

# Major Determinants of Health Seeking Behaviour

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## Abstract

This paper uses document review to explore major determinants of health-seeking behaviour, with the view to establish how health-seekers' religious beliefs, spirituality and faith influence their health-related decision making. It argues that since religious beliefs have a significant influence upon health-seekers, health providers should be fully aware of this issue. This paper therefore challenges health providers to integrate health seekers' religious beliefs, faith and spirituality within their profession. In conclusion, this paper appeals to both medical and theological institutions to infuse the interdependence of religion and health into their curricular. Such a provision is capable of creating rapport between health providers and health seekers. This paper is therefore a valuable contribution to the growing literature geared towards the promotion of a holistic health provision, catering for the physical and spiritual needs of health seekers.

**KEY WORDS:** Health, Healing, Health-Seeking Behaviour, Religion, Spirituality, Botswana

## Introduction

The influence of religious and spiritual factors in health reflects a larger issue; the role of meaning in life. Without positive meaning, human life withers and health fails (Levin, 2001, p. x).

While many Africans seek help from modern practitioners, they at the same time seek such help from both traditional and faith healers. However, apparently there exist preferences to some health providers in comparison to others. For instance, in the majority of cases, while most Christians seek help from biomedical practitioners and spiritual healers, the majority of non-Christians seek health from biomedical practitioners and traditional healers. Considering this norm, one wonders if religious beliefs, spirituality and faith somehow influence patients' health seeking behaviours. It is against this background that this paper explores and establishes major determinants of health-seeking behaviour and the possible contribution of such determinants in encouraging or impeding patients' health-seeking behaviour. This discussion would, hopefully, offer the reader some useful knowledge pertaining to the significant role played by patients' spirituality, religious beliefs and faith in the search for health and healing. We will commence our discussion with the determinants of health seeking behaviour, before exploring the nature of the relationship

between religious beliefs and health-seeking behaviour. The paper will conclude with an appeal to both medical and theological institutions to incorporate religious beliefs into the curricula of their institutions.

### **Determinants of Health-Seekers Choice of Health**

It has to be pointed out at this preliminary stage of our discussion that among most Africans, there are three types of health providers; biomedical practitioners, traditional and faith healers (Magezi and Magezi, 2017). First and foremost, it should be noted that determinants of health-seeking behaviour are complex due to patients' religious beliefs, spirituality, values and attitudes on the one hand and patients' information related to health providers, on the other hand (Victoor, Delnoij, Friele and Rademakers, 2012). In other words, patients have to choose suitable health providers, based on both internal and external influence, hence the complexity of the choice. This argument is further developed in a study conducted on 'Use of traditional healers and modern medicine in Ghana' by Tabi, Powell and Hodnicki (2006). The most important finding of their study is that patients' health-seeking behaviours are influenced by pressure from the family, relatives, friends, employers, education and religion.

Still on this topic, Uchendu, Llesanmi and Olumide (2013) and Muriithi (2013) added that in general, health-seekers' choice of health is based on quality of health care, trust, waiting time, available information about the service provider, gender, distance, out-of-pocket costs, health provider's communication skills, courtesy and administration burden, amongst others. We realise from such an observation that one's decision to seek health provision is based on various influential factors. It has to be emphasised while still at this point that an analysis of relevant literature on determinants of health-seeking behaviour reveals that patients' trust on the ability and quality of health providers is the most influential aspect in health-seeking behaviour. This issue is confirmed by Victoor, et. al. (2012) who point out that in some North West European countries, health-seekers' choices are mostly based on the quality of the service provided, and experiences with the provider. It therefore follows that if quality of service provided is the most influential determinant of health seeking behaviour, it is precisely for this reason that health providers should aim for high quality services, which are capable of attracting health-seekers. It is this issue that we now briefly explore.

Let us commence our discussion by exploring how trust and ability influence health-seekers behaviour. As will emerge, health seekers prefer certain health providers due to their ability in healing. However, as we shall also realise as the argument of this paper unfolds, in some instances, some health providers are specifically preferred for their consultation techniques, as in the case of traditional and faith healers. In this connection, when referring to the outcome of a 2005 baseline survey done by UN HABIT and Republic of Kenya in Kibera slum, Muriithi (2013) observes that whilst there were government health facilities which were nearer to respondents and less expensive, the majority of the them did not use them. Several questions arise from such an observation; one wonders what could be the driving force behind this peculiar norm. It also becomes interesting to find out if these findings can be generalized to other countries, particularly Botswana. It therefore becomes imperative to turn to Botswana in order to compare Muriithi's findings with our experience.

To begin with, as is the case in many African countries, in Botswana biomedical healing takes place in both private and government clinics and hospitals. While still at this point, it is worth stating that in general, high charges and distance have no direct influence to health-seeking behaviours among Batswana. The general observation is that whilst Batswana believe in biomedical, traditional and faith healing, they somehow give priority to biomedical healing. Apparently, many patients believe that biomedical practitioners are knowledgeable in diagnosing and treating various diseases and infections. For instance, the findings of a study conducted by Togarasei and his colleagues (2011 to 2016) on Batswana health seeking practices confirmed that when in need of health services, Batswana first consult biomedical practitioners, before turning to either traditional or faith healers. Among various reasons cited for this tendency is that, "...clinics and hospitals can properly diagnose and offer proper medication which has been scientifically proven and is administered in right dosages" (Togarasei, Mmolai and Kealotswe, 2016:100).

