

**MEDIA AND HEALTH INFORMATION SEEKING AMONG THE ELDERLY: A
STUDY OF DIABETES PATIENTS IN MAKUENI COUNTY**

ESTHER KIRINGA MUIRURI

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DECLARATION

This research project is my original work and has never been submitted for the award of a degree in any other University.

Signature.....

Date.....

Esther Kiringa Muiruri

K50/8072/2017

SUPERVISOR'S DECLARATION

This research project has been submitted for examination with my authority as the university supervisor.

Signature.....

Date

Prof. Hezron Mogambi

University of Nairobi

DEDICATION

I dedicate this project to the almighty God my creator, my strong pillar, my source of inspiration, wisdom, knowledge and understanding. He has been the source of my strength throughout this research. I also dedicate this work to my entire family who have encouraged me all the way and whose encouragement has made sure that I give it all it takes to complete this research. To my lovely daughter Zari Wanjiru, you have been an inspiration and thank you for understanding the long nights. Thank you all. My love for you all can never be quantified. God bless you.

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LIST OF ABBREVIATIONS AND ACRONYMS

ADL	Activities of Daily Living
CSDH	Chronic subdural hematoma
CVD	Cardiovascular Disease
DHIS	District Health Information System
HSB	Healthcare Seeking Behaviour
MCRH	Makueni County Referral Hospital
NCDs	Non-Communicable Diseases
PHC	Primary Healthcare Centre
PHEP	Public Health Emergency Preparedness
SPSS	Statistical Package for Social Scientists
WHO	World Health Organisation

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ABSTRACT

This study examined media and health information seeking behaviour among elderly Kenyans. The study sought to analyse the social-economic determinants of health information seeking behaviour among elderly Kenyans, investigate the patterns of health information seeking among the elderly and to analyse the relationship between media use and health information seeking among the elderly. The research employed the media consumption theory to establish determinants of health information seeking behaviours. The study adopted qualitative research design. The target population being elderly diabetic patients at Makueni County Referral Hospital. Convenience sampling was used in this study where an interview guide was used as data collection instrument. The study findings reveal that media plays a pivotal role in influencing health seeking behaviour. When media are used to promote health programs, they familiarise audience members with health behaviour change and encourage the audience to call, write, or participate in programs. The media helps in changing health attitudes, especially when supplemented by face-to-face guidance in health centers. Health seeking behaviour to a greater extent is also influenced by the socioeconomic status of patients as well as structural and cultural factors. Patients with better socioeconomic standing had better compliance and better health information seeking behaviour. The study revealed that accessible information about emerging chronic diseases, listening to radio and information provided by family members on health information was associated with increased chances of improved health information seeking behaviour. Actively seeking health information from elderly Kenyans of a higher socioeconomic status were positively associated with diabetic adults being treated. Based on the findings, the research concluded that mass media education on health is important and local radio stations plays one of the most central roles. The study recommends that media houses should continually carry out diabetes awareness campaign across all the vernacular radio stations. In addition, the government through media houses should incorporate strategies like talk shows on radio concerning diabetes as well as all non-communicable diseases. This approach will enable the elderly access timely medical care which will mitigate the sporadic ailment predicament.

CHAPTER ONE

INTRODUCTION

1.0 Overview

This chapter gives general background information to the study, statement of the problem, purpose and objectives of the study. Other areas covered include research questions, significance of the study, assumptions of the study, scope of the study, theoretical and conceptual framework

1.1 Background of the Study

According to Olenja (2013) health seeking behaviour is defined as any ‘inaction or action’ performed by individuals who have self-perception to be having health challenges/problem or are ill and are in search of appropriate remedy. Sick term behaviour or illness behaviour also defines health seeking behaviour. In a wider context HSB is within the concept of health behaviour, which includes all actions geared to good health maintenance, ill health prevention and dealing with departure from good health status (Mac Kian, 2014).

World Health Organisation asserts that health is a social, mental and physical well-being and not only absence of disease. Hence, health is not normally a static state, since it is characterised by constant adaptation as well as changes, making up decisions pertaining health by an individual encompasses evaluation of potential risks as well as benefits of particular behaviour in the process of making these decisions they are guided by socio-economic environment that may be pegged to the health seeking behaviour (Pradhna, 2016).

The use of multimedia and mass defines the concept of health communication; technological innovations have increasingly buttressed the dissemination of invaluable health information to the general public. In this regard awareness creation of concerning public health as well as promotion of the significant of health development has improved (WHO, 1996). Health communication professionals try to identify the contexts, channels, messages and reasons that will create and disseminate health messengers to motivate individual to use health information to promote the public health. Health communication experts employ different strategies to develop health messages to impart health education and to shape and modify the health seeking behaviour of an individual and the community at large. Kreps (1988) suggests that health communication can be used for health promotion and health education for different aspects of preventions of disease and it is useful in various situations. It includes formation of public health messages and disseminating them for promoting healthy behaviour among the common populace.

Globally, the leading cause of mortality and morbidity is the non-communicable disease that accounts for 68% of deaths. Seventy percent of deaths related to NCCD's occur in middle- and low-income countries (WHO, 2014). NCDs are chronic health conditions that include diabetes, hypertension, cancer, cardiovascular diseases, chronic respiratory conditions and mental disorders. Hypertension (HTN) is characterised by raising blood pressure that lead to the risk of developing CVD's (Hendriks *et al.*, 2012; WHO, 2010b; 2013). Globally HTN is estimated to affect one billion people and about forty percent of adults above 25years have been diagnosed with hypertension (WHO, 2013). In the Africa region prevalence of diabetes is highest at forty six percent (WHO, 2013). Hence, the 5th leading cause of mortality globally is diabetes (WHO, 2014).

In 2012, diabetes world prevalence among adults was approximated at 6.4% of which 285million adults were affected. It is therefore projected by the prevalence among adults in 2030 will be at 7.7% accounting for 439million adults affected, if no interventions are put in place, (hall, 2011; IDF, 2012; WHO, 2014). Globally, population growth and ageing population, urbanisation, adoption of unhealthy lifestyles and media are the main reasons for the rise in NCDs in Sub-Saharan Africa (WHO, 2011).

In Kenya, the estimated prevalence of diabetes is 3.3% (KSTEPS Ministry of Health, 2015). Today, 12890 people have died from diabetes implying that among every 17 Kenyans one is diabetic. These prevalence's range depending on the region from 19.1% to 32% for hypertension (Jenson *et al.*, 2011); Vijver *et al.*, 2013 and from 4.2% to 5% for diabetes (Ayah *et al.*, 2013).

1.2 Problem Statement

Since most prevalent diseases have shifted from communicable to anon-communicable chronic diseases, seeking health information has become more integral among patients in the past epidemiological characteristics. Media has been playing a central role in shaping the population perception of social matters (Moquil, 2010). Upon the emergence of infectious disease, the population perception about the disease is shaped by media reports; hence there is always high anxiety and uncertainty (Lowry, 2006).

According to WHO (2013) the reason as to why primary health care has been overlooked among the aging population does not have adequate explanation. Moreover, public health era has been changed by millennium development goals; however, it has failed to emphasise on the aging health development. In this regard, the elderly face transitional risk

factors, there is need for better understanding of health problems faced the elderly. According to (Loyd, 2014) comprehension of morbidity pattern is the basis for elderly health prevention. For the case of the elderly seeking treatment factors like family size, financing and illiteracy affect their health seeking behaviour. The elderly face financial burden since they are not economically viable hence, they resort to social depending due to their ailment. International Diabetes Federation, IDF Diabetes Atlas Eighth edition (2017) reports that in 2017 mortality from diabetes occurred in every 8 seconds and is estimated at 4 million among age bracket 20-79 years. There is an expected increase in deaths from diabetes if the current trend is unchanged. The absence of enabling factors has caused untimely deaths. What is the relationship between seeking health information and media use in Makueni County? This is because there is a mismatch between capacity to process, access and act upon information and exposure to public health communication messages as influenced by social determinants, this in turn influences the relationship between untimely health outcomes and health related knowledge (Jung, 2013).

This study aimed to examine media and health seeking behaviour and establish whether there is a relationship, if any between consumption of media messages and health seeking behaviour of elderly residents of Makueni County.

1.3 Research Objectives

The main objective of this study is to examine media and health seeking behaviour among elderly Kenyans suffering from diabetes in Makueni County.

1.3.1 Specific Objective

- i. To analyse the social-economic determinants of health information seeking behaviour among elderly Kenyans.
- ii. To investigate the patterns of health information seeking behaviour among the elderly diabetes patients in Makueni County.
- iii. To analyse the relationship between media use and health information seeking behaviour among elderly Kenyans within Makueni County.

1.4 Research Questions

The study will be guided by the following research questions:

- i. What are the social-economic determinants which determine the health information seeking behaviour among elderly Kenyans in Makueni County?
- ii. What are the patterns of health information seeking behaviour among rural and elderly diabetic residents of Makueni County?
- iii. What is the relationship between media use and health information seeking behaviour among elderly Kenyans in Makueni County?

1.5 Justification of the Study

Kenya is one of the many countries in Africa undergoing an epidemiological transition such as population growth, urbanisation and adoption of unhealthy lifestyles. Information regarding the magnitude of undiagnosed diabetes and its associated factors within the hospital setting is crucial to advocate for opportunistic screening of patients in contact with a healthcare worker.

This is a high rate despite similar reporting rates of 88% and other rural Counties like Kitui and Machakos, according the Division of Non communicable diseases. Reports from the Makueni district hospital records showed that diabetes was among the top ten leading causes of both outpatient and inpatient morbidities and mortalities in the years 2016 and 2017. The number of patients seen in the hospital's clinic has been increasing from 40-50 patients in a month in the last two years to over 100 patients in this year (2015). Globalisation highlights explains the importance of early respond as well as detection of the ever-increasing rise of non-communicable diseases. Creation of a constant rapid response system is vital. Early detection protects the local community from disease as well as protecting an individual from chronic disease. Effective response to disease and promotion of healthy population depends on health communication campaigns and strategies (Ratzau, 2006). Health experts have been placing increased emphasis of vital role of risk communication among the populace anxiety regarding media coverage (Jung, 2015). This means that when a population, like in the Makueni's case, seeks early detention of diseases, it will cost less for government of Kenya to deal with costs associated with later stages of the diseases and possible loss of life.

