



# Integrating Human Capability Approach in Gender on Health Seeking Behavior in Kenya

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**Abstract:** Globally, different models towards enhancing access to healthcare to all human populations have been implemented with varying degrees of success. However, studies on the effects of gender on health-seeking behavior, especially in a rural context, are limited. This paper focuses on how the human capability approach is integrated in gender and health seeking behavior among households in Marani sub-county, Kisii county Kenya. The Capability theory was adopted and the study employed a descriptive research design. The population for the study was household heads from which a sample was drawn. Using Krejcie and Morgan sample determination, a total of 420 household heads were sampled. Random sampling was adopted to get the respondents to fill the questionnaires. The sample was drawn from a population of 26,186 households in Marani Sub-County. Quantitative data obtained from the field was analyzed using SPSS version 22. The study found that more women to a greater extent sought for healthcare than men did. However, the cost comes in to deter, delay and affect utilization of healthcare services. The study concludes that poor and disadvantaged households in regard to income, find it costly to access health facilities and are thus likely to utilize less effective healthcare sources. The study recommends that the government should embrace health-seeking programs with a gender lens in order to ensure equitable access to healthcare for all.

**Keywords:** Gender, Health Seeking Behaviour, Marani, Kisii, Kenya

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## 1. Introduction

From a socio-cultural understanding, this paper intends to examine how gender aspects interact with health-seeking practices among women in Kisii County. The concept health seeking behavior has gained prominence in recent years as an important tool for understanding people's behavior in healthcare support. In this paper the researchers delved into how the human capability approach is integrated in the nexus between gender and health seeking behavior.

## 2. Literature Review

In the expressions of (Sen, 1999), healthcare gives individuals human capabilities that offer value to human life. These human capabilities enhance their ability to access to good health, which in turn contributes to socio-economic growth of many countries. Despite this understanding, healthcare has become a challenge to many people, especially women all over the world (Bloom, Jamison & Canning, 2014). Health care-seeking behavior is a complex concept involving a planned behavior

involving interpersonal interaction with healthcare professional when one is seeking help for a specific health problem (Cornally & McCarthy, 2011). Health seeking behavior has become a common action by individuals perceiving themselves as having health challenges or illness as well as looking for appropriate preventive remedies. The improper health seeking behavior has led many individuals to face many problems resulting to severe illness and death, due to lack of intervention.

Some studies have shown that gender determines how individuals seek for healthcare assistance. For instance, gender relations, gendered notions in terms of health, cultural notions, regarding how male bodies function differently than female bodies and gendered differences in access to health care have all been shown to shape differences in the health seeking behavior of men and women in many complex ways (Courtenay, 2000). World health organization (WHO) (2018), established that universal health care services are making great achievement in health seeking behavior with full commitment of health experts among its member states. The commitment was fully towards achievement of better health for the members from 2012 by making consensus with the United Nations. The consensus pointed out that health seeking behavior can be achieved through various international frameworks such as the SDGs.

Access to healthcare is also challenging as health seeking behavior needs scaled up approaches to promote social accountability. The high demand of seeking the right health care has made more specialists to form partnerships in order to engage more referrals to health seeking of individuals which later affects socio-economic development. This evidence of seeking the right hospital can call for social accountability to health in the multifaceted social and cultural context. Health seeking behavior has been influenced by cultural factors, social factors, and economic factors, which attribute to health care services and individual needs in the household.

The human capability theory of healthcare seeking behavior has also been affected by individual expectations and values among which norms are directly forecasting on socioeconomic determinants. However, this study takes a divergent approach, gender lens. Studies show that gender differences with regard to health seeking behavior, are not only influenced by factors such as power relations (Hindin, 2010), structural positions and age hierarchies, culturally

prescribed gender roles (Borooah, 2004), or economic factors apart from cultural context (Sen, 1983), but also illustrate that the way in which gender and health-seeking are inter-linked is unique for each setting (Whitzman, 2006).

Connel (2012) indicate that gender characteristics can influence health seeking behaviors. Gender of the people can socially influence health seeking behavior between women and men in terms of their diversity. Sometimes equality of the gender can be well known by the concerned differences among individuals seeking health. In order to achieve better health standards, there is need for one to look at both genders in health care without disparity. The capability approach asserts that gender should be understood as a process of relating with others in society and enhancing the capacity of each gender in accessing healthcare.

