

---

## HIV Health Seeking Behaviour Patterns: Perspectives of Male Boda-Boda Operators in Homa-Bay County, Kenya

**Omolo Winnie Akinyi (MA) and Wilson A.P. Otengah (Ph.D)**

Department of Social Sciences and Humanities,

Rongo University, Kenya

Email: [otengahwilsonn@gmail.com](mailto:otengahwilsonn@gmail.com)

---

### Abstract

The mobility of the transport sector makes it difficult to access health information and treatment and/or maintain a drug regimen. Generally, population record low levels of service utilization. The study adopted three theories, key among the theories was theory of reasoned action due to the fact that it sees a person's behavior as an intention which is a function of one's attitude towards behavior and their subjective norm. This was a mixed methods descriptive cross-sectional study. The study targeted male boda-boda operators who were aged between 20-40 years. The sample size for the study was 122. In the thematic analysis health seeking behaviour among boda-boda operators is influenced by a number of factors ranging from facility factors, individual factors to provider factors. Individual boda-boda operators have their own preferences for services and where they would like to get treatment including acquisition of services. Stigma and discrimination around HIV is still a very strong correlate to use of services including testing. Provider factors such in which the operators fear that their HIV status and treatment cycles would be known to other people act as a deterrent to services acquisition. 37.7% of the operators were critical to the fact that confidentiality was a key factor in facilitation of service utilization while 62.3% indicated that they preferred closer Health facilities. Time was also critical to seeking for health services. The study recommends to the National government through NACC to increase knowledge levels on HIV/AIDS and importance of adherence.

**Key Words:** HIV, Health, Seeking, Behaviour, Boda-boda, Operators.

---

### 1. Introduction

Human Immunodeficiency Virus (HIV) /Acquired Immunodeficiency Syndrome (AIDS) are major public health concerns and challenge facing both developing and developed nations (UNAIDS, 2010).

Health seeking patterns vary from one population to the next. Health or care seeking behavior has been defined as any action undertaken by individuals who perceive they have a health problem or to be ill for the purpose of finding an appropriate remedy. In the African setting, reproductive health issues including access to HIV testing has been perceived as a domain of the female gender with men being compounded with the task of providing for their families (Camlin *et al*, 2016).

Successful role enactment was considered key to achieving recognition as an adequate man; at the same time, job scarcity and insecurity, and low earning gravely impeded men. Pressures to generate continuing income then meant constantly looking for jobs, or working continuously to retain in-secure jobs or to raise money through self-employment (Chikovore *et al*, 2015). All these led men to relegate their health considerations. However, in the fight against HIV, men's uptake of HIV testing care and treatment is as much very critical to the 'test and treat strategies' in the general populations (UNAIDS, 2014). The transport sector is especially vulnerable to HIV/AIDS due to nature and environment of its workplace and economic activities (Arulogun *et al*, 2011)

Studies show that access and utilization of health services is multi-faced and influenced by cultural, behavioural and financial factors (Mosadeghrad, 2014). Different sexes have different tendencies when it comes to health-seeking. A study on cultural factors and community processes showed that structural and cultural barriers men's mobility and gender norms valorizing risk-taking and discouraging health seeking behavior contribute to lower participation in HCT as compared to women (Camlin *et al*, 2016). The attention given to a person by health care workers can also improve health seeking behavior.

In certain cases, it had been found that health care workers modified or omitted consent and confidentiality in HCT in order to achieve perceived public health benefits and policy expectations. Though such actions increased HCT rates, on the other hand it jeopardized health seeking behavior of those diagnosed with HIV to treatment and care (Wringe *et al*, 2017). A study done in the urban settlements in Kenya among females also indicated that the women had a preference of seeking for contraceptive services in private health facilities as compared to public health facilities due to convenience, efficiency and privacy ( Keesara *et al*, 2015).

Health seeking behavior is also associated with the knowledge of the services one sought to seek. There is likelihood that one will seek services they know about as compared to those services they have little knowledge about (Carrasco *et al*, 2017).

The attention given to a person by health care workers can also improve health seeking behavior. In certain cases, it had been found that health care workers modified or omitted consent and confidentiality in HCT in order to achieve perceived public health benefits and policy expectations.

