant knowledge of the Bench ethnic group of Ethiopia: An ethnobotanical investigation. J Ethnobiol Ethnomed. 2009;5(November 2015).

6. https://bachmann-foundation.org/2016/02/27/ethiopie-fuga-donkey-and-cart-project/

7. https://kmgethiopia.org/fuga/ Fuga Community Integration

8. Yadeta W, Giro A, Amajo M, Jilo K. Recent Understanding of the Epidemiology of Animal and Human Anthrax in Ethiopia with Emphasis on Diagnosis , Control and Prevention Interventions-Review College of Veterinary Medicine and Agriculture ,. World J Med Sci. 2020;17(1):1–9.

9. Bahiru G, Bekele A, Seraw B, Boulanger L, Ali A. Human and animal anthrax in Ethiopia: A retrospective record review 2009-2013. Ethiop Vet J. 2016;20(2):76–85.

10. Aday LA. Health status of vulnerable populations. Annu Rev Public Health. 1994;15:487–509.

11. Flatie T, Gedif T, Asres K, Gebre-Mariam T. Ethnomedical survey of Berta ethnic group Assosa Zone, Benishangul-Gumuz regional state, mid-west Ethiopia. J Ethnobiol Ethnomed. 2009;5:1–11.

12. Egede LE. Race, ethnicity, culture, and disparities in health care. J Gen Intern Med. 2006;21(6):667–9.

13. Millennium T, Goals D. The Millennium Development Goals Report 2015. 2015;

14. Hjelm K, Atwine F. Health-care seeking behaviour among persons with diabetes in Uganda: An interview study. BMC Int Health Hum Rights. 2011;11(1).

15. Seyranian V, Atuel H, Crano WD. Dimensions of majority and minority groups. Gr Process Intergr Relations. 2008;11(1):21–37.

16. Bhosale S, Pawar A, K D. Healthcare-seeking behavior among diabetic patients in Kozhikode, Kerala. Int J Med Sci Public Heal. 2017;6(10):1.

17. May ME, Kennedy CH. Health and Problem Behavior Among People With Intellectual Disabilities. Behav Anal Pract. 2010;3(2):4–12.

18. Thapa S. Public Health & Safety Health Care Seeking Behaviour among People Living With Type-2 Diabetes in Rural Area of Eastern , Nepal. 2018;3(3):2–7.

19. Basity S, Iravani MR. Health Seeking Behavior of Diabetic Patients in Koohzar Village in Damghan city. Med Arch (Sarajevo, Bosnia Herzegovina). 2014;68(6):384–8.

20. Aborigo RA, Allotey P, Reidpath DD. The traditional healer in obstetric care: A persistent wasted opportunity in maternal health. Soc Sci Med. 2015;133:59–66.

21. Musoke D, Boynton P, Butler C, Musoke MB. Health seeking behaviour and challenges in utilising health facilities in Wakiso district, Uganda. Afr Health Sci. 2014;14(4):1046–55.

22. Scheppers E, van Dongen E, Dekker J, Geertzen J, Dekker J. Potential barriers to the use of health services among ethnic minorities: a review. Fam Pract. 2006;23(3):325–48.

23. Ali SS, Woldearegai BT. Health seeking behaviour of afar pastoral community. Int J Eng Adv Technol. 2019;8(5 Special Issue 3):292–6.

24. Girma E, Tesfaye M. Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia: A hospital based study. BMC Psychiatry [Internet]. 2011;11(1):138. Available from: http://www.biomedcentral.com/1471-244X/11/138

25. Health-Care Utilization as a Proxy in Disability Determination. Health-Care Utilization as a Proxy in Disability Determination. 2018.

26. Kim W, Kreps GL, Shin CN. The role of social support and social networks in health information-seeking behavior among Korean Americans: A qualitative study. Int J Equity Health [Internet]. 2015;14(1):1–10. Available from: ???