Nayak & Varambally (2017) examined health seeking behavior in rural areas in India and found out that women autonomy promoted health seeking behavior. The women's freedom of movement had a significant influence on their health seeking behavior as they were now able to take charge of their wellbeing as regards to health. In this paper, we argue that health seeking behavior is one of the social habits where women tend to look for ways to reduce pain from a given disease causing uncomfortable feelings including treatment, selecting medical consultations, expenses and actions of achieving wellness. For Kahi, Rizk, Hlais & Adib, (2012), this goes beyond attitudes and include consultations and choosing the right hospitals for healthcare.

Ihaji, Gerald & Ogwuche (2014) investigated the impact of educational level, gender and church affiliation on health seeking behavior among parishioners in Makurdi metropolis. In the study, gender was statistically significant on health and health seeking behaviour. However, Sahn, Younger & Genicot (2017) observed that large households sought care from non-hospital facilities, especially in cases where the women lacked ability to determine the size of their families and therefore end up with large families whose needs are beyond their capability.

Kapata, Maboshe and Cobelens (2016) examined the effect gender has on health seeking behavior among individuals who were presumptive TB patients in Zambia. Descriptive research design showed that early diagnosis is very essential for health care. After interviewing all the patients, males portrayed a higher willingness to seek for care as

compared to the females. This was largely deduced to be because the men are able to overlook stigma and thus seek diagnosis in hospital and later treatment.

Similarly, Lawson (2017) indicated that public health facilities are in high demand especially healthcare facilities based on demographic characteristics such as age and education in Uganda, men had growing demand for public hospitals than females resulting to a wide gender gap. The male demand for health care was largely influenced by household income in which being the heads they had the control over the same. On contrary, Muriithi (2013) examined socioeconomic factors influencing health conditions in Nairobi County slums and found that men were not willing to visit health facilities for medical checkup as compared to females.

## **2.1 Human Capability Theory**

The theory was developed by Amartya Sen in 1980s. The theory states that the choice of health seeking service is upon individual capability in achieving social benefit towards valuing life. The theory links individual freedoms with social agency in determining health behavior and outcomes. Ruger (2010) further noted by articulating a profile of health capability that views health decision making as a balance of individual decision (internal factors) and social constraints or enablers of decision making (external factors). From a gender perspective, both men and women need to have the capability to inculcate desired health seeking behavior among individuals seeking healthcare.

## **3. Methodology**

Research design refers to systematic plan of action in conducting a study scientifically. The researcher used descriptive research design. This was used to find out the

relationship between household income and health seeking behavior, Education and health seeking behavior and gender and health seeking behavior. Quantitative data was coded appropriately and analyzed using SPSS Version 22. The research design helped the researcher to describe and establish socioeconomic determinants and its relationship on health seeking behavior using a questionnaire that looked into the demographics and the three objectives of research. The study was conducted in Marani Sub-County of Kisii county located in South Western part of Kenya, Kisii County. In this regard, the universe for this study comprised of household heads who gave data on the socio-economic factors for the study. These household heads will be drawn from the households within Marani Sub-County, and the study questionnaire administered to them. Using Krejcie and Morgan sample determination, a total of 420 household heads were sampled. The households were selected randomly and those who did not participate due to absence or other reasons were replaced by the neighboring households. The sample size was obtained by using the Krejcie and Morgan method and the size was adjusted to cater for the non-response rate and to improve representations of the sample size between 10% and 30%. Out of the 420 households, the researcher managed to get data from 409 households who fully filled the questionnaire.

## **4. Results and Discussion**

### **4.1 Contribution of Gender on Health Seeking Behavior**

The researchers were interested in understanding the contribution of gender on health seeking behavior among households in Marani Sub County, Kisii County. The findings were as follows:

**Table 1. Contribution of Gender on Health Seeking Behavior**

Statement	5	4	3	2	1
Women in the households are the one concerned with health matters of their families.	300(73.4%)	50(12.2%)		50(12.2%)	9(2.2%)
Women in the households provide better health care	350(85.6%)			40(9.8%)	19(4.6%)
Women in the households are the ones that take children to hospitals for medical attentions	250(61.1%)	100(22.5%)		30(7.3%)	29.71%
Women in the households ensure family takes a balanced diet at all times to ensure diet issues do not affect our health.	260(63.6%)	90(22.0%)		29(7.1%)	30(7.3%)
Men in the households choose medical services for the family member.	140(34.2%)	210(51.4%)		20(4.9%)	39(9.5%)
Men in the household pay for medical cover insurance for the family.	120(29.3%)	230(56.2%)		49(12.0%)	10(2.5%)
Girls are always willing to seek for health services	240(58.7%)	100(22.5%)		49(12.0%)	20(4.9%)
Boys are always not willing to seek for health services	220(53.9%)	120(29.3%)		59(14.4%)	10(2.5%)
Women seek for health services more than men	300(73.4%)	90(20.0%)		10(2.5%)	9(2.2%)
Women are the primary care givers of health services	350(85.6%)	50(12.2%)		5(1.2%)	4(1.0%)