Though such actions increased HCT rates, on the other hand it jeopardized health seeking behavior of those diagnosed with HIV to treatment and care (Wringe *et al*, 2017). The barrier HIV-stigma presents to the HIV treatment cascade is increasingly affecting individuals decision to seek health care services. Stigma by health care workers (HCW) such as verbal stigma, can lead to delay or avoidance of counseling and testing and other health services. Stigma from HCW acts as a roadblock in the HIV treatment cascade, as well as its undermining the human right to health (Nyblade *et al*, 2017; Magesa *et al*, 2014).

Health seeking behavior is also associated with the knowledge of the services one sought to seek. There is likelihood that one will seek services they know about as compared to those services they have little knowledge about (Carrasco *et al*, 2017). This also concur with the findings of Nyaoke et al, (2017), which found out that education on what is needed and what the services are all about could motivate a person to seek and participate in health services. These

studies therefore lay a lot on emphasis on increasing the knowledge of individuals to encourage people to seek these services after making an informed decision.

A study that was conducted in Tanzania on “A community-based intervention for improving health-seeking behavior”, revealed that, knowledge and attitude towards sexual violence increased the number of reported rape event by more than 50% at health facilities. This showed that the number of rape victims who sought for health services in the health facilities increased with the increasing knowledge on sexual violence (Abeid *et al*, 2015).

Distance covered by an individual when seeking health services also plays an important role in a person’s decision to seek the services or not. A study done in Kenya on “The relationship Between Distance and Post-operative Visit Attendance Following VMMC”, indicated that 5 km marked the threshold distance beyond which follow-up attendance significantly dropped (Golub *et al*, 2016). This therefore makes distance an important predictor of health seeking behavior.

## **2. Methods**

### **Study Design**

This was a crosssectional study with both descriptive and analytic components.

### **Study Area and Study Population**

The study was done in Homa-Bay town in Homa-Bay county. Which is the county’s headquarters. It has a boda-boda operators’ population of 1120. The study population was mainly boda-boda operators operating within Homa-Bay town. Homa-Bay County is one of the six counties in Kenya with an international boarder and it is the leading County in Kenya with an HIV prevalence of 25.7% compared with the national prevalence of 5.6%. (NACC, 2014)

### **Sample Size Determination And Sampling**

Gay (1981) 10% recommendation for adequate sample size was used to determine the sample size among the 1120 operators within Homa-Bay town by May 2017. A total of 112 operators (main respondents) 10 group leaders (key respondents) were recruited. Homa-Bay town was clustered into 7 clusters, one registered boda-boda group was picked from each cluster for the study. The actual numbr of operators from each group for eventual sample size was proportionate to the total number of the sample size.

### **Data Collection**

Pre-tested questionnaires in English were used for data collection. Pre-testing of questionnaires was done on 10 operators prior data collection to ascertain homogeneity and clarity of the questions. Questionnaires were given after risk and benefits of the study were well to each of the participants and research assistants were used to support questionnaire administration. Questionnaires were administered to main respondents while in-depth interviews were conducted on key respondents who were boda-boda group leaders.

### **Data Analysis**

Thematic analysis was used to analyse qualitative data. Results from quantitative analysis were presented in tables and figures.

### **Ethical Consideration**

Introductory letter from Rongo university was obtained by the researcher which allowed for application of research permit from the National Council for science and Technology to conduct research, Kenya in the study area. Permission was also requested from the area administrative office to carry out research in the area. Other relevant stake holders like the district health management team were informed about the study.

### **3. Results And Discussion**

In the analysis, a number of issues came up that affected health seeking behaviour patterns among the bodaboda. These include reasons for seeking services, type of service, preference for services and pluralism of health services sought. Medical pluralism as a way of treatment was highlighted by a number of IDI respondents who emphasized that boda-boda operators sought for services in conventional health facilities, religious healers, self-medication and traditional healers. The choice of the places or persons they visit for services is influenced by a number of factor such as belief in the treatment, cost of treatment and time available to seek for services:

*“when our people are sick, they often go to the district hospital because the services are affordable....others do self-medication. This is where one concludes on what they are suffering from based on the signs and symptoms they are suffering from for example malaria and buys malarial drugs from local chemist. They also visit herbalists when having stomach problems because they claim herbalists have better concoctions for their ailments. They also take their expectant wives to herbalists.” (IDI, Male 35 years)*