27. Care PH. DELIVERY More Than Ever COVERAGE REFORMS. 2008;

28. Van Der Heijden J, Gray N, Stringer B, Rahman A, Akhter S, Kalon S, et al. "Working to stay healthy", health-seeking behaviour in Bangladesh's urban slums: A qualitative study. BMC Public Health. 2019;19(1):1–13.

29. Wonde D, Tadele G. Impediments of health seeking behavior and health service utilization from healthcare facilities in a rural community in East Gojjam Zone, Ethiopia. Ethiop J Heal Dev. 2015;29(2):99–110.

30. Tadele G, Amde WK. Health needs, health care seeking behaviour, and utilization of health services among lesbians, gays and bisexuals in Addis Ababa, Ethiopia. Int J Equity Health. 2019;18(1):1–13.

31. Ward H, Mertens TE, Thomas C. Health seeking behaviour and the control of sexually transmitted disease. Health Policy Plan. 1997;12(1):19–28.

32. http://www.ices20-mu.org/displayAbstracts.php?panel_0802ANEL] 0802

33. https://en.wikipedia.org/wiki/Gurage_Zone#Overvie

34. Shaikh BT, Hatcher J. Health seeking behaviour and health service utilization in Pakistan: Challenging the policy makers. J Public Health (Bangkok). 2005;27(1):49–54.

35. Gunawan J. Ensuring Trustworthiness in Qualitative Research. Belitung Nurs J. 2015;1(1):10–1.

36. Shenton AK. Strategies for ensuring trustworthiness in qualitative research projects. Educ Inf. 2004;22(2):63–75.

Appendix 1.

Consent form

Good morning/afternoon ……I am here to have an interview with you for the study that is being conducted on pattern of resort to health care for partial fulfillment of master in Health Promotion and Health Education in Addis Ababa University. The aim of this study is to explore pattern of resort to health care for three prevailing disease among fuga and factors that determine resort to health care. Your involvement in this study will be voluntary. You may response all the interview guide or not you don't want and also you have a right to withdraw the interview at any time without giving reason. Your identity or other personal information you give us in this study would be nameless during data analysis and data reporting. There is no risk or harm for participating in the study. There is no direct benefit you derive from the study. Though, the study could provide Administrative office that will help guide to planner's strength design of further for intervention and health promotions in public health issue. The interview will take about 30- 40 min. they will be recording and write on note book. The researcher will be used password for keep confidentiality of participants. If you need any further information or explanation regarding this study, you can have this address to contact.

Name: Endaleyirga

Tel no: 251+9-13-70-50-26

E-mail – Endaleyirga3st@gmail.com

Addis Ababa university school of public health

Privative medicine unit

Appendix 1.Consent form in Amharic

እንደምን አደራቸሁ ወይም ዋላቸሁ----------እባላለሁ፡፡

በአዲስ አበባ ዩኒቨርስቲ በሕብረተሰብ ጤና ትምህርት ድህረ ምረቃ ፕሮግራም የሕብረተሰብ ጤና ትምህርት ተማሪ ስሆን ለመመሪቂያ ጥናት እየሰራሁ እገኛለሁ ፡፡ የጥናቱ ዋና አላማ የህመም ስሜት ወይም ሲታመሙ ህክምና ለማግኘት ወዴት ይሄዳሉ ወይም ምን ያደርጋሉ እና ጤናቸው እንዳይጠብቁ የሚያደርጋቸው ችግሮች ምንድ ናቸው በሚል በቡጋ ማህበረሰብ እየሰራሁ ነው ፡፡ ተሳትፎአችሁ በፍቀደኝነት እንጂ ግዴታ አደለም ፡፡ መጠየቁን ካልፈለጉ አለመመልስ ወይም ያለምንም ምክንያት በማንኛውም ሰዓት ማቋረጥ ይችላሉ፡፡በዚህ ጥናት ውስጥ የእናንተ ማንነት ወይም የግል መረጃችሁን በጥንቃቄ የሚያœ ሲሆን የመረጃ ትንተና በሚሰራ ወቅት ስማቸሁ አይገለፅም ፡፡ ጥናቱ ላይ በመሳተፋቸሁ ምንም አይነት ስጋትም ሆነ የሚጎዳ ነገር የለውም ፡፡ በጥናቱ ቀጥታ ጥቅም አይኖረውም:: ነገር ግን አስተዳደር አካላት በህብረተሰቡ ጤና አሳሳቢ የሆኑ የበሽታ መከላከል እና የጤና ማበልጸግ ስራ ለመስራት እቅድ በሚያወጡበት ወቅት እንደ ግብዓት ሊጠቀሙበት ይችለሉ ፡፡ ከ30 አስከ 40 ደቂቃ ሊጨረስ ይችላል ይህ ቃለ መጠየቅ ስናደርግ በሙሉ በመቅረፀ- ድምጽ እና በማስታውሻ ደብተር ይመšገባል ፡፡ የተመገበው መረጃ የተሳታፊው ምስጢር ለመጠበቅ ጥናቱን የሚያጠነው ሰው ማንም መክፈት እንደይቸል ተደርጎ ይቆለፋል፡፡ ከዚህ ጥናት ጋር በተያያš ማንኛውም መረጃ ከስርባለው አድራሻ መጠየቅ ይቻላል፡፡