Analysis in Table 1. Above indicates that majority 300(73.4%) of the respondents strongly agreed, 50(12.2%) agreed, 50(12.2%) disagreed, while 9(2.2%) of them strongly disagreed. This implies that most of the respondents strongly agreed that women in the households are the ones concerned with health matters of their families. The study showed that the majority of the respondents 350(85.6%) were strongly in agreement that women in the households provide better health care. This is in agreement with Tenenbaum, Nordeman & Sunnerhagen (2017) in studying gender differences in care seeking behavior and health care consumption immediately after whiplash trauma found out that women sought care latter than men(p=0060).

From the table above it is evident that 40(9.8%) disagreed, while 19(4.6%) of them strongly disagreed as shown in table 1 above. This indicated that most of the respondents strongly agreed that women in the households provide better health care. The study showed that the majority of the respondents 250(61.1%) strongly agreed that women in

the households are the ones that take children to hospitals for medical attention. 100(22.5%) agreed, 30(7.3%) disagreed, while 29.71% of them strongly disagreed as shown in table 1 above. This showed that most of the respondents strongly agreed that women in the households are the ones that take children to hospitals for medical attention.

The study results indicated that majority of the respondents 260(63.6%) strongly agreed that women in the households ensure family takes a balanced diet at all times to ensure diet issues do not affect our health. 90(22.0%) agreed, 30(7.3%) strongly disagreed, while 29(7.1%) of them disagreed as shown in table 1 above. This implied that most of the respondents strongly agreed that women in the households ensure family always takes a balanced diet to ensure diet issues do not affect our health.

The study indicated that majority 210(51.4%) of the respondents agreed that men in the households choose medical services for the family member. 140(34.2%) strongly agreed, 39(9.5%) strongly disagreed, while

20(4.9%) of them disagreed as shown in table 1 above. This implies that most of the respondents agreed that men in the households choose medical services for the family member. Majority 230(56.2%) of the respondents agreed that men in the household pay for medical cover insurance for the family. Whereas 120(29.3%) strongly agreed, and 49(12.0%) disagreed. From the findings above most of the respondents agreed that men in the household pay for medical cover insurance for the family.

The study findings further established that majority 240(58.7%) of the respondents strongly agreed that girls are always willing to seek for health services. 100(22.5%) agreed, 49(12.0%) disagreed, while 20(4.9%) of them strongly disagreed as shown in table 1 above. This indicated that most of the respondents strongly agreed that girls are always willing to seek for health services. The study results that the majority of the respondents 220(53.9%) were in agreement that boys are always not willing to seek for health services. 120(29.3%) agreed, 59(14.4%) disagreed, while 10(2.5%) of them strongly disagreed as shown in table 1 above. This implies that most of the respondents strongly agreed that boys are always not willing to seek for health services.

The study showed the majority of the respondents 300(73.4%) were strongly in agreement that men do not go for health care services as compared to women who seek health care. 90(20.0%) agreed, 10(2.5%) disagreed, while 9(2.2%) of them strongly disagreed as shown in table 1 above. This implied that most of the respondents strongly agreed that women are willing to seek health care than male. The study showed that the majority of the respondents 350(85.6%) were strongly in agreement that women are the primary care givers of health services. However, the face many obstacles when seeking healthcare. In one interview it was reported that due to women's inferior role in the community they tend to assume seeking for health support. This finding is in support with Das et al. (2018) who assert that gender relations not only influence decisions regarding the expression of symptoms or distress and treatment, but also tend to create more societal obstacles in accessing health care for women.

Vlassof (1994) also noted that women's inferior status in family and society restricted their access to healthcare, decision-making, education and economic resources. In the end they remain uninformed about health issues, depend on men for receiving health care. As Malhotra et al. (1995)

reveal, gender disparity is more visible in communities with structural constraints that do not permit women to pay attention to and/or to seek healthcare services for their illnesses. Other respondents that is 50(12.2%) agreed, 5(1.2%) disagreed, while 4(1.0%) of them strongly disagreed as shown in table 1 above. This showed that most of the respondents strongly agreed that women are the primary care givers of health care services in their households.

In reference to the above findings, contrary results were obtained by Barasa & Virhia (2022) who used intersectionality to identify gendered barriers to health seeking for febrile illness in agro pastoralist settings in Tanzania. The study found out that gender-based barriers at the household had a profound effect on health seeking behavior of households. Young married women delayed seeking healthcare the most as they often had to negotiate health seeking with husbands and extended family members who make majority of health-related decisions.