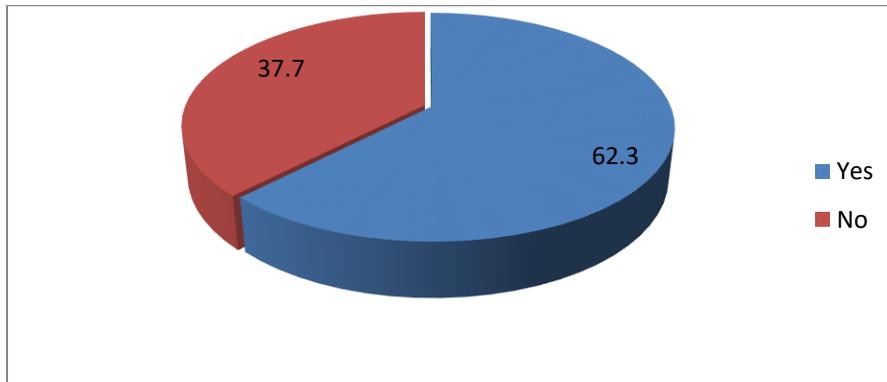
This could be attributed to low level of knowledge about HIV prevention among the bodaboda operators. This concurs with the finding that with the increase of both education level and knowledge of HIV/AIDS, accurate information about the disease and its causes and modes of transmission seem to have led to high adoption of HIV preventive services (Peltzer *et al*, 2009). Poor adherence and stopping ART has also been noted in patients near famous traditional healers (Wanyama *et al*, 2017). It has also been documented that men sought services from traditional healers and chemist before HIV diagnosis and at government facilities afterwards. Both men and women sent infants to traditional healers for non-medical conditions such as bewitching (Drake *et al*, 2015). Equally Reason for seeking traditional healers is often because of failures of western medicine to provide relief from a given ailment (Atwine *et al*, 2015).

In as much as bodaboda operators know their status, qualitative data collected hinds to the fact that a number of them fear going for the HIV test. The fear of being is a major challenge towards seeking for health services. However, there is a general concensus that once one know their HIV status and for instance the results are reactive (HIV positive), then tis becomes a motivator to services acquisition. This is well captured by the leaders of the boda-boda groups;

*“One of the challenges is that these people do not want to know their status. They would not go for testing even if it is brought close to them. However once they have been confirmed to*

*be suffering from the disease, they usually go for medication. The problem only comes before they get tested and confirm their status even for those who are showing signs of being infected.” (IDI, Male 35 years)*

In terms of seeking for treatment, responses obtained from the boda-boda operators on whether they would collect ART from the nearest health center indicated that 62.3% of the respondents said they would while 37.7% said they would not collect ART from the nearest health center.

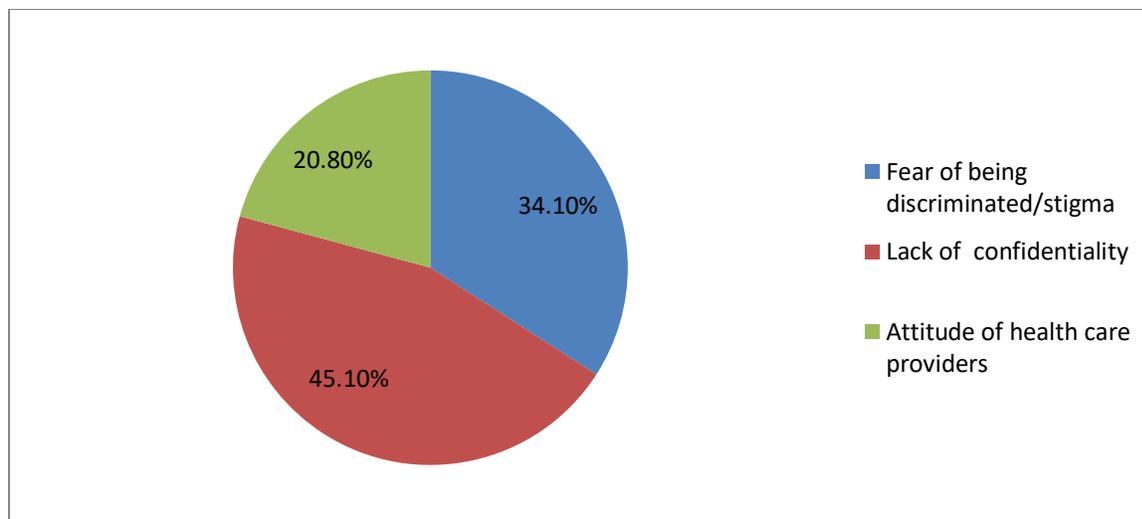


**Figure 3.1: ART collection from the nearest health center**

The above finding that majority of the respondents preferred to visit the nearest health center is in line with the finding of Yonge *et al*, 2017; Njau *et al*, 2014, which indicated that those residing closer to the center would go for HIV services as opposed to those residing far away from the health center. Respondents decision to seek ART services from the nearest health center can be as a result of the fact that boda-boda operators are a highly mobile group thus their business consume a lot of time and leaves them with little time to seek services from a far off place.