አድራሻ

እንዳለይርጋ

ስልክ፡ 09-13-70-50-26

E-mail: Endaleyirga3st@gmail.com

አዲስአበባዩንቨርስቲ

ህብረተሰብጤና

የበሽታመከላከልትምህርትክፍል

Appendix 3.Interview guide

A. Socio demography

1. Sex……
2. Age (if participant does not know, ask for year and estimate) ---------
3. Marital status ----------
4. What is your religion? ----------
5. What is the highest level of school you attended? ----------
6. What do you do for a living (occupational status)? ----------
7. How much is your average income in a month? ----------
8. How many family members do you have? ----------

B. Interview guide

1. Do you remember get an illness through your life?

Probes: - In what type's disease?

- How do you know?
- What kind of disease for you exposed most of time?

- Please if you remember mention that disease.
- Is there those disease have a traditional treatment?
- What type of disease treated by traditional treatment?
- How
- Are there your family members those are experienced in traditional healing? Please tell me the process how they give traditional curatives

2. If you have symptom or uncomfortable feeling on health status where do you go?

Probes: -

- Why do choose this service
- Is there any option rather than what you mention?
- If the treatment not functional or fail what are the other option for you?
  - It can be traditional or modern

3. In the traditional healing is there any herbs or herb root He/she used as treatment?

Probes: -the name

- What are the unique characters of treatments?

- Please, more elaborate it
- For which disease health problem to use those herbs or for what symptom

4. **Identity factors**

- If the Community summons you by the name fuga what do you fill?
  - Pleas elaborate it.
- Are there any effects on your health related to the name fuga?
  - Like to visit health facility

5. **Educational level**

- Level of class attend
- Do you think that's enough for as knowledge to keep your health status from communicable disease?
- How the awareness about the prevention and curing of this disease what you mentioned

6. **Economical determinants**

- Is any health care facility or health post around this area
- Estimation time to reach health post
- Is there any transportation system when they need to visit health post?
  - What is the system: - Car accesses, cart, on foot with stretcher?
- How is the expense of health post for visit?
  - Please elaborate it
- Do you have ownership of land for farm?

7. **Social factors**

- Please explain the relationship between these ethnic with other non fuga people
  - Instead of holiday ceremony
  - Coffee ceremony
  - Instead of group discussion related to the community issue
- How was it the marriage ceremonial events of these ethnic's group with other

- Can this ethnic group go through inter marriage with other non fuga people or another ethnic group or non fuga people go through inter marriage with fuga ethic group?
    - If couldn't go through inter marriage with other non fuga people please explain the reason.

8. Women autonomy

- Do the women's in the ethnic group have the right to visit health facility by their own decision?
    - If she/he says no who is responsible to decide those women to health care

9. Demography factors

Do you think that having large number of family size effect of appropriate pattern of resort of health care?