1.6 Significance

The potential impact of this study could address issues on a multiple level. First, it will provide academic insight into the less researched and unexplored area of old age health and how media framing can be manipulated to ensure the elderly seek health care. The researcher opines that the current literature available is limited and therefore the findings will be crucial in contributing to this academic field of study.

Secondly, this study seeks to assess the health communication strategies that have been employed, to aid in promoting health seeking behaviours among the elderly. This is crucial in promoting the health and well-being of the population as well as in strengthening the capacity to effectively respond to diabetes. Consequently, the results of these findings will enable policy makers and the government to identify gaps and new methods of incorporating effective strategies for communication.

Thirdly, the findings of this research will aid in highlighting areas in which advocacy, programming and policy should focus on; in order to achieve positive outcomes for the elderly, and overall improve the health status of the ageing population suffering from diabetes.

Overall and more broadly, the results of this research are hoped to be generalisable and applicable to other counties in the country facing similar challenges.

1.7 Scope and Limitations

The scope of this research is to examine diabetes health information seeking Behaviour among the elderly in Makueni County who frequent Referral Hospital in Makueni County. Makueni County is situated in the former, Eastern province of Kenya. Wote is the largest town and hence the capital. Makueni county has a population of 884, 527 residents in an area of 8008.9Km². Aging is a biological dynamic process that is independent of human control. However, it depends on the fact that every society makes sense of the word elderly. In developed nations 60 or 65 years is equipment to retirement age as well as the beginning of old age.

The researcher picked Makueni County Referral hospital for the study because it is a high-volume level four hospital and the only hospital in the district that has a diabetic clinic that is operational five days a week with 10 -20 patients attending the clinic per day. In 2012, Makueni County reported 48,943 diabetes cases to the district health information system (DHIS). This figure constituted 33% of all diabetic cases reported in Kenya that year.

This study relied on self-reports for health care utilisation and this may be subject to bias as respondents may want to paint themselves in positive light. This will be overcome by briefing and assuring respondents that they can offer their responses anonymously and their identities will not be revealed to anyone and they can therefore be as forthright as possible.

Accessibility to the hospital (either due to distance or required permissions for study) the researcher will overcome this by seeking relevant approvals early enough, so it does not hinder or delay the study.

Language barrier and illiteracy as the researcher will be talking to elderly people who may be illiterate and only speak one language; the researcher will overcome this by employing the use of interpreters.

Research funds limitation was overcome by the researcher by limiting the number of trips to the hospital and ensuring to leverage on each visit so as to reduce transport costs.

1.8 Operational Definitions of Terms

Elderly: As per Kenyan Government National Policy on Older Persons and Ageing (2014), an old person is defined as anyone above 60 years of age. For purposes of this study, the researcher will take this definition into consideration and focus on a research population of 60 years and above.”

Health Seeking Behaviour: This is the frequency of how individuals seek remedial action to forestall perceived ill-health.

Diabetes: Is a health condition whereby the body cannot utilise effectively insulin it produces or when the pancreas cannot produce enough insulin.

Herd Immunity: For the purpose of this study, this is the resistance to the spread of a disease within a population.

Media: These are means of mass communication used by cultures as well as communities, which included use of radio, newspapers, television and magazines.

Morbidities and Mortalities: Morbidity is state of the disease while mortality is the death rate in a sampled populace.

Non-Communicable Epidemic: This is a disease that is not transmissible directly from one person to another.

Traditional Media: Refers to means of mass communication used by cultures as well as communities, which included use of radio, newspapers, television and magazines.

CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

A considerable amount of literature is available on the district health information in Kenya. Different researchers and writers have written about different concepts that affect the health seeking behaviour. This chapter will give an insight on the various theories that affect health seeking behaviour. Recent empirical studies will be highlighted; as well as a more elaborate insight into patterns of health seeking behaviour

2.1 Predisposing Factors Influencing Health Seeking Behaviour

2.1.1 Social Determinants and Health Seeking Behaviour

According to Rutstein and Johnson (2004) a number of factors influence a population health, there are known as social determinants of health. The WHO has defined social determinants of health as the social environment which people live, work and grow. Hence, social economic determinants are considered integral factor in determination of health outcomes of a population. According to the American psychological association, social economic status is the stratification of individual in a population according to variables such as income, occupation and level of education. Examination of socio-economic status, inequities is determined by accessibility of resources as well as, domination within society, prestige and power distribution.

Robail *et al.*, (2018) studies the relationship between health seeking behaviour and social determinants among women in Kenya a case study of breast cancer cohort. Their study aimed at establishing the best practices that can be adopted to initiate cohort study in Kenya. Mixed methods approached were utilised in the study featuring both women

diagnosed with or without breast cancer. Data was collected both qualitatively and quantitatively. Among the 800 participants, for the feasibility study presents a benchmark for future cohort studies in Kenya. Moreover, the study revealed that medical and public health interventions are critical in breast cancer treatment.

Abubakar (2013) summarised relationship between health seeking behaviour and social cultural determinants in the Kenyan coast. The findings revealed that there is coexistence between biomedical and traditional healing systems of which they are complementary. Secondly, there is a preference of biomedical system as opposed to traditional system; however traditional healers are consulted especially when biomedical systems fail, especially on the diseases perceived to be supernatural causation. Thirdly, treatment option decision making process is rather complex, as a result furtherers are mandated in making ultimate decisions.

Obaka, Obi and Nnaji (2016) examined social determinants and family health seeking behaviour among care givers of febrile children in South-Eastern Nigeria. A total of 400 caregivers/mothers was the target population, of which care givers were 51.5% in the age bracket 30-39 years, of which 91.5 percent had a minimum of secondary education, giving drugs an initial action by mothers accounted for 78.3 percent, the children who were taken to the hospital to access treatment were 2 percent. The study reveals that central factors that form determinants of health seeking behaviour include occupation stats, household heads, age of children and income levels of the parents.

Edwards (2016) examined health seeking behaviour and socio-demographic determinants in South Africa the impact of the relationships investigated revealed post-apartheid South Africa demographic and socio-economic characteristics concerning health seeking behaviour. In conclusion, the study revealed demographic and socio-economic determinants have integral impact on South Africa's population health seeking behaviour. The study therefore suggested that social determinants as well as structural mechanism should be targeted to reduce health inequalities.

2.1.2 Patterns of Health Information Seeking Behaviour

Zhao and Zhang (2017) examined social media impact and consumer health information seeking behaviour. The focus of the literature reviews was to summarise present research in relation to social media and health seeking behaviour. Basically, the study sought to reveal contents of preceding studies that have investigated health topics discussed by consumers in the social media, in relation to what roles social media has contributed to consumers' health seeking behaviour. Between 2011 and 2016, there are twenty-one studies that have explored social media influence on health seeking behaviour. The topics encompassed discussions of certain disease including diabetes, public health matters concerning environmental pollution. There is variation in consumers' health seeking information need as well as interest on health issues. Emotional and social support gained from health consumers as a result of peer interactions explains the influence of health seeking behaviour by social media. The benefits thereof, are affected by authority and quality of information that lead to consumer engagement.

Pirau, Tazeen and Allana (2015) studied health seeking behaviour patterns in Pakistan among hepatitis (patients). The study findings revealed that participants engaged more than one health care provider at ago. The study further revealed that beliefs and cultural practices has a strong relationship with health seeking behaviour. Therefore, this study presented the basis of patient's health seeking behaviour betterment.

Oditt (2004) assessed association between sleeping sickness patients and health seeking behaviour in Eastern Uganda. The study revealed that service provider delay has an association with first visit blood examination (confidence interval = 0.22 - 0.95, odds ratio = 0.45). There was very high referral rate of sleeping sickness patients by their family members accounting for 77.4%. However, out of these referrals have very disappointing results, these includes delays in diagnosis, as well as service provider response rate to the patients' needs concerning sleeping sickness diagnosis.

Bigogo *et al.*, (2010) summarised population-based morbidity and health seeking behaviour in Western Kenya. the study revealed that patients sought health information outside their homes by a margin more than 50% while between 18% and 38% sought information at respective health facilities. Moreover, children were most likely to visit health facilities than adults, up to between 45% and 54% had previously sought healthcare somewhere after hearing about the ailment from the radio. Furthermore, the study revealed that health utilisation is influenced by variables such as distance. Utilisation of health data in a given population is significant in mitigating disease rates.

Nwobi (2010) studied relationship between mothers for common childhood illnesses and health seeking behaviour in Enugu, Nigeria. Majority 69.3 percent of the mothers used self-medication for their children, particularly at home when they perceived the illness is common, after hearing about the available treatment plans from the media. A total of 48.7 percent utilised government health institutions, while 39 percent of the mothers attend private the rest consulted with prayer houses. Only one percent of the respondents sought help of traditional healers for their information seeking. The study further revealed that a big percentage of mothers treated common childhood illness using self-medication. The findings imply that majority of the mothers may not be informed about the right treatment to administer at a given time. Hence, this kind of situation could lead to more complications that may result to loss of life. Therefore, the study recommended that there is need to educate mothers on the best care to give their children while at home and do appropriate judgment when seeking help.

Rahman (2011) studied health seeking behaviour and disease patterns in Bangladesh. The study revealed that there is strong correlation between respiratory defect detection and use of a qualified allopath. The study further revealed that variables such as household head and labor work of the household head defines the health seeking behaviour. The study recommended that there is a need to improve as well as develop health delivery system to improve health delivery in rural Bangladesh.

