

# Health-Seeking Behaviour amongst Kenyan Youths: Focus on Social Work Students at Kaimosi Friends University

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## Abstract

This research study was conducted in February, 2025, at amongst Social Work students at Kaimosi Friends University. The goal of the study was to unearth the health-seeking behaviour of Kenyan youths using a case study of Social Work Students at Kaimosi Friends University. The explorative research design was deployed since it was a fact-finding mission aimed at unearthing health-seeking behaviours amongst Kenyan youths. From a sampling frame of 6,000 undergraduate students of diverse programmes, all the 130 first-year to fourth year Social Work students were purposively selected for the study. Primary data collection methods that were used are: observation; structured interviews; focus-group discussions; and key informant interviews. Secondary data relied on document content analysis of online journal articles and government reports. Statistical Package for Social Sciences (SPSS) was used in data synthesis. The respondents who reported to rarely suffering minor ailments were the majority at 76.2 percent whereas those who often experienced minor ailments were 23.8 percent. The students who never sought treatment for minor issues were 11.5 percent; those who did so occasionally were 80 percent; while those who always treated minor ailments were 8.5 percent. Students who rarely suffered a major ailment were the overwhelming majority at 96.2 percent while those who often did so were a paltry 3.8 percent. The students who never sought treatment for a major issue were 15.4 percent; those who did so occasionally were 61.5 percent; whereas 23.1 percent always went for treatment. These findings suggest that there is need to intensify awareness campaigns on the need to reinforce regular hospital checkups and treatments regarding both minor and major ailments for overall wellbeing.

**Keywords:** Health-seeking, Behaviour, Youths, Kaimosi Friends University

## 1. Introduction

Chandrika and Kanbarkar (2017) observed that nowadays healthcare has gained greater prominence due to the urgent and pressing need to put in place a healthier society. The study of health-seeking behaviours helps researchers, policymakers and governments to gain insights into how people interact with the healthcare systems in their various demographic, economic and socio-cultural settings. Furthermore, they noted that scholars from diverse disciplines have investigated the reasons which influence the uptake of healthcare services by individuals. Adongo and Asaarik (2018) conducted a study on health-seeking behaviours and utilization of healthcare services among rural dwellers in under-resourced communities in Ghana. The health-seeking behaviours they focused on were: healthcare treatment choices; frequency of hospital visitations; and challenges faced in the uptake of healthcare services. The study concluded that the full utilization of modern healthcare services by poor communities required a switch from primitive to modern health-seeking behaviours. Namulema, Kamuyu, Pittchar, Otieno, Nyaswa and Ganda (2024), in a study to examine the determinants of timely healthcare-seeking behaviour and knowledge of childhood danger signs in caregivers of children below five years of age attending Gita Sub-county Hospital in Kisumu, Kenya, they concluded that caregivers needed to be sensitized on danger signs in the children they take care of and the importance to seek timely healthcare once danger signs manifest in them. Taflinger & Sattler (2024) executed a study on the situational test of the health belief model and how perceived susceptibility mediates the effects of the environment on behavioral intentions. They concluded that individuals perceived and adjusted their perceptions and the resultant responses to preventive measures in a given setting. Latunji and Akinyemi (2018) observed that health-seeking behaviours have a close association with a nation's health status and therefore its economic development. This study shall be anchored upon the health belief model. This model helps us to understand why individuals behave in certain ways that predispose them to health concerns.

## 2. Methodology

This section shall focus on: the research design; area of study; unit of analysis and unit of observation; sampling design and procedures; sources of data; methods of data collection; and data analysis.

### *2.1 Research Design*

This research paper shall employ the exploratory research design which was preferred given that the study was a fact-finding endeavour aimed at illuminating health-seeking behaviours amongst Kenyan youths. Mugenda (2008) and Creswell and Creswell (2018) defined research design basically as a process an investigator pursues from beginning to end.

### *2.2 Area of Study*

The study was conducted in Kaimosi, Vihiga County which is situated along the Chavakali-Kapsabet road. The University lies within the renowned Kaimosi Complex that is home to several social amenities.