### **3.1.1 Reasons for not seeking ART services from the nearest health center**

Of the 37.7% of the respondents would not seek ART services from the nearest health center. 45.1% said they would not seek ART services from the nearest health center because of lack of confidentiality, 34.1% said they feared being discriminated and 20.8% was because of the attitude of the health care providers.



**Figure 3.2: Reasons for not seeking ART from the nearest health center**

Lack of confidentiality was found out to be the major reason for respondents to decline seeking ART services from the nearest health facility. This is in line with the findings that confidentiality was key in one's decision to go for HIV services in a given venue (Wringe *et al*, 2017; Weihs and Meyer 2016; Njau *et al*, 2014; Musheke *et al*, 2013;). This can be attributed to the fact that some of the workers in the health care facility including health care providers might be known by the respondents, therefore the respondents might lack trust in them. The following are some of the responses got from the leaders of the boda-boda groups cum operators during an interview;

*“The challenge I have with health facility close to my home is that the health care workers there might leak the information to the public and I also fear being stigmatized.” (Male 26 years)*

*“I might be having relatives or people I know as health care providers. If they get to know I am HIV positive they might go around telling people.” (Male 26 years)*

In summary, it is therefore critical to note that health seeking behaviour among boda-boda operators is influenced by a number of factors ranging from facility factors, individual factors to provider factors. Individual boda-boda operators have their own preferences for services and where they would like to get treatment including acquisition of services. Stigma and discrimination around HIV is still a very strong correlate to use of services including testing. Provider factors such in which the operators fear that their HIV status and treatment cycles would be known to other people act as a deterrent to services acquisition. Most of the operators were critical to the fact that confidentiality was a key factor in facilitation of service utilization. Time was also critical to seeking for health services. The nature of work of the operators is time consuming as they move from place to place transporting their clients thus most of them would not seek for services due to lack of time.

#### **4. Conclusion And Recommendations**

In the analysis, a number of issues came up that affected health seeking behaviour patterns among the bodaboda. These include reasons for seeking services, type of service, preference for services and pluralism of health services sought. Medical pluralism as a way of treatment was highlighted by a number of IDI respondents who emphasized that boda-boda operators sought for services in conventional health facilities, religious healers, self-medication and traditional healers, as it emerged in an interview of page (IDI 8). The choice places or persons they visit for services is influenced by a number of factors such as belief in the treatment, cost of treatment and time available to seek for services

In as much as bodaboda operators know their status, qualitative data collected hints to the fact that a number of them fear going for the HIV test. The fear of being HIV positive is a major challenge towards seeking for health services. However, there is a general consensus that once one has know his/her HIV status and for instance the results are reactive (HIV positive), then this becomes a motivator to HIV preventive services acquisition. This is well captured by the leaders of the boda-boda groups, as shown in an interview of (IDI 3).

Health seeking behavior of the operators was also seen to be affected by the proximity to the health center. With the majority of the operators (62.3%) preferring to attend health centers which are closer to their places of residence as indicated in (Figure 3.1). This was mainly because they spend limited time to get these services and also ease of access. However, those who declined seeking HIV services from a nearby health center was largely because of fear of lack of confidentiality among the health care workers as revealed in (Figure 3.2)

Another phenomenon that affect health seeking behavior is medical pluralism, this is often witnessed when individuals seek medical services of both traditional healers and western medicine. Boda-boda operators sought for services in both conventional health facilities and traditional healers. The choice of the places or persons they visit for services is influenced by a number of factors such as belief in the treatment , cost of treatment and time availed to seek for services. A number of the operators fear going for HIV test due to the fear of being found to be HIV positive.

The study recommends to the National government through NACC to increase knowledge levels on HIV/AIDS and importance of adherence.