2.1.3 Media Use and Health information Seeking Behaviour

Mass media is one such institution which affects every aspects of human life. It affects our culture, our behaviour, and even our thinking patterns, suggests Gupta (2006). The health-seeking behaviour starts with a decision-making process that depends on many factors i.e.

social, economic, cultural, political etc. These factors are also called as determinants of Health-seeking behaviour being a social institution; mass media also play an important role in affecting the health-seeking behaviour of an individual. Mass media constantly keep sending messages to individual through different channels throughout a day. These channels may include TV, Radio, Newspapers, & internet. Even mobile phones have huge influence on an individual's health-seeking behaviour through different social networking websites & applications like face book, instagram, whatsapp, & telegram. Health-seeking behaviour is governed by a complicated process, which is again heavily influenced by many social & cultural practices. Having huge influences on audiences, media play a key role in all these health-seeking activities.

Kim and Jung (2017) summarised health information seeking behaviour and media use a case study of vaccinations in South Korea. Results revealed that there is adequate accessible information concerning emergence of infectious diseases through information from family members, reading of newspapers and listening to radio was associated with increased chances of being vaccinated. The study also revealed a strong correlation between social economic status and seeking of health information. In addition to, being female among Korean adults being vaccinated. The study concluded that use of diverse media channels is effective in awareness' creation about emerging infectious, non-infectious diseases as well as vaccinations. This is because of difference in awareness about vaccinations that is dependent on social class, therefore it could be vital to mitigate communication inequality, reinforce vaccination accessibility and improve on communication strategies that ensure Korea adults receive vaccinations.

Zhao and Zhang (2017) summarised the relationship between social media and health information seeking. Between 2011 and 2016 there are twenty-one studies that have explored social media influence on health seeking behaviour. The topics encompasses discusses of certain disease including diabetes, public health matters concerning environmental pollution. There is variation in consumers' health seeking information need as well as interest on health issues. Emotional and social support gained from health consumers as a result of peer interactions explains the influence of health seeking behaviour by social media. The benefits thereof are affected by authority and quality of information that lead to consumer engagement.

Nikoloudakis *et al.*, (2018) examined correlation between men and women health seeking behaviour. The primary purpose of the study sought to determine the correlation between social media use and health behaviour, health status as well as demographic. The data was collected from 1,289 adults in Australia courtesy of Queensland social survey. Logistic regression enabled to correlate men and women online health seeking. The study revealed that equal number of men and women are likely to seek online health information; unwell women are likely to seeking health information online as opposed to women who are well. The study findings are vital in analysing online women and men health initiatives.

Hazzam (2018) carried out a quantitative study regarding social media use and adoption and health care professional's social media behaviour. The study highlighted integral factors that relate to the adaption of social media healthcare practice. Findings revealed that media information is exchanged among peer's courtesy of online platform, this in turn enhance learning and development. In addition, social media promotes a high level of communication and hence contributes to the improvement of daily productivity. The study

suggested that future researchers should external factors and training. For example, the study needs to focus a policies and guidelines. In this regard, health care professionals are able to utilise interactive platform for better healthcare outcomes and development.

Electronic patients are able to access information through the social network rather than receiving it offline. Social media is therefore a source of efficient platform for relatives, users and patients to access health information. In turns, they would make contributions to others as well as share experience to the community. Social media information is more personalised and effective. Of late social media platform is an avenue that enable's exchange of health-related information. With reference to previous studies that have been seeking to assesses social media platform and health information there is need to evaluate studies related to social media and consumer health information seeking and determining characteristics as well as study findings in relations to previous research.

The literature reviewed sought to synthesise how health information in social media is sought by the peer patients that in turns help healthcare providers, health libraries and caregivers to comprehension patient's health needs. The study findings may enable online intervening programs that would spearhead social support to health consumers.

2.2 Theoretical Framework

Occupational practices by media professionals and audience effect as a result of media exposure can be examined by agenda setting and framing serviceable frameworks. Therefore, it is a requirement to determine factors that may influence agenda and frames utilised medical and health since reporting. One set of variables that significantly influence media frames and agenda has been evaluated on the community structure as well as how it

influences press. The framework was developed by Minnesota community media team of (Tichenor, Donohue, and Olier (1980) and improved by others (Demers, 1996; Vizwanath, 1999; Hindman, 1999; Pollock, 2007; Pollock & Yulis, 2004), the structure of the community suggested that local mass media depend upon local institution, since they reflect constant and power is balanced among different social groups in the community (Olien, Donohue & Tichenor, 1995). The attention on the interaction between subsystem and the media in a community's system presents an antecedent of new reporting, more specifically community characteristics in news reporting (Riffe, lacy & Fico, 2005). Pollock (2007) suggested community structure surpasses exploration of mass impact in the society. The notion in the social context in which news reporting occurs influences medical as well as health science editors and reporters. Therefore, occupational values and practice forms a critical bad drop in this study. Moreover, the study focuses on media agenda framing and setting as influencing contextual and individual level factors.

2.3 Media Consumption Theory

There are four cardinal pillars in the media consumption model (a) time spent in each media by a person (b) the extent of multitasking in media usage (c) media development in terms of media combination (d) consumer level media interaction that decrease or enhance consumer response to the media usage. At the 2005 ESOMAR WAM conference Block, Schultz and Pilotha presented an illustration on how they are able to improve on the model of media consumption, through using online gathered data from SIMM database. In their study they came up with four consumer based dusters (a) the quantity of the forms of media spend (b) frequency of simultaneous media usage (c) exchange of advice resulting to

product purchase; and (d) timeliness of media source for instance newspaper is considered slow while internet is considered to be fast (Schultz, Pilotha and Block, 2005).

The primary difference with the model presented here is that the prior research essentially uses a cost structure to differentiate consumer choice of media. This cost structure in varying forms includes direct subscription costs, nuisance costs for advertising, time cost, and interest alignment costs from special positioning (as in a Hosteling model). While here, the analysis of media choice essentially relies on an anticipated rate of utility acquisition and opportunity cost of time. This allows for a radically different framework that is more flexible and provides new and more useful results.

However, if the relative importance of media to consumers is indicated by the time spent consuming it, the impact of media on society and overall welfare may be much larger. Several recent studies from media research entities show that the average time allocated to media consumption may be as high as 12 - 15 hours per day for some segments of the population and even for the less engaged segments it is still a significant allotment. Regardless of the exact numbers or the methodologies used in those studies, the significance of the time spent consuming media cannot be overlooked, and recent trends alone justify more analysis

The theory developed here is also consistent with the following media consumption characteristics. First, all media provides either informational or entertainment value or combination of the two. For informational media the information might be acted on immediately or stored for later use (for example in discussions, thought processes, or decisions). For entertainment value there is a desirable emotion (laughter, shock, thrill,

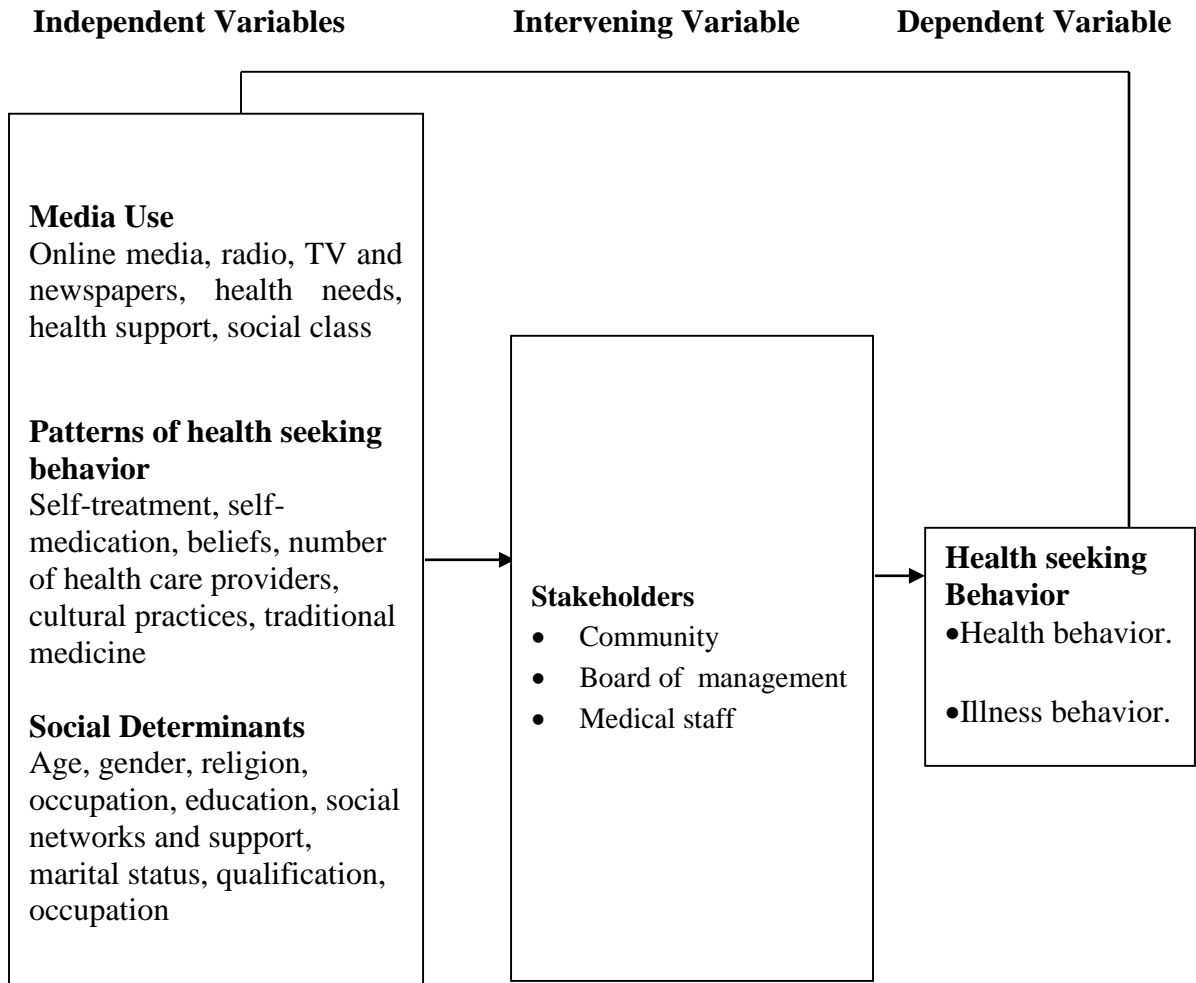
etc.) or future emotional outcome to be obtained. In either case the rate at which this value can be consumed is limited either by an individual's mental capacity or by the nature of the media, and absent any limits, costs, or externalities (headaches or heart attacks) the consumer would prefer a faster rate.