### 2.3 Sampling Design and Procedures

The purposive sampling technique was applied whereby all Social Work students were included in the study. This is because the researcher considered Social Work students agents of social change, and was interested in finding out if the group was applying what they were asking other non-Social Work students and youths to do. Through this study, the researcher will be able to point out areas of weakness in social work change agents for improvement.

### 2.4 Sources of Data and Data Collection Methods

#### 2.4.1 Primary Data

Primary data shall be collected through observation, structured interviews, focus group discussions and key informant interviews.

#### 2.4.2 Secondary Data

Secondary data shall be gathered document content analysis of online journal articles and government records.

## 3. Results and Discussion

### 3.1 Socio-Demographic Data

Social and demographics considered under this section are gender, age and year of study.

#### 3.1.1 Gender

The male students who participated in the research study were 27.7 percent whereas females were 72.3 percent. The majority were females while males were the minority. The distribution of respondents based on gender is summarized in Table 1.

Table 1. Gender of Respondents

Gender of Respondent				
		Frequency	Percent	Valid Percent
	Male	36	27.7	27.7
Valid	Female	94	72.3	72.3
	Total	130	100.0	100.0

Chandrika and Kanbarkar (2017) pointed out that gender relations in society are mirrored in the institutional patterns of healthcare systems. It is the reason the researcher was interested in the socio-demographic. More females than males took part in the study. This could be simply due to the higher proportion of female students in the Social Work programme. Muriithi (2013)

pointed out that females were more likely to go for checkups and treatment than males.

### 3.1.2 Age

Most of the students who took part in the study were between the ages of 18 and 23 years old. Only 2.3 percent were 17 years old and below while only 3.8 percent were 24 years old and above. The distribution of respondents based on their age is summarized in Table 2.

Table 2. Age of Respondent

Age of Respondent				
	Frequency	Percent	Valid Percent	Cumulative Percent
17 years old	3	2.3	2.3	2.3
18-20 years old	66	50.8	50.8	53.1
Valid 21-23 years old	56	43.1	43.1	96.2
24 and above	5	3.8	3.8	100.0
Total	130	100.0	100.0	

Most of the University students fall in the 18-23 years old bracket, which explains the concentration of responses within the 18-20 and 21-23 years old category. Muriithi (2013) posited that the likelihood of seeking professional medical attention increased with age.

### 3.1.3 Year of study

Most of the students (40 percent) who participated in the study were in their second year of study while the lowest proportion was third years at 16.2 percent. The distribution of respondents based on their year of study is summarized in Table 3.

Table 3. Year of Study

Year of Study				
	Frequency	Percent	Valid Percent	Cumulative Percent
Year One	31	23.8	23.8	23.8
Year Two	52	40.0	40.0	63.8
Valid Year Three	21	16.2	16.2	80.0
Year Four	26	20.0	20.0	100.0
Total	130	100.0	100.0	

There is no special reason to explain the distribution of students across the four years of study other than mere coincidence. However, Muriithi (2013) deduced that educated individuals were more likely to seek professional medical help compared to the uneducated.

### 3.2 Findings

#### 3.2.1 Frequency of Minor Ailments

The respondents who reported to rarely suffering minor ailments were the majority at 76.2 percent whereas those who often experienced minor ailments were 23.8 percent. The distribution of respondents based on the frequency of ailments suffered is summarized in table 4.

Table 4. Frequency of Minor Ailments

Frequency of Minor Ailment				
	Frequency	Percent	Valid Percent	Cumulative Percent
Rarely	99	76.2	76.2	76.2
Valid Often	31	23.8	23.8	100.0
Total	130	100.0	100.0	

The findings point to the majority of the respondents (76.2 percent) being in generally good health, with a minority (23.8) reporting to often fall ill.

### 3.2.2 Frequency of Treatment for Minor Ailment

The students who never sought treatment for minor issues were 11.5 percent; those who did so occasionally were 80 percent; while those who always treated minor ailments were 8.5 percent. The distribution of respondents based on the frequency of treatment for minor ailments is summarized in Table 5.

Table 5. Frequency of Treatment for Minor Ailment

Frequency of Treatment for Minor Ailment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	15	11.5	11.5	11.5
	Occasionally	104	80.0	80.0	91.5
	Always	11	8.5	8.5	100.0
	Total	130	100.0	100.0	

Chandrika and Kanbarkar (2017) postulated that people differ in their willingness and readiness to seek medical help from healthcare facilities. Some readily go for checkups and treatments while others only do so when in unbearable pain or at advanced levels of illness.