## References

1. Abeid, M., Muganyizi, P., Mpembeni, R., Darj, E., & Axemo, P. (2015). A community-based intervention for improving health-seeking behavior among sexual violence survivors: a controlled before and after design study in rural Tanzania. *Glob Health Action*, 8, 28608.
2. Arulogun O, Oladepo O, & Titiloye, M. (2011). Perceptions of self vulnerability to HIV infection among long distance truck drivers in Ibadan, Nigeria. *Journal of Basic and Applied Scientific Research*, 1(10), 1380–1385.
3. Atwine, F., Hultsjo, S., Albin, B., & Hjelm, K. (2015). Health-care seeking behaviour and the use of traditional medicine among persons with type 2 diabetes in south-western Uganda: a study of focus group interviews. *Pan Afr Med J*, 20, 76.
4. Camlin, C. S., Ssemmondo, E., Chamie, G., El Ayadi, A. M., Kwarisiima, D., Sang, N., et al. (2016). Men "missing" from population-based HIV testing: insights from qualitative

- research. *AIDS Care*, 28 Suppl 3, 67-73.
5. Carrasco, M. A., & Kaufman, M. R. (2017). Correlates of Condom Use and Procedure Knowledge Among Men Accessing Voluntary Medical Male Circumcision in Malawi. *Int J Behav Med*, 24(2), 305-311.
  6. Chikovore, J., Hart, G., Kumwenda, M., Chipungu, G. A., & Corbett, L. (2015). 'For a mere cough, men must just chew Conjex, gain strength, and continue working': the provider construction and tuberculosis care-seeking implications in Blantyre, Malawi. *Glob Health Action*, 8, 26292.
  7. Drake, A. L., Wilson, S. K., Kinuthia, J., Roxby, A. C., Matemo, D., Farquhar, C., et al. (2015). Health care-seeking behaviour of HIV-infected mothers and male partners in Nairobi, Kenya. *Glob Public Health*, 10(10), 1215-1226.
  8. Gay, L. R. (1981). *Educational Competencies for Analysis and Applications*. Columbus, Ohio, C. : Merrill Publishers Company.
  9. Golub, G., Herman-Roloff, A., Hoffman, S., Jaoko, W., & Bailey, R. C. (2016). The Relationship Between Distance and Post-operative Visit Attendance Following Medical Male Circumcision in Nyanza Province, Kenya. *AIDS Behav*, 20(11), 2529-2537.
  10. Keesara, S. R., Juma, P. A., & Harper, C. C. (2015). Why do women choose private over public facilities for family planning services? A qualitative study of post-partum women in an informal urban settlement in Kenya. *BMC Health Serv Res*, 15, 335.
  11. Magesa, D. J., Mtui, L. J., Abdul, M., Kayange, A., Chiduo, R., Leshabari, M. T., et al. (2014). Barriers to men who have sex with men attending HIV related health services in Dar es Salaam, Tanzania. *Tanzan J Health Res*, 16(2), 118-126.
  12. Nyaoke, B. A., Mutua, G. N., Sajabi, R., Nyasani, D., Mureithi, M. W., & Anzala, O. A. (2017). Volunteer motivators for participating in HIV vaccine clinical trials in Nairobi, Kenya. *PLoS One*, 12(9), e0183788.
  13. Nyblade, L., Reddy, A., Mbote, D., Kraemer, J., Stockton, M., Kemunto, C., et al. (2017). The relationship between health worker stigma and uptake of HIV counseling and testing and utilization of non-HIV health services: the experience of male and female sex workers in Kenya. *AIDS Care*, 29(11), 1364-1372.
  14. UNAIDS. (2014). *90-90-90: An ambitious treatment target to help end the AIDS epidemic*.
  15. UNAIDS. (2014). *The Gap Report*. UNAIDS.
  16. UNAIDS. (2010). *Joint United Nations Programme on HIV/AIDS: UNAIDS Report on the Global AIDS Epidemic 2010*, UNAIDS, Geneva.
  17. Wanyama, J. N., Tsui, S., Kwok, C., Wanyenze, R. K., Denison, J. A., Koole, O., et al. (2017). Persons living with HIV infection on antiretroviral therapy also consulting traditional healers: a study in three African countries. *Int J STD AIDS*, 28(10), 1018-1027.
  18. Wringe, A., Moshabela, M., Nyamukapa, C., Bukonya, D., Ondenge, K., Ddaaki, W., et al. (2017). HIV testing experiences and their implications for patient engagement with HIV care and treatment on the eve of 'test and treat': findings from a multicountry qualitative study. *Sex Transm Infect*, 93(Suppl 3).