This theory buttresses the present study given that this study's third objective sought to establish whether there is a relationship between media and health seeking behaviour among the elderly diabetic patients. While this theory explains the intensity of media usage as well as the clusters of consumer-based media clusters and whether the consumer primarily gives or gets advice on product purchases. This helps understand the response of the diabetic patients towards health information seeking behaviour.

2.4 Conceptual Framework

The conceptual framework of this study spells out the relationship between the independent variables and the dependent variable. In this study, the independent variables are social determinants, patterns of health seeking behaviour and media use, while the dependent variable is health seeking behaviour. These aspects form the undernoted diagram.

Figure 2.1: Conceptual Model



Source: Author (2019)

An independent variable is a variable believed to affect the dependent variable (Kothari, 2012). In this study independent variables include social determinants, patterns of health seeking behaviour and media use, while the dependent variable is health seeking behaviour. Intervening variables include community, board of management and medical staff since they exhibit the strength of relationship between dependent and independent variables. For instance, the elderly diabetic patients belong in the community that may be supportive in their health seeking behaviours.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Overview

This chapter discusses the study design and process that were utilised in the data collection as well as analysis. In addition to the chapter present target population, research and sampling design and study sample size. An in-depth discussion on how variability and validity of the data collection instrument was achieved is also presented.

3.1 Research Design

Ogula (2005) opines that a research designs is the strategy plan and structure of investigation that helps in obtaining answers to the research question as well as controlling variance. Moreover, a research design is an article plan to study adopts in an attempt to answer a study research question. It is therefore a framework or blueprint of a research. (Kerlinger, 1973). A research design enables comprehension of how data will be collected and analyse d by combining economic procedures and relative slips. The present study confirmed to a qualitative research design, this was because it allows collective of voluminous data economically from, a sizable population. Therefore, the researcher found qualitative design as best to fulfill the study objectives.

3.2 Research Approach

This research employs a qualitative research, qualitative research explores a study phenomenon in which analysis collective and interpretation of data is done through observation of human behaviour. Qualitative research does not rely on numerical data as a result it permits a more realistic research. It further allows flexibility in ways of data collection analysis and interpretation (Orodho, 2003).

3.2.1 Study Site

The scope of this research is to examine diabetes health information seeking Behaviour among the elderly in Makueni County who frequent Referral Hospital in Makueni County. Makueni County is situated in the former, Eastern province of Kenya. Wote is the largest town and hence the capital. Makueni County has a population of 884, 527 residents in an area of 8008.9Km². Aging is a biological dynamic process that is independent of human control. However, it depends on the fact that every society make sense of the word elderly. In developed nations 60 or 65 years is equipment to retirement age as well as the beginning of old age.

Makueni County has a total of 152 health facilities across the county. This includes Makueni level five hospitals in Wote town, Kilungu, Mbooni, Mukaa, Nzaui and Makindu has level four hospitals. Moreover, the county has 21 level three hospitals, 113 dispensaries and a total of eleven private clinics. The doctor/patient ratio stands at 1:22,712 with a capacity of 616 beds. The county has 138 counselors and nine VCT centers. The distance to the health facilities is averagely 6kilometres.

Due to its close proximity to Nairobi the district is partly cosmopolitan with many people who work in Nairobi residing in the district. Makueni is among the most populated Sub-County. The hospital is a high-volume level four hospital and the only hospital in the district that has a diabetic clinic that is operational five days a week with 15 -30 patients attending the clinic per day.

The researcher picked Makueni County Referral hospital for the study because it is a high-volume level four hospital and the only hospital in the district that has a diabetic clinic that is operational five days a week with 10 -20 patients attending the clinic per day. In 2012, Makueni County reported 48,943 diabetes cases to the district health information system (DHIS). This figure constituted 33% of all diabetic cases reported in Kenya that year.

3.2.2 Data Collection Tools, Types and Sources

The research instrument that was used for data collection was interviews as they enable understanding of social phenomenon in a deeper context that may not be possible by carrying out a quantitative research.

3.2.3 Population, Sampling Procedure and Data Collection

The study's target population is a specified population about which information is derived. A target population is a predefined set of people, households, elements, events and services that is under investigation. According to Mugenda and Mugenda (2012) a target population is a set of people, objects, events that a researcher intends to generalise.

The researcher visited the medical superintendent in Makueni County hospital to ascertain the number of elderlies attending medical clinic on diabetes. According to the medical superintendent there are a total of 51 diabetes patients booked for diabetes clinic from August to December 2019. The inclusion criteria included presumptive patients visiting the hospitals for diabetes treatment services, which were able to produce adequate response and consented to participate in the study. Exclusion criteria included presumptive diabetic patients who did not meet the criteria of recruitment and those who never consented to the

study, the exclusion criteria therefore was informed by patients who were not elderly that is sixty years and below.

Table 3.1: Target Population

Clinic Category	Target Population (Patients)
Diabetic clinic	50

Source: Medical Records Makueni County Hospital (2019)

The study's target population constitutes of patient seeking diabetes treatment at the Makueni County Referral Hospital. An interview guide was used to collect primary data. Regular verifications and validations of data was done to check all inconsistencies and resolved with the researcher, research assistants and the data entry clerk. Data is then presented in frequency tables.

3.2.4 Sample and Sampling Technique

A sample is a subset of target population that can be accused (Mugenda and Mugenda, 1999). The subset of the target population with symmetric characteristics. Each respondent is referred to as interviewer. According to Ogula (2005) sampling is the technique of selecting a subgroup of a study population. Convenience sampling is therefore the process of drawing and representing individuals for a study whereby the respondents is selected to represent the larger group. This study utilised convenience sampling of above 30% is considered enough when a sample target population more than 30 (Creswell,2011). Therefore, the researcher selected fifteen respondents.

3.2.5 Data Collection Process

Prior to the commencement of data collection, all the necessary approval documents from the University were obtained. Audience with the medical superintendent at Makueni County Hospital was sought a week before commencement of the research in order to clarify the purpose of the study. Upon clearance, the researcher in person assisted by research assistant visited Makueni County Referral hospital to undertake the study. On arrival at the hospital for data collection, the medical administrator provided guidance to the researcher through an introduction to some of the respondents scheduled for the interview.

The medical superintendent guided the researcher to adhere on inclusion and exclusion criteria; this was to purposefully ensure that only the elderly respondents participate in the study. In this regard, patients who were attending the diabetic clinic who were sixty years and below were not included in the study.

An interview guide was used to take the respondents through the questions whose feedback was documented for analysis purpose.

3.2.6 Data Analysis

Content analysis was employed in this section to establish the findings on the independent variable's social economic determinants, health seeking behaviour patterns, media use and the dependent variable (health seeking behaviour) of the study. Collection as well as analysis of data was carried out concurrently until saturation point whereby no new information was added. The researcher made relevant notes from the interviews as themes emerged. Participants' responses were collected and collated as themes were being

researched for. A review of every line in the topics and text as the content were categorised. To increase credibility of the findings categorises of content were checked by the researcher. A nurse specialist in diabetes as well as a general nurse participated in data analysis from which high level of congruence was established.

3.2.7 Data Presentation

Frequency distribution tables and graphs were used to present bio data of the findings. Qualitative data was presented in continuous prose according to the study objectives and themes.

3.3 Validity and Reliability

Reliability is the measure of research instrument consistency over a period of time. Reliability is achieved when an instrument generates consisted results after repeated trials. According to Mugenda and Mugenda (1999) suggests what if a researcher tests a research instrument twice and gets similar results then the instrument is reliable. Reliability is the stability as well as dependability of research instrument (Nachmias & Nachmias, 1996). To ensure reliability the research assistants were trained and monitored/supervised to ensure they were competent and administered the interview correctly during pretesting of tools and data collection. Standard operating procedures for data collection were used to ensure consistency in collection. All completed interview forms were scrutinised and all errors corrected.

3.4 Ethics

Ethical clearance for this study was obtained from the University of Nairobi and Makueni County Referral Hospital. Privacy and confidentiality was ensured throughout the study. Due to sensitivity of some information sought, the researcher held a moral obligation to treat the information with utmost propriety and reassure the respondents that the study will be for academic use only. It was made clear that the participation is voluntary and that the respondents were free to decline or withdraw any time during the research period. The researcher developed an informed consent form which they respondents were taken through for their acceptance before they engage with the study. The consent form was acknowledged that the participant's rights were protected during the data collection. Since the respondents approached are likely to be reluctant to disclose some information, the researcher reassured them of confidentiality of the information they give. The research assistants explained to the respondents the scope and purpose of the study and further reassure them of confidentiality, the identities of the respondents involved in the study were duly protected by ensuring that the names of the participants were not indicated in the data collection tools.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRATATION

4.0 Overview

This chapter sought to ascertain the findings attained from the primary data. It further provides characteristics of the respondents and their views based on the objective of the study that was to investigate; media and health seeking behaviour among elderly Kenyans suffering from diabetes in Makueni County. For convenience, the researcher employed tables to summarise the responses gathered.