- How? please elaborate it
- Is there similar resort to health care with in family members in age?
    - If Child exposed to such disease or
    - Adult exposed to such disease
    - If it is not similar please explain the especial treatment (resort)

10. Did you have any additional point you want to say something about it which I didn't mention?

Thank you very much!

Appendix 4. Interview guide in Amharic version

ሀ. ማህበራዊጥያቄዎች

1. **ዕታ** ----------
2. **እድሜ** ----------
3. **የጋብቻሀኔታ** ----------
4. **ሀይማኖትዎ ምንድ ነው ?** ----------
5. **እርሶየተከታተሉትትምህርትእስከ ስንትነው ?**----------
6. **ለመኖር ምን እየሰሩ ነው ወይም የስራ ሁኔታዎ ምንድ ነው ?** ----------
7. **ወርሃዊ መጠነኛ ገቢዎት ምን ያክል ነው ?** ----------
8. **የቤተሰቦ አባል ወይም ቁጥር ስንት ነው ?** ----------

ለ.የቃለ-መጠየቅጥያቄዎች

1. **በህይወትዎ የታመሙበት ወቅት ያስታውሳሉ ?**
   - **በምን አይነት በሽታ**
   - **እንዴት አወቅህ**
   - **ብዚ ጊš የትኛው በሽታ ነው ሚያጋጥምህ? እባክዎ ሚያስታውሱ ከሆነ ይነግሩኝ**
   - **ባህላዊ መድሃኒት አለው**
   - **የትኞች በሽታዎች ናቸው ባህላዊ መድሃኒት ያላቸው**
     - **እንዴት ነው እስኪ ስለባህላዊ መድሃኒቱን**
   - **በእርሶ ቤተሰብ ውስጥ በባህላው መድሃኒት ልምድ ያለው ሰው አለ ? እባክዎ አስኪ በደንብ አብራርተው ይንገሩኝ**
2. **በጤናዎት ላይ ጥሩ ስሜት ካልተሰማዎት ወይም የበሽታ ምልክቶች ስያዩ ወዴት ነው ምትሂዱት ?**
   - **ይህንን እርሶ የጠቀሱት አገልግሎት ለምን መረጡት ?**
   - **ከጠቀሱት ወጪ ሌላ ምን አማርጭ ነው ያለው**

- የወሰዱት መደሃኒት ስራውን ባይሳራ ወይም ባያሽሎ ለእርሶ ያሎት አማራጮች ምንድን ናቸው

    - ባህላዊ ወይም ዘመናዊ ሊሆን ይችላል

3. በባህላዊ ህክምናው ለመሃኒትነት የሚውል ቅጣላቅጠል ወይምሥራ ሰር ይጠቀማሉ

    - ለየትያለ ባህሪ አለው ? እባክዎ ያብራሩልኝ

    - ለየትኛው በሽታ የትኛው ህክምና ነው የሚጠቀሙት

4. የማንነት ምክንያቶች

    - ማህበረሰቡ ፋጋ ብሎ ሲጠራችሁ የሚሰማችሁ ስሜት አለ ምንድ ነው ? እባክዎ በግልፅ ያብራሩት

    - ፍጋ በሚለው መጠርያ ስም ጋር ተያይš በጤናዎት ላይ ያመጣው ተፅእኖ አለ

    - የጤና ጣበያ ወይም የጤናተቋም ለመሄድ ወይም ማህበራዊ ግንኙነቶች ላይ (እድርየመሳሰሉት)

5. የትምህርትደረጃ

    - እስከ ስንት ድረስ ተምረዋል ?

    - ያሎት የትምህርት ደረጃ ከተላላፊ በሽታ ጤናዎትን ለመጠበቅ በቂ እውቀት ነው ብለው ያስባሉ

    - የጠቀሱት በሽታ ለመከላከል ወይም ታሞ ለመዳን ያሎት ግንዛቤ እንዴት ነው ?