### 3.2.3 Frequency of Major Ailment

Students who rarely suffered a major ailment were the overwhelming majority at 96.2 percent while those who often did so were a paltry 3.8 percent. The distribution of respondents based on the frequency of major ailment is summarized in table 1.6.

Table 6. Frequency of Major Ailment

Frequency of Major Ailment				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rare 125	96.2	96.2	96.2
	Often 5	3.8	3.8	100.0
	Total 130	100.0	100.0	

Findings indicate that majority of the respondents (96.2 percent) rarely suffered major ailments, with only a tiny proportion (3.8 percent) reported to often suffer major ailments.

### 3.2.4 Treatment for Major Ailment

The students who never sought treatment for a major issue were 15.4 percent; those who did so occasionally were 61.5 percent; whereas 23.1 percent always went for treatment. The distribution of respondents based on seeking of the treatment for major issues is summarized in Table 7.

Table 7. Frequency of Treatment for Major Ailment

Frequency of Treatment for Major Ailment				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never 20	15.4	15.4	15.4
	Occasionally 80	61.5	61.5	76.9
	Always 30	23.1	23.1	100.0
	Total 130	100.0	100.0	

Adongo and Asaarik (2018) conducted a similar study that focused on healthcare treatment choices; frequency of hospital visitations; and challenges faced in the uptake of healthcare services. This study was limited to the frequency of hospital visitations. In a study by Pondel, Poonam, Mandal and Rana (2023), the findings revealed that most of the participants sought

medical care during illness.

### 3.2.5 Correlation Gender versus Frequency of Treatment of Minor Ailment

The researcher was interested in looking at the correlation between gender and frequency of treatment for minor ailments. This is summarized in Table 8:

Table 8. Gender versus Frequency of Treatment for Minor Ailment

Gender of Respondent * Frequency of Treatment for Minor Ailment					
Count					
		Frequency of Treatment for Minor Issue			Total
		Never	Occasionally	Always	
Gender of Respondent	Male	4	31	1	36
	Female	11	73	10	94
Total		15	104	11	130

A majority of both males and females were reported to occasionally seek treatment for minor ailments. In both cases, only a small proportion of respondents always sought treatment.

### 3.2.6 Correlation of Gender versus Frequency of Treatment for Major Ailment

The researcher was also interested in examining the correlation between gender and frequency of treatment for major ailments. This is summarized in Table 9:



Table 9. Gender versus Frequency of Treatment of Major Ailment

**Gender of Respondent \* Frequency of Treatment for Major Ailment**

Count

		Frequency of Treatment for Major Issue			Total
		Never	Occasionally	Always	
Gender of Respondent	Male	3	29	4	36
	Female	17	51	26	94
Total		20	80	30	130

A majority of both males and females were reported to occasionally seek treatment for major ailments. In both cases, only a small proportion of respondents always sought treatment.

#### 4. Conclusion

The study concluded that: students who rarely suffered a major ailment were the overwhelming majority at 96.2 percent while those who often did so were a paltry 3.8 percent. Furthermore, the students who never sought treatment for a major issue were 15.4 percent; those who did so occasionally were 61.5 percent; whereas 23.1 percent always went for treatment. These findings suggest that there is need to intensify awareness campaigns on the importance of up-scaling hospital checkups and treatments over both minor and major ailments for the overall well-being of individuals in the Kenyan society.

#### 5. Recommendations

Given that this research was explorative in nature, it did not delve into much. The researcher gave the following recommendations:

1. The research study to be expanded to include students from health sciences and even non-College youths;
2. A similar study of a descriptive nature be conducted with a focus on variables that influence health-seeking behaviours; and
3. Inferential statistics such as Pearson Chi-square test be applied to examine the associations among variables that influence health-seeking behaviours.

#### Funding

None.

#### Informed Consent

Obtained.

### **Provenance and Peer Review**

Not commissioned; externally double-blind peer reviewed.

### **Data Availability Statement**

The data that support the findings of this study are available on request.

### **Competing Interests Statement**

The authors declare that there are no competing or potential conflicts of interest.

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