4.1 Demographic Data

4.1.1 Response Rate

The target populations for this study comprised of elderly diabetic patients in Makueni County. The study targeted 50 elderly diabetic patients in Makueni County. Out of 15 respondents, being the sample size of the study, a total of 15 of elderly diabetic patients in Makueni County responded.

4.2 General Information of the Respondents

This study sought to establish generalised information, including age, background information e.g. living alone, past employment, family living nearby.

4.2.1 Age Brackets of the Respondents

The study sought to find out the age distribution of the respondents. The age bracket that was most represented was between the ages of 70-80 years by seven respondents. Those in the age bracket of 60- 70 years were six. The age bracket of above 80 years was represented by two respondents. This implies that the majority of respondents were within the age

bracket of the study main objective hence gave reliable information answering the study objective.

4.2.2 Past Employment

The respondents were requested to indicate their past employment. From the research findings, it is seen that nine of the respondents have been in formal employment while six of the respondents have been employed in the informal sector. Thus, the majority of the respondents had worked in formal institutions and hence must have been in medical cover schemes of which helps the study to their information seeking behaviour in such an arrangement. It is assumed, therefore, that their responses were well-informed and reliable.

4.2.3 Household

The respondents were requested to indicate their structure of their households in terms of whom they live with. From the study, the findings imply that six respondents lived with their families; same as another who live with their husbands, two respondents live with their wives, while only one of the respondents is taken care of by a residential nurse.

4.2.4 Preferred Mode of Medication

The study sought to determine the health status of the respondents regarding preferred medication and whether the respondent ever received initial diabetes education. Findings reveal that majority of the respondents fourteen respondents prefer oral medication; this explains a component of health seeking behaviour among the respondents which is the objective of the study.

4.2.5 Information from Medical practitioner on Diabetes Information Matters

The study sought to determine whether respondents rely heavily on the diabetic doctor as well as the nursing staff at the hospital for diabetic education. Majority of the respondents fourteen respondents rely on doctors and nurses on diabetes medication and information matters; this explains a component of health seeking behaviour among the respondents which is the objective of the study.

4.3 Analysis of Qualitative Data

Content analysis was employed in this section to establish the findings on the independent variable's social economic determinants, health seeking behaviour patterns, media use and the dependent variable (health seeking behaviour) of the study.

Collection as well as analysis of data was carried out concurrently until saturation point whereby no new information was added. The researcher made relevant notes from the interviews as themes emerged. Participants' responses were collected and collated as themes were being researched for. A review of every line in the topics and text as the content were categorised. To increase credibility of the findings categorises of content were checked by the researcher. A nurse specialist in diabetes as well as a general nurse participated in data analysis from which high level of congruence was established.

4.4 Thematic Analysis

Braun and Clarke (2006) defines thematic analysis as a method that identifies, analyses and reports patterns within data, this is achieved devoid of a standard role or procedure. In another context, it provides the researcher with options of assessing better exploratory study nature. Flexibility is therefore engaged in analysis as well as interpretation stage.

Boyatzis (1998) argue that with handling qualitative data analytical approach is the most effective when analysing thematic data. This permit significance in the application to the study considering flexibility (Braun & Clarke, 2006).

In order to identify factors influencing compliance and health seeking behaviour data was analyse d by being consistent with semantic approach in analysing themes. This was achieved by using free coding options in every transcript by extracting relevant information by generating codes relating to health seeking behaviour. Patterns were identified using codes that were within the data, this was done by making comparisons with the original scripts. Use of families' code was utilised by grouping the families in order to generate sub-themes and appropriately renamed to obtain sub- themes. Analysis of sub- themes was re-analyse d to arrive at overarching themes. To ensure making interpretation close to the content as well as quality control analysis process and every stage of output was reviewed regularly.

4.5 Coding

Braun and Clarks (2006) the standard six chronological stages of conducting thematic analysis was adopted in this study this included data familiarisation, coming up with codes, searching and reviewing themes, naming as well as defining themes and lastly coming up with findings. Verbal data collection technique was adopted in collecting data. Detailed notes were made during the interviewing sessions. Reading the collected data ensured data familiarisation (Lepadat & Lindsly, 1999). The process permitted extraction of integral matters as well as data clarity.

Moreover, the data variable sequences were aligned to addressing the study objective as well as research questions, this was ensured through identification of emerging abstracts. The developed themes were substantially linked to the developed themes through inductive analysis (Patton, 1990).

As suggested by Braun and Clarks (2006) categorisation of themes that were emanating from amalgamation of associated data were recorded. The sequence of responses recognition and identification of words among the respondent's assistance in categorisation and classification of themes derived from the data.

4.5.1 Codes

I have been going to referral hospital then I see Dr.... in the public hospital (female)

Y hospital .., public (for profit) clinic (m- male0

When needed assistance relating to different health challenges study respondents, regardless of gender had to make consultancy with health professional basically nurse and doctors.

Nurses and doctors in the hospital and clinic (NIB). I always get assistance from nurses and doctors in the hospital several people have been telling me to use herbs such as avocado power tea, and neem tree.

4.6 Major Themes

4.6.1 Social-economic and Cultural Determinants

There were other variables reported that affect health seeking behaviour other than patient related factors and health care. Findings are presented under major themes such as cultural environmental issues as well as socioeconomic variables. In addition to, three variables were evaluated; (i) occupation, traditional beliefs and education (2) social and financial status of the patients and (3) transport and distance.

- 1) Occupation, information and education greatly influenced the other medicine used to control diabetes. It was reports by patients that traditional practitioners, herbal medicine vendors and distributors relied on the power of social marketing, sharing of information and educating patients about their products. A Media house is one of the most preferred avenues of promotions as well as communicating about herbal remedies. The media houses include public address system in densely populated areas, radio and television, and door to door campaigns.

“They normally administer to us herbal medicine sold on the cars, their packing material is basically plastic bottles, the cars are fitted with loudspeakers to enable them meet advertising objective. The claim that their herbal medicine can heal all sorts of ailments”

Another patient stated, “I used to listen to traditional practitioners in the radio programs, prior to switching to the television; since the practitioner appears in both radio and television programs. I listened to him and then I got his mobile number contacts, we communicated and subsequently met him.”

However, no information was generated concerning marketing strategies, and education that promotes conventional health care for diabetes.

The findings affirm that the role played by radio as well as television significantly influence health seeking behaviour. The findings further reveal that patients respond to news or treatment proposals from trustworthy sources such as doctors and health professionals. Media has therefore been used as a fountain of broadcast quality information especially when drugs are being promoted. The implication of the findings is that Kenyan medicines policy is yet to meet the need to recognise traditional media. Therefore, media reports need to conform to restrictions as well as regulations to minimise web risks. Mass media constantly keep sending messages to individual through different channels throughout a day. These channels may include TV, Radio, Newspapers & internet. Mobile phones also have a huge influence on an individual's health-seeking behaviour through different social networking websites & applications like facebook, instagram, whatsapp & telegram. The findings concur with Obaka, Obi and Nnaji (2016) found out that central factors that form determinants of health seeking behaviour include occupation statistics, household heads, age of children and income levels of the parents among care givers of febrile children in South-Eastern Nigeria

2) Social and financial status of the patients. Socioeconomic and financial status was found critical in influencing health seeking behaviours among diabetic patients. Particularly social and financial aspects encompassed the ability of patients to afford their health needs, in addition to access support from family and friends. Most diabetic patients reported that diabetes is a lifetime disease and it is very expensive to manage. Some of the respondents revealed that they cannot meet basic needs such as food, shelter and clothing, which is a priority over diabetic problems. For instance, a patient story narration is as follows;

“Money is the financial constraint in managing diabetes against other financial obligations. One may plan to visit the hospital at the end of the month, then financial obligation arises, for example your child calls you telling you that he/she needs money. Of which this becomes will have to postpone treatment, you will realise several months elapse without attending to your medical needs”

Contrary to this fact, patients who are financially viable are able to adequately seek medical care.

I have never had cash flow problem to make me not buy medicine, since I have stable earnings that support my medication needs. Moreover, patients having family members (other relatives or children) with better cash flow have been supporting the patients; this enhances patient's health seeking behaviours.

“My children, brothers' and sisters' finances have been spent for some time since they wish I would have a better health of which it has been elusive”

Moral and psychosocial support is normally provided by the family members by reminding the patients to remember taking drugs as well as appointments that have been scheduled. In addition to, community members and friends with symmetric challenges have played critical roles in guiding the patients to use traditional or modern medicine. Community resource persons have also buttressed this endeavor, this include resource persons such as religious leaders.

The research findings reveal that social economic status significantly influence health information seeking behaviour. Specifically, financial viability, this implies that diabetes is a costly ailment to manage since it has a lifetime implication on health. In this regard it is important to note that Money is the financial constraint in health information seeking

behaviour against other financial obligations. The study findings therefore agree with Rutstein and Johnson (2004) a number of factors influence a population health; this is known as economic determinants of health. Economic determinants are considered integral factor in determination of health outcomes of a population. According to the American psychological association, social economic status is the stratification of individual in a population according to variables such as income, occupation and level of education. Examination of socio-economic status, inequities is determined by accessibility of resources as well as, domination within society, prestige and power distribution.

3) Transport and distance- the study findings revealed that related costs transport and distance has influence health seeking behaviours of diabetic patients. Due to geographical distance patients in the interior areas incur higher transportation cost compared to the patients in the urban areas and are close to medical facility, furthermore, patients coming from the rural areas could not readily find means of transport since they are inadequate. Therefore, most patients from the rural areas pointed out that transport is a major barrier of accessing healthcare needs including complying to hospital needs. Findings agree with Bigogo *et al.*, (2010) children were most likely to visit health facilities than adults, up to between 45% and 54% had previously sought healthcare somewhere after hearing about the ailment from the radio. Furthermore, the study revealed that health utilisation is influenced by variables such as distance. Utilisation of health data in a given population is significant in mitigating disease rates.