6. ምጣኔ ሀብት ምክንያቶች

    - በዚህ አካባቢ የጤና ተቋም አገልግሎት አለ

    - የጤና ተቋም ለመደረስ በግምት ስንት ሰዓት ይጨርሳል

    - የጤና ተቋም ለመሄድ ብትፈልጉ መጓጓ¸(ትራንሰፖርት) አለ

    - ምንድነውመጓጓ¸ው ፡-መኪና፡ጋሪወይምእግር

    - የጤና ተቋሙ የህክምና ወጪ እንዴት ነው ? እባክዎ ያብራሩት

    - ለእርሻ የሚሆን የመሬት ባለቤት ኖት

7. ማህበራዊ ምክንያቶች

- እባክዎ ፉጋ ህብረተሰብ ከሌሎች ፍጋ ካልሆኑ ህብረተሰቦች ጋር ያለው ማህበራዊ ግንኙቶች ያብራሩልኝ ለምሳሌ፡-የበዓል ዝግጅት፣የቡና ጠጡ እና አካባቢ ህብረተሰብ በሚመለከቱ የቡድን ውይይቶች
- የፍጋ ማህብረሰብ ከሌሎች ፍጋ ካልሆኑ ህብረተሰቦች የጋብቻ ስርዓት እንዴት ነው
- ፍጋ የሆነ ሰው ፍጋ ካሆነ ሰው ጋብቻ ለመመሰርት ይሄዳል ወይም ፉጋ ያልሆነ ሰው ፉጋ ከሆነ ሰው ጋር ጋብቻ ይመሰርታል ? እባክዎ በድንብ ያብራሩልኝ

8. ሴቶች አስተዳደር ነፃነት ምክንያቶች

- ሴቶችን ጤና ጣቢያ ወይም ጤና ተቋም ለመሄድ ቢፈልጉ በራሳቸው ወስነው መሄድ ይችላሉ (መብቱ አላቸው)
    - እራሳቸው የማይወስኑ ከሆነ ማነው ሀላፊነት ያለው

9. ህዝብ ነክ ምክንያቶች

- በእርሶ እይታ ብዝ የቤተሰብ ቁጥር አባል መኖሩን ትክክለኛ የጤና ክብካቤ አማራጭ ተፅእኖ ብለው ያስባሉ
- እንዴት እስኪ ያብራሩልኝ
- በቤተሰቦ አባል ውስጥ ተመሳሳይ የሆነ የጤና ህክምና አማርጭ ነው ያለው
- ህጻናት በበሽታ ሲያዝ ወይም ሲታመም እና አዋቂ በበሽታ ሲያዝ ወይም ሲታመም ተመሳሳይ የሆነ የጤና ህክምና ነው ያለው ተመሳሳይ ካልሆነ (የተለየ ህክምና የሚደረግው ለማን ነው ለምን? እባክዎ ያብራሩልኝ

10. በመጨረሻ መጨመር የሚፈልጉት ነጥብ ካለ ወይም ማለት የሚፈለጉት ሃሰብ ካለ.

ውድ ሰዓትዎን ስለሰጡኝ በጣም አመሰግናለሁ።።

Appendix 5. Interview guide in guragnea version

ሀ. አታት የገግ ቲትሰሪ ይዝቡሪ ቃር

1. **ምስ ቄም ምሸት** ----------
2. **ምርአህር ዘበር መዘርሁም** ----------
3. **መምሩ** ----------
4. **እምነታሁ ምቃሩ** ----------
5. **ትምርት ምርአህዳር ተማርሁም** ----------
6. **ሜና ምር ትቾቱ** ----------
7. **በበነ መራህር ትረህቦ** ----------
8. **በቤታሁ ምርአህር ሰብ ይረብር** ----------