Smith, et al. (2019) in studying gender related factors affecting health seeking for neglected tropical diseases, they found out that gender related factors affected care seeking. However, for those not seeking healthcare alluded it opting to using natural remedies for treatment, gender inequalities and power dynamics in households. On the other hand, Olesehindi & Olaniyan (2016) studied intra-household health seeking behavior in Nigeria: The gender perspective did not find any strong evidence that females are particularly less favored in intra household health seeking behavior in Nigeria. This is particularly during illness reporting, consultation as well as spending decision stages compared to men across almost all stages.

## **5. Conclusion and Recommendations**

### **5.1 Conclusion**

The study concludes that gender being the socially constructed characteristics of women and men in all their diversity, it comes in to affect health seeking behavior of individuals in the community. Therefore, gender needs to be understood as a social and interactive process rather than simply emphasizing the difference between men and women. Both men and women play an important role in health seeking behavior in their households. Finally, women being caretakers and providers of their households;

they determine the promptness and the particular behavior in relation to health seeking behavior.

## 5.2 Recommendations

1. The ministry of health should organize more sensitization activities especially in the rural areas to create awareness on the people on health seeking behavior and why it is important for holistic societal development. Women in rural areas are in most cases locked out and lack information that could clearly give them the power to make decisions regarding their health.
2. The study recommends that the government should embrace health-seeking programs with a gender lens in order to ensure equitable access to healthcare for all.

## References

- Barasa, V, & Virhia, J., (2022) Using intersectionality to identify gendered barriers to health seeking for febrile illness in a pastoralist settings in Tanzania.
- Borooh V. K. (2004). Gender bias among children in India in their diet and immunisation against disease. *Soc Sci Med.*; 58:1719–31.
- Das, M., Angeli, F., Krumeich, A.J.S.M. (2018). . The gendered experience with respect to health-seeking behaviour in an urban slum of Kolkata, India. *Int J Equity Health* 17, 24
- Hindin M, J. (2000). Women’s power and anthropometric status in Zimbabwe. *Soc Sci Med*; 51:1517–28. PMID: 11077954.
- Ihaji, I., Gerald, E.U., & Ogwuche, C.H.E. (2014). Educational level, sex and church affiliation on Health seeking Behaviour among parishioners in Makurdi Metropolis of Benue state. *Journal of Educational Policy & Entrepreneurial Research*.
- Kahi, H.A., Rizk, G.Y., Hlais, S.A. & Adib, S.M. (2012). Health seeking behaviour among university students in Lebanon. *Eastern Mediterranean Health Journal*.
- Lawson, D. (2017). Determinants of Health seeking behaviour in Uganda. Is it just Income and User fees that are Important? Published Thesis.
- Malhotra A, Vanneman R, Kishor S. (1995). Fertility, dimensions of patriarchy, and Development in India. *Popul Dev Rev*; 21: 281–305.
- Muriithi, M.K. (2013). The determinants of Health seeking behaviour in a Nairobi slum, Kenya. *European Scientific Journal*.
- Nyamongo, I.K. (2016) Health care switching behaviour of Malaria patients in a Kenyan rural Community. *Soc. Sci Med*.
- Nyatichi, F.O., Amimo, F.A., Nabie, B. & Ondimu, T. (2016). Factors contributing to Delay in seeking treatment among Pulmonary Tuberculosis patients in Suneka sub-county, Kenya. *J Health Edu. Res. Dev*.
- Odusanya, O. O, & Babafemi, J. O. (2017). Patterns of delays amongst pulmonary tuberculosis patients in Lagos, Nigeria. *BMC Public Health*.
- Sahn, D.E., Younger, S.D., & Genicot, G. (2017). “The demand for Health care services in Rural Tanzania: Oxford Bulletin of Economics and Statistics.
- Sen A, Sengupta S. (1983). Malnutrition of rural children and the sex bias. *Econ Polit Wkly*. 1983; 18:855–64.
- Tenenbaum, A., Nordeman, L., Sunnerhagen, K., Gunarson, R. (2017) Gender differences in care seeking behaviour and healthcare consumption immediately after whiplash trauma. *PLOS ONE* 12(4): e0176328
- Tjepkema M. (2008). Health care use among gay, lesbian and bisexual Canadians. *Health Rep*; 19(1):53–64.
- Vlassoff C. (1994). Gender inequalities in health in the third world: uncharted ground. *Soc Sci Med*; 39: 1249–59. PMID: 7801162
- Whitzman C. (2006). At the intersection of invisibilities: Canadian women, homelessness and Health outside the ‘big city’. *Gender, Place and Culture*; 13:383–99.