“The major challenge I have been facing in lack of transport the hospital location is far therefore I have to walk to hospital. On the contrary diabetic patients in the urban areas did not complain amount transport as a barrier, hence

proximity to the health facility motivates them to attend diabetes clinic

Since I am near the hospital, I do not spend money on transport to go to Makueni hospital. I just walk to the hospital” (F1, Kilome).

(4) Universal Healthcare Coverage as one of the big four Government Pillars

Assistance by the government when they announced that one of the big four agendas will be to provide Universal Healthcare to all citizens has enabled many Kenyans to seek diabetic medical service which is now covered under the claimable benefits

“...now with my NHIF cover, I can access my diabetic treatment and access medication at the county hospital at no cost. Previously before NHIF provided us the old people with their super cover, I would pay in cash which I don't always have and sometime could skip medicine, But now with NHIF I ensure that I never miss out on my monthly check up as I know I will not be asked for any money”

4.6.2 Health Patterns and Health Seeking Behaviour

Five themes emerged under the variable health system patterns influencing health seeking behaviours. (i) Exorbitant burden of acute care (ii) availability of personal and machines, (iii) waiting time in health facilities (iv) traditional medicine (v) provider behaviour and quality care.

Availability of diagnostic suppliers, personal and medicine

Regarding medicines, diabetic patients noted that availability of modern medicine are available in all health facilities, this played an integral role in health seeking behaviours of the diabetic patients. All the private pharmacies and health facilities were reported to have diabetic drugs. However, the drugs are very expensive for diabetes patients to afford hence

accessibility of these drugs is hindered. Hence, only patients who had enough money could access drugs.

Due to the high costs reported patients have reported to self-medication by buying drugs from local outlets dispensing medicines without any prescriptions, as well as in quantities that can be afforded by patients. However, costs were still a limiting factor as asserted below by a patient.

“Other than the medicine I was given, I was not able to buy medicine that had been prescribed; this was the case of our previous appointment; I was not able to buy medicine because of the cost implication. The cost of one tablet is Kshs.1000; yet I need thirty tablets a month since each day I have to swallow a tablet, my calculation was Kshs. 30,000, hence I only swallowed medicine that I was given and then stopped” (M2- Mbooni).

The costs charged on diabetes medicines were normally offset when the health facilities provided the medicines free of charge to patients. The diabetic patients agreed that findings medicines from health facilities is a major motivation factor on health seeking behaviours. However, patients expressed disappointment especially when they visit health facility to access drugs, they are only given prescriptions to guide them by medicines on their own.

“I went to the health facility four times; the first two occasions I got the medicine; the subsequent two times. I was told that there were no diabetic drugs. Hence, I realised it was a waste of time hence I stopped going to the health facility” (F2 - Kaiti).

In this study majority of study respondents agreed that the doctor is their sole source of information concerning their treatment and condition. The nature of treatment made many respondents to talk about their doctor; regarding the nature of treatments as well as prescription of medicines. Having knowledge of a specific brand name, of a drug in the

media spearheads discussions with a doctor, subsequently infusing drug that is being prescribed. However, the study cannot reveal whether media use enabled fruitful discussion between the patients and doctors as well as prescription of required treatment. In spite of this fact, media has been able to prompt consumers to have basis on engaging their doctors based on information they have received in the media concerning treatment procedures and drugs. According to Zhao and Zhang (2017) there is variation in consumers' health seeking information need as well as interest on health issues. Emotional and social support gained from health consumers as a result of peer interactions explains the influence of health seeking behaviour by social media. The benefits thereof are affected by authority and quality of information that lead to consumer engagement.

Another also echoed, "they gave me that medicine that I have told you and then advised by to purchase other drugs because it was out of stock in the hospital. However, I did not buy the medicine because it was very expensive for me" (F3, Kibwezi West)

Personnel: The study findings reveal that the presence of a service provider at a health facility is critical in influencing health seeking behaviours of diabetes patients. Health seeking behaviours of patients is motivated by findings health workers in the health facility. However, most patients acknowledged the fact that the situation has been improving in Makueni County, since the referral hospital has been operating most days of the week.

"I could not see a doctor from Monday to Friday however, presently is possible" (M3, Mbooni).

However, there are still some patients who were hindered by the absence of health providers in health facilities.

“The frequency of doctors coming to the hospital was once a month hence I didn’t have the motivation to go to the hospital” (F4 – Makueni)

The absence of medical personnel was reported to be a health seeking behaviours barrier, especially patients in the rural areas were adversely affected. However, some patients reported that the county referral hospital had a provision of one day per week for diabetic and hypertension patients, at the same time the clinic had limited specialised health workers.

Diagnostic supplies: medical supplies included inadequacies or availability of equipment’s for diagnosis. This was sporadic among patients in the rural areas as opposes to patients in the urban areas; hence patients in the rural areas could not access routine diabetes monitoring.

“Clinics in the village do not have adequate blood sugar testing machines.... The much they can do is to as about symptoms. Based on what you have told them they prescribe some few tablets and relieve pai” (F5, Kibwezi East).

Another respondent reported, the challenges we are facing as people with diabetics is the absence of accessible place to monitor blood sugar level (F6, Mbooni)

Most of the respondents revealed that they first heard about their conditions in the media. Several ailments were recalled but diabetes being prominent it is in line with previous studies findings. Majority of respondents reported to have heard several treatment types from the media. Most respondents reported lifestyle changes such as exercise, diet as well as stopping smoking as treatment they have heard about. This is a reflection of the prominence of public health promotion campaigns during survey.

2) Health facilities high burden of acute care- the study revealed that some of the patients were not attended to in the hospital by the caregivers since their ailment was not acute to require prompt attention. This was the care to patients who required regular monitoring of blood sugar level. The health practitioners argued that the hospitals were having several patients in critical conditions; hence visiting the hospital to monitor blood sugar is a burden to care givers. According to Rahman (2011) variables such as household head and labor work of the household head defines the health seeking behaviour. The study recommended that there is a need to improve as well as develop health delivery system to improve health delivery in rural Bangladesh.

This fact generates as subtheme that was best illustrated by a respondent/patient (male-2 Sultan Hamud, urban), who supported that it is not easy to walk into the hospital to monitor blood sugar level. This would be considered luxurious because numerous facilities only considered patients who are perceived to be in a critical condition. This fact was further echoed by another patient.

Monitoring of blood sugar level is one of the challenges patients face.... It is not an easy task to walk in a health facility and request the caregiver to monitor blood sugar level. In most cases the caregivers would not give you attention The care giver would not consider you as a patient but as someone who has gone to the hospital for luxury. So, when I would request for blood sugar level monitoring the caregiver would want to know what problem I am having. They cannot attend to the patient like me yet there are patients who are critically ill (male 2-Sultan Hamud, Urban).

Moreover, traditional healers do not come from the very communities they offer their services. In some scenario's patients have abandoned local treatment solutions to traditional healers. As explained by the following patient.

“The traditional healers take two to three months period before they come back to our village, this is a long period 20. I stopped buying medicine from them” (M5-, Mbooni).

3) Quality of care, behaviours and perceived provider abilities. There are for sub themes in this theme (i) perception on quality of care; (ii) knowledge and competencies of health care providers (iii) perception on health care provider attitudes (iv) advisory role of healthcare providers towards the patients.

Patients perception on healthcare providers skills, knowledge and competencies. Most of the parties had the perception that healthcare providers had sufficient knowledge to handle diabetic patients some of the patients has reservations.

The patients having reservations perceived that the health care providers do not have sufficient competencies. They argued that healthcare givers focused on treating symptoms rather than performing proper diagnosis of the diseases.

“.... It is very important for healthcare providers to be conversant with the disease they are treating, however they normally just give medicine based on the patient's narrations. For instance, if you tell the health care provider that you have headache as a result of over sleepy, or fever they the healthcare giver gives you tablets to treat that” (F8 - Makindu).

This category of incompetent healthcare giver is normally found in health facilities in the lower level, especially rural health facilities, drug outlets, pharmacies etc. Moreover, majority of the patients had more confidence in doctors; they were of the opinion that

referral hospital is better placed in managing diabetics than lower health facilities as well as private hospitals.

Perceived provider attitudes towards work and the feeling of being treated with or without respect. The study revealed that patients have different attitudes towards them. The preference of the patients was therefore pegged on healthcare providers who are friendly. Patients noted that some caregivers were unwelcoming and have negative attitudes. Some of unwelcoming behaviours include barking at patients being unconcerned and treating patients with disrespect.

Patients noted that such behaviours are rampant in public health facilities rather than private facility. Hence, patients suggested that private hospitals are more welcoming than public hospitals. Moreover, private clinics have better customer care, hence a motivating factor to seek healthcare services from the private hospitals and private clinics rather than public health facilities. This kind of customer care is blistered by stringent leadership as well as the willingness of patients to pay. Furthermore, patients complained by the decision-making process followed by healthcare givers in a given objective of arriving at ailments remedy. Unnecessary delay caused negative health outcome.

Moreover, healthcare givers advised patients a lifestyle modification and provided them with information on diabetic. A section of the patients was advised on dietary modification, salt intake as well as physical activities. However, patients were also keen on the advices given and argued that some were not contextually and conceptually feasible.

“..... I was told not to eat a variety of food, however there are some of the mentioned food that I cannot stop eating; I was told not to eat

'makwasi' (sweet potatoes).... And I was told to take one meal a day which is very difficult in the village life" (F9 - Kilome).

Perceived quality of care- from the reports the then was generated. Some of the patients felt that public hospitals provide better healthcare services than their private hospital counterparts, irrespective of long waiting time and high numbers of patients. Some of the patients preferred private health providers because of their swift services, however they were not satisfied with the private facility competencies. Furthermore, patients felt that modern medicine gave better results than the traditional medicine, however some patients observed that quality of traditional medicine has been improving in terms of packaging, dosage and generate practice.