ለ. ህም ተህም ይዝቡዥ ጀትኪርዥቋር

1. **ዘኪብርዙቦ ዘበር እንም የቅመናሁ ትህሮቄ**
   - **ባሻቄ ማቃር ባነ**
   - **የባሁይ ባሸ መምር ሃርሁይም**
   - **የኋም የኋም ይቀምሁ ባሸ ኤትሆናው እንዴ በሃርሁይ ኦዶን**
   - **የኋ ዮድሁን ባሸ የሴራ ቄዛ ነረንቄ**
   - **ይንዴ ባሸው የሴራ ቄ› ያነን**
   - **ኧZ መምሩ የቄዛቄ ንቃር ኦዶን**
   - **በቤታወሁ ኸረምታ ቄዛ ይህርቃር ነረቄ ኧZ በረበረ ቄሂቃር አምሮንታነ ኦዶን**
2. **ገሟጃሁ አንሸር አንሸር ቲብርሁ የባሸ መኸት ትታዘዎ ኤ ትፈኮ**
   - **የንቃር ሸበትሁይም**
   - **እንጓድ ምቃር ነረ**
   - **ዮሰድሁይ ቄዛ ቤያፍዘሁ ያሁ እንጓድ ምር ነረናሁ ቄም ኤ ትፈኮ**
     - **የሴራ ቄም የዘበርየቄ**
3. **ነቅጠር ቄም ኧስር የሴራ ቄዛ ይኸሮቃር ነረዎ**
   - **የሁት የኸረቃር የሟሬ የኸረ አመር ነረን ወሂቃር ኦዶን**

- ይንዴ ባሸ ዞህና ይህሮ

4. ሰብነተታ

    - ሰብዌ ፍጋ ባረም ቲጠራሁ ይበርሁቃር ዌም ይሸርሁዌ ወሄዋር ኦዶን
    - በአፍያሁ ያቸነንቃር ነረዌ
    - ጤና ጣቢያ ዌም አፍያ ይረሁቧ ቤት ያርዬ

5. የትምርት ቃር

    - ምርአህዳር ተማርሁም
    - ያነናሁ የትምርት ሙዝር ባሸ ይዣቡር ታት ሰብ አንጓድ ሰብ ያትጋባ ባሸ ይጨቧዊዬ ይወጣን
    - ዩድሁን ባሸ ይጨቧዊዬ ዌም ቀመም ይትፉዩ ሃሮታሁ ኦዶን

6. ይረህዊቃር ምር ይመስር

    - በቁርቤ አኪም ቤት ነረ
    - ምርያህር ሰዓት ይወስድ
    - በንቃር ትፈኮ በመኪና፡ በእግር፡ በፈረስ ዌሸ በቃር
    - የአኪም ቤት ትከሶይ መምሩ ቤ ትረህቦ ወሄቃር ኦዶን
    - የቹቻ ይኸር አፈር ነረናሁ

7. ትንጓድ ሰብ ይረውሪኸማ

    - ኧZ ፉጋ የኸረ ሰብም ዝራ ተኸረ ሰብ እማት እማቱ የንበር መምሩ ወሄቃር አምረዎንታ ኦዶን
    - ባር ትሪብር ቃዋ ቲተቀዊ ዌም እንም ይትረኸወ ቃር ቲሪብር
    - ፉጋ የኸረ ሰብም ዝራ ይፈጅ ዌም ዝራ ሰብ ፉጋ ይፈጅ ኤፈጀ በኸረ የንቃር

8. እሸታ በግመህነማ ያመረሜ

    - እሸታ አኪም ቤት ያረማዬ ቢሰማ በግነህማ ተረሰማም ያረማ
    - ግግመህነማ ኤያረማ በኸረ ሚኑ ያረማኸማ እያትንሁ ይብር

9. አታት የቤት የሰብ

    - በቤት ደን ንቃር ሰብ ወንበረታ ዌም ንቃር ወጠን የአፍያ ወሄቃሩ ባሁም ታስቦ

- መምር ኧZ ወሂቃር ኦዶን
- በቤት ደን እንም ሰብ ትቀሙን ኣቱ ይፈኸማ ያሚሪ
- ትከም ትቀሙን ንቅየ ሰብ ትቀሙን
- ኣት ብነኸረ የማኑ የማሬ ያሚለ

10. እያ ጀበርሁም ኣሁ ተነፈመ ገዘ ንድብረወ ትብሮ ቃር በረበረ

ኧZ ዝጥረ የኸረ ወቅታሁ ያብሁኔ

ንቃር ኣትሸኩርሁ