4.6.3 Media and Health Information Seeking

All the five readily available radio stations in Makueni County were found to have good listeners with the *Uima wa mwii* radio station aired every Tuesday, Thursday and Saturday at 7:20pm being the most preferred radio show. This shows purely focuses on current health matters.

One elderly patient stated, '....i cannot miss listening to uima wa mwii show every Saturday night as it give me practical and real advice on how to manage my diabetes' (M7-Makindu)

The most popular avenues of communication and promotion of health information were found to be media houses with Radios leading, followed closely by information provided by family members as well as information from healthcare practitioners. Nikoloudakis *et al.*, (2018) study revealed that equal number of men and women are likely to seek health information from traditional media; unwell women are likely to seeking health information

online as opposed to women who are well. The study findings are vital in analysing health information seeking through traditional media.

Media Campaigns on Screening during Annual Diabetic Month

November being the national diabetic month, most media stations air and televise campaigns on diabetes and how one can live comfortably with this condition. Some media stations e.g. Citizen televise daily morning and evening shows where they bring in experts to create awareness on diabetes.

Hazzam (2018) revealed that media information is exchanged among peers courtesy of online platform, this in turn enhance learning and development. In addition, social media promotes a high level of communication and hence contributes to the improvement of daily productivity. The study suggested that future researchers should external factors and training. For example, the study needs to focus a policies and guidelines. In this regard, health care professionals are able to utilise interactive platform for better healthcare outcomes and development.

In November of every year, I am always glued to the tv since I know that most media station will have a program to talk about diabetes, this therefore keep me more updated on the new drugs in the market as well as new treatment procedures which make me seek appointment with my doctor to ask further on what I have watched on TV or listened on Radio. I wish this would happen every month then I will be always informed and will seek medical treat

Having consumers who are adequately informed about medicines is a big challenge as a result of proliferation of information. The study findings show that consumers normally become aware of medication via traditional media. However, there is sporadic concern about information quality of traditional media as well as reporting patterns in the traditional

media. This is because traditional media is compounded by people seeking more information from the internet, and hence access more inaccurate information; hence there is need for policy formulation to guide coordination of information being broadcast through various media channels. Zhao and Zhang (2017) posit that there is variation in consumers' health seeking information need as well as interest on health issues. Emotional and social support gained from health consumers as a result of peer interactions explains the influence of health seeking behaviour by social media. The benefits thereof are affected by authority and quality of information that lead to consumer engagement.

4.6.4 Minor Themes

Recommended advice patient beliefs and therapy effectiveness. Health seeking behaviour of some patients is influenced by perceptions on the treatment effectiveness of the recommended treatment by healthcare facility. When remedies are effective, patients are motivated to return to their healthcare providers on the contrary other patient sought alternative medication.

For many years I have lived with these diseases (diabetes) I have managed to control it. I have continually used several treatment methods. Previously, I used modern method, of late I am using traditional medicines. I therefore prefer traditional medicine that has helped me more than modern medicine.

Perceived effectiveness of applied therapy that may be herbal or modern medicine in relation to its compliance. Patients who perceived herbal medicines to be working out for them by relieving symptoms reported such remedies.

I normally use eggplant and onions that do help me a lot because they are brought for me. The combination of the two are very bitter, I believe diabetes can be controlled using bitter substances. Especially when I take aloe Vera feel well (M9, Kibwezi West).

Moreover, patients who perceived modern medicines to be effective were most likely to report modern medicine usage. After going to the hospital I was diagnosed with diabetes and I was given drugs immediately and later in the process of seeking care from the modern health facility, I met someone who advised me to start using traditional medicine, after a while I realised it was not effective, so I visited modern facing and I was given drugs to take (F12 - Kaiti).

The analyses minor themes reveal that health seeking behaviour of some patients is influenced by perceptions on the treatment effectiveness of the recommended treatment by healthcare facility. When remedies are effective, patients are motivated to return to their healthcare providers on the contrary other patient sought alternative medication. Findings conform to Abubakar (2013) findings revealed that there is coexistence between biomedical and traditional healing systems of which they are complementary. Secondly, there is a preference of biomedical system as opposed to traditional system; however traditional healers are consulted especially when biomedical systems fail, especially on the diseases perceived to be supernatural causation. Thirdly, treatment option decision making process is rather complex, as a result furtherers are mandated in making ultimate decisions.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Overview

This chapter summarises recommendations and conclusions in relations to research interpretations and findings. The chapter further presents limitations of the study as well as areas for further research. In conclusion the chapter discusses practice as well as policy implicate of the research findings.

5.1 Summary of the Findings

The study's purpose was to examine media and health seeking behaviour among elderly Kenyans suffering from diabetes in Makueni County. Specific objectives used in this study were as follows. To analyse social determinants of HSB among elderly in Makueni County; to investigate patterns of health information seeking behaviour among diabetes patients in Makueni County; To understand the relationship between health information seeking behaviour and the media among elderly Kenyans a case of diabetes patients in Makueni County. This study achieved a 100% response rate. This implies that the targeted respondents were ready to participate in the study and therefore provided invaluable information to answer study objectives.

5.1.1 Social-Economic and Cultural Determinants

The study investigated the influence of socio-economic and cultural determinants on health information seeking behaviour among elderly in Makueni County. General, findings reveal that there is an associate between health seeking behaviour and socio-economic status. In the content analysis, reveal that adults with no education were reported to have visited

health facility while those with post-secondary education never sought medication from health facility.

Health seeking behaviour was influenced by cultural, socio-economic status, as well as cultural factors, better health seeking behaviour was reported by patients with better socioeconomic standing. The patients with better socioeconomic capacity are able to meet direct and indirect cost regarding their health; while the latter would struggle to meet their basic needs requirements.

Osamur (2011) suggest that nothing else matters other than food when people are hungry. Other studies have arrived at similar findings regarding health seeking behaviour and social economic status in other settings (Petrella, Merikle & Jones, 2007). Authors in South Africa argue that patients who are economically viable, have the likelihood of seeking medical attention from private health facilities, by spending more resources as compared to their counterparts in the low socioeconomic index. Likewise, in Nigeria low level of education poor socio economic status, inadequate social network, unemployment and pathetic living conditions influence health seeking behaviour for diabetic patients (Akpa, Agomouh & Odi, 2005).

However, the study findings is not in agreement with conclusion drawn from a study that was done in Mozambique (Anselmi *et al.*, 2015) in Kenya (Njuki, 2014) and in Zambia (Zyaambo, 2012), who arrived at a general concerns that patients with no education are not likely to attend a health facility. Moreover, the findings of this study are in congruence to a study that was done in twenty-four European countries (Frie, 2010), observed that Kenyan progressive demographic transition as well as Kenyan population health seeking

behaviour reflects developing countries population than that of the first worlds countries. CSDH framework suggests that education determined health seeking behaviour and affects health outcome as well as other determinants include mental state and occupations (WHO, 2010). In South Africa context, lack of education contributes significantly to low paying employment or unemployment (Branson, Garlick, Lam & Leibbrandt, 2012).

5.1.2 Health Patterns and Health Seeking Behaviour

The study examined the health patterns and health seeking behaviour among the diabetes patients in Makueni County. The patient's patterns reveal that majorly of the patients who visit Makueni county referral hospital must have previously visited the facility for medical attention. This implies that patients do not complete the prescribed does, hence results to herding of medicine until the next family member gets ill. Such practices lead to drug resistance relapse of life treating illness as well as under treatment.

The study found out that the media significantly change health attitudes moreover when face to face instructions supplement media. Learning about health threats and attitude change can lead to corresponding changes in health seeking behaviour. Media observation permits learning of attitudes; however, attitudes cannot wholly account for behavioural change as a result of other health abstract that may contribute to Behaviour change.

Self-efficacy is the ability of a person to successfully enact behaviour self-efficacy is there for a determinant of health seeking behaviour. Self-efficacy is integral in health information campaigns. Health campaigns are significant in increasing self-efficacy that subsequently enact health behaviours.

behavioural changes are indirect products of health campaign all direct campaign result contribute to enhancement of self-efficacy. Development of self-efficacy can be done through the use of convectional media.

Development of self-efficacy include behaviour modeling, enactment of behaviour, encouragement of simple in terms behaviours and reduction of dysfunctional aroused association with behaviour enactment. Intermediary behaviour change goals are as a result of under utilisation of self-efficacy.

Furthermore, deficiencies of health system characterised by lack of diabetic medication and distant health facilities affects health seeking behaviour as well as diabetes control. Similarly, the study established numerous healthcare challenges that include high cost and inadequate services as well as medicine, healthcare quality concerns, limited stocks of drugs. These healthcare challenges contribute to a shift in health seeking patterns for diabetic patients.

Similarly, health seeking behaviour was influenced by perceived severity, awareness and effects of prescribed therapy, prescribed therapy effectiveness was evaluated by patients. Health seeking behaviour is also influenced by the patient's awareness. Initiation of self-care is initiated by prior diabetes diagnosis. However, access and availability of sugar level mentors posed challenges to the present study. Perception on severity of the disease is critical in determination of diabetes treatment and health seeking behaviour. Some patients reported that it was not necessary for them to proceed with medication or continue going o hospital since they felt well.

Health seeking behaviour was therefore reinforced by manifestation of symptoms. Mild symptoms cases prompted the diabetes patients to resort to self-medication. This was characterised by visitation of lower health facilities, that include drug shops and pharmacies. On the other hand, critically, ill patients sought medication from higher level of health centers.

These findings confirm the assertion that signs and symptoms influence people to seek treatment and diagnosis. Diabetic patients think of symptoms and make appropriate decisions according to disease severity. When the diabetic patients perceive their ailments is severe, they tend to seek specialised treatment, and when they feel they the disease is less severe they resort to self-medication.

5.1.3 Media Influence and Health Seeking Behaviour

The study sought to understand the relationship between health information seeking behaviour and media use among elderly Kenyans a case of diabetes patients in Makueni county, radio being a great effect on health seeking behaviour of an individual media in social institutions as it is a significant determinant of health in the society. Given the fact that traditional media has seasonal reporting patients further compound the information sought with internet sources. However, internet sources expose patients to biased or inaccurate information. Hence, there is need for policy formulation to counteract information environment about the medicines to enable coordination's of information about medications across every media house.

The study found out that media educates patients; media is a sole and primary way of achieving goals in health promotions followed by family members and healthcare

practitioners. The Stanford three community study (TCS) present of a long-term media program that is comprehensive diabetes risk reduction.

Media reinforces old messages when used as lifestyles supporter. Therefore, media help in encouraging change maintenance, reinforce health changes and publisher health agenda. The government should advantage of the local radio stations to ran health campaigns across the country through to provide information and awareness on health matters.

Despite the fact that reinforcement is not as a result of media interventions, it has been well evaluated in promoting health. Lifestyle reinforcement has therefore been documented in other media use avenues. Audiences members get formularised with health behaviour change when media is used to promote progress in addition to the audience is encouraged to participate in programs, write and call. This is perhaps, the predetermining role played by mass media in promoting health in the public arena. Supplementary role is played by the media by integrating programs that encompasses face to face interventions.

5.2 Conclusions

5.2.1 Social-Economic and Cultural Determinants

Overall, the research concludes those population groups' characteristics, geographical locations, age distributions, gender and patient's marital status have a significant influence of health seeking behaviour. Content analysis of the data that was collected reveals that patients gender positively influence health seeking behaviour. Moreover, study findings affirm that women are more responsive to seek health as compared to their male counterpart.

Diabetic patients have variation in their health needs in relation to health matters of interact. Advantages of health seeking behaviour on traditional media, moreover, to fulfill the need to seek health information. Seeking health information requires emotional and social support that can be attained through peer to peer interactions. However, these benefits are affected by information authority as well as quality which lead to decrease in consumer engagement.

It is important to note that a patient's information needs vary proportionately with health issues. Information needs from patient's perspective, regarding specific disease are answered by traditional media setting.

5.2.2 Health Patterns and Health Seeking Behaviour

The present study presents the basis of coming up with interventions that would improve patient's health seeking behaviour. However, the study findings reveal that minority of the study respondents were dissatisfied with doctors as well as treatment outcomes. This could be explained by variables such as delay in receiving care needed from the doctor's mismatch in communication between doctors and patients nonresponse and noncompliance with administered treatment due to high costs and side effects.

Information need by users who suffered from diabetes related to the topic of coping with diabetes, this was evident from majority of the patients. Engagement of support groups nourishes the consumers with required health information, empathy as well as social support. Moreover, media enables patients to find personalised assists fitting their information requirement courtesy interactive environment. Despite the fact that patients

can access health information from the media, there is a major concern about authority and quality of health information that could inhibit patient's information use.

5.2.3 Media Influence and health Seeking Behaviour

It is important to promote health seeking behaviour through use of varied media channels, to butters awareness and acceptance of various ailments. Since social classes' present different treatment awareness, it is important to mitigate communication inequality, reinforce treatment accessibility, and come up with proper risk communication strategies that would make sure Kenyan diabetic adults access treatment.

The study revealed that majority of the patients heard about treatment or condition in the media. Several illnesses were recalled. Therefore, media has been a reliable source of information regarding providing treatment information access. In addition, to patients recalled hearing about lifestyle changes from the media as a result of exercise, diet and stopping smoking.

Provision of support to others on traditional media reveals relationship with seeking additional information, from varied sources and complying to the recommendations accessed in the site. Price *et al.*, (2010) established that health outcome is hinged to perceived empathy. In this instance, emotional as well as social support should be addressed as a significant variable when providing cash. Moreover, social media has become popular in promoting human affairs; currently they are becoming influential in medical and health matters.

5.3 Recommendations

In the present study demographic and socio-economic variables were included. A more complex model would permit examination of interaction effect to enable comprehensive understanding. There is need for policy makers to incorporate policy governing determinants of social health.

Radio being the predominant media used in the rural areas, media houses should continually stage diabetes awareness campaign across the vernacular stations. This will enable the elderly seeking medication concerning their diabetic illness. In this regard the media will be relied on as an integral tool of communicating health information. In addition to media houses should incorporate strategies like talk shows concerning diabetes.

To enhance diagnosis and treatment effectiveness the government of Kenya should take advantage of the local radio stations to run programs that offers expert opinion on health matters across the country. This approach will enable the elderly access timely health information and medical care, this will help mitigate the sporadic ailment predicament.

5.4 Suggestion for Further Studies

This study was confined to demographic and socio-economic determinants variables were researched. Subsequent studies need to focus on more variables other than dependent and independent variables hence moderating variables such as morbidity should be included by future scholars to enable understanding its effects. The presents study conformed to a descriptive research design to ascertain causality from the study findings. The study was a case study of Makeni County, a replication of this study should follow a descriptive survey design to enable generalisation of findings.

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APPENDICES

APPENDIX I: INTERVIEW GUIDE

Section A: Demographic

1. To start with, tell me a little bit about yourself (age, background information e.g. living alone, past employment, family, living nearby)
2. Can you tell me a bit about your health? How long has it been since your diabetes was first diagnosed? Do you take oral medication for your diabetes? Do you take insulin for your diabetes? At the time of your diagnosis, did you receive initial diabetes education?
3. Do you rely heavily on the diabetic doctor and the nursing staff at the hospital for your diabetic education? Explain
4. Are you satisfied with how the doctor and the nursing staff at the hospital convey information to you about your diabetes? Explain
5. At the time of your diagnosis, did you seek additional information about diabetes, other than that provided through the doctor, nursing staff, dietician or diabetic association?
6. Please list the information sources or types of information sources you have used to answer questions about your diabetes? By information, we mean any information you may have received through traditional mass media (television programmes, newspapers, radio, magazines), the internet, online discussion groups, Kenya Diabetic Association group discussions, personal interactions with healthcare professionals (doctors, nurses, dieticians), friends, family or others with diabetes.
7. Does what you see or hear in the various media channels influence your treatment guideline?

Section B: Social-Economic and Cultural Determinants

8. Does physical accessibility to health care system influence your health seeking Behaviour on diabetes? e.g. Distance of health care system from home, Mode of

transport used to visit health care facility, Time taken to reach health care facility, Nature of Escort, No. of visits per consultation (per month)?

9. How do you finance your medical expenses? influence your health seeking Behaviour on diabetes? (Own income, Family support, Re-imbursment/medicclaim, Pension)
10. Are there any traditional beliefs that has influenced your health seeking Behaviour?
11. Do you ask your family members or friends to find you information on diabetes?

Section C: Health Patterns

12. Do you belong to support group? how does support assist you?
13. How often do you look for information about your diabetes? Please explain?
14. What necessitates you to attend diabetes screening campaigns? Who caters for the cost incurred
15. What Treatment outcome has influenced your health seeking Behaviour on diabetes?

Section D: Media Influence


16. Do you think there is enough or sufficient information available on diabetes to assist you with your treatment?
17. How has available media channel influenced your health seeking Behaviour on diabetes?
18. Do you prefer print rather than electronic media in seeking healthcare?
19. State some of the challenges you come across with regard to seeking health information on diabetes.

Appendix II: Time Frame

This time frame presents a summary of the research project activities from preliminary gathering of literature materials and proposal writing period from by April 2019 to November 2019 when the final research proposal printing, hard cover binding and project report submission will be done through the various stages involved in conducting research.

STUDY ACTIVITIES	PERIOD						
	April 2019	May – June 2019	July 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019
Mobilization of literature materials							
Proposal writing and Defense							
Research project Data Collection							
Research project Data Analysis							
Research project writing							
Project report defense and Corrections							
Project report hard cover Binding							

Appendix III: Certificate of Field Work


UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES & SOCIAL SCIENCES
SCHOOL OF JOURNALISM & MASS COMMUNICATION

Telegrams: Journalism Varsity Nairobi
Telephone: 254 020 491000, Ext. 28380, 28301
Director's Office: +254 204013708 (Direct Line)
Telex: 22095 Fax: 254 02 245598
Email: director-soj@uonbi.ac.ke

P.O. Box 30197-00100
Nairobi, GPO
Kenya


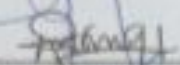

REF: CERTIFICATE OF FIELDWORK


This is to certify that all corrections proposed at the Board of Examiners meeting held on 17/02/2019 in respect of M.A/PhD. Project/Thesis Proposal defence have been effected to my/our satisfaction and the project can be allowed to proceed for fieldwork.

Reg. No: Kip/2012/2004

Name: Esther Kijana Mwangi

Title: Media and Health Communication Strategy for HIV/AIDS
The Effect of A Short of Diabetes Report on Diabetes Control

<u>Prof. Hezron Mwangi</u> SUPERVISOR	 SIGNATURE	<u>04.09.19</u> DATE
<u>Dr. Samuel Siringi</u> ASSOCIATE DIRECTOR	 SIGNATURE	<u>16/9/2019</u> DATE
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Telegram: Journalism Varsity Nairobi
Telephone: 254-02-3318280, Ext. 25060, 28041
Director's Office: +254-204913208 (Direct Line)
Telex: 23095 Fax: 254-02-245566
Email: director-soj@uonbi.ac.ke

P.O. Box 30197-00100
Nairobi, GPO
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Reg. No: KSD/8072/2017

Name: ESTHER KIRINGA MUIRURI

Title: MEDIA AND HEALTH INFORMATION SEEKING AMONG

THE ELDERLY: A STUDY OF DIABETES PATIENTS IN MAKUENI COUNTY

PROF. HEZRON MUGAMBI
SUPERVISOR

SIGNATURE

25.11.2019
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Dr Samuel Siringi
ASSOCIATE DIRECTOR

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DIRECTOR

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10.12.2019
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