What emerges from the above findings is that trust is the major factor which attracts patients to biomedical facilities in comparison to traditional and faith healing. However, as observed by Uchendu et al. (2013), besides trust, the high charges by both traditional and faith healers has in some instances been cited as another impediment. This finding, however, differs from the Botswana situation, as revealed by the findings of the aforementioned study conducted on Batswana health seeking practices:

...Botswana health facilities provide free services and are generally well stocked with medication. But despite these facts, the study has shown that Batswana still seek the services of *dingaka* and faith healers whose services are more expensive than those of modern health facilities (Togarasei, Mmolai and Kealotswe, 2016:113).

On the basis of this finding, it becomes important therefore to explore and establish reasons why Batswana prefer these healers, despite their high charges. Hopefully, such an exploration would assist in any further investigation on possible collaboration between these three types of healing among Africans. In other words, one wonders if the major attraction emanates from trust, relevance to culture, faith or quality of service. Another issue of interest relates to the common tendency of making biomedical healers the first port of call. If Batswana trust traditional healers, why do they first have to visit biomedical practitioners?

A more interesting issue to highlight at this point of our discussion is that relevant experience in healing among Batswana confirms that in most cases, Batswana visit biomedical practitioners for remedial purposes rather than consultation. In other words, they first go to clinics and hospitals for medication, which they are sure of getting straight away, thereafter they consult traditional healers, faith healers or both. In most cases, patients use modern medicine concurrently with traditional healers' herbs or faith healers' *dimacho* (placebos). However, in rare cases, due to desperation or other personal reasons, the patient uses the three prescriptions concurrently.

Another important observation which emerged in our previous discussion of biomedical healing is that trust and ability are some of the major determinants of health seeking behaviour. This is also prevalent among Batswana concerning their consultation of traditional healers; in the majority of cases, people who visit traditional healers believe that ancestors have more healing powers than both modern practitioners and Christianity. Further still, available literature related to healing among Batswana confirms that during

the consultation these healers diagnose the illness and its cause, before any treatment. This argument was further developed in the above-mentioned study conducted by Togarasei, Mmolai and Kealotswe (2016) who posit that in many cases, Batswana are of the view that biomedical practitioners ask patients the illness and its cause. It is this aspect of the consultation process, which, as pointed out, challenges the patient who hopes to get such information from the practitioner. It is arguable that this aspect has the potential of discouraging some patients to solely seek health from biomedical practitioners, hence their attraction to traditional and faith healers.

It is from this understanding that it becomes arguable that patients consult traditional healers because they trust their efficacy and effectiveness for healing Setswana ailments in comparison to biomedical practitioners. For instance, it is evident from the findings of the study on Batswana health seeking behaviour that there are specific diseases such as widowhood, food poisoning as well as ‘sexually transmitted diseases (STDs), general body pains, bad luck, headaches, overdue pregnancies, snake bites, bone fractures, *phogwana* (children’s diseases) etc.’, which can only be addressed by traditional healers (Togarasei, Mmolai and Kealotswe, 2016:103).

As can be gathered from the above cited examples, certain diseases related to Setswana culture and belief system are preferably considered to be well attended by traditional healers. The general feeling being that the cited diseases are unknown and complex to biomedical practitioners. The findings of this study further confirm that trust and ability greatly influence Batswana to seek health from traditional healers. One other interesting issue emerging from relevant literature on determinants of health-seeking behaviour is that religion is one of the influential factors. In the light of this observation, it becomes imperative to explore the impact of religious beliefs, spirituality and faith on health-seeking behaviours.

### **Impact of Religious Beliefs on Health Seeking Behaviours**

In this section, we will borrow Levin’s (2001) understanding of the word religion. According to him, “To talk of practicing religion or being religious refers to behaviors, attitudes, beliefs, experiences, and so on that involve the domain of life” (Levin 2001: 9). As we can realise, the above definition is very broad, as it incorporates both established religious institutions and one’s inner life or spirituality. Based on our preceding discussion of major determinants of health seeking behaviours, we now turn our focus to how religious beliefs can specifically influence health seeking behaviours. Such an exploration is capable of creating relevant knowledge geared towards holistic healing among Batswana and other Africans based on patients’ needs and interests. Let us commence our discussion with Gooden (2008) who urges faith healing practitioners to combine healing of the body and that of the soul. We realise from Gooden’s argument that healing should not be confined to the patients’ physical well-being without incorporating their spiritual being. This being the case, it is noteworthy for health practitioners to explore and establish patients’ religious beliefs and spiritual being prior to and during the healing process. Such an approach is capable of creating a favourable working relationship between health seekers and providers.

This is, however, an issue which has been undermined by almost all health providers. For instance, health providers seldom, if ever explore and establish their patients’ choice of health providers. Even though this exploration is undermined, it has the potential of

revealing determinants of health seeking behaviour to health providers. The point to emphasise here is that such a revelation has far reaching positive consequences on health provision. In other words, health providers' awareness of such determinants has a positive impact on their health provision. Arguably, if health providers become aware that patients prefer healers who acknowledge patients' religious beliefs; it is possible for such healers to incorporate patients' religious beliefs and spirituality, during their healing process. In this respect, one must hasten to argue that such an approach could in turn promote collaboration amongst health providers, since they could possibly become interested in knowing more about other health providers. For instance, if medical practitioners gather adequate information related to religious beliefs associated with either traditional or faith healers, it is possible that they could be motivated to research on such information. Arguably, this has the potential of encouraging health providers to contact one another on issues of concern.

The findings of the above mentioned study by Togarasei and his colleagues, reveal that traditional and faith healers are willing to collaborate with modern medical practitioners. Still on this issue of health and beliefs, it appears that Africans link health and wellness to religion (Onunwa, 1986; Magezi et. al. 2017). For instance, the findings of a study by Onunwa (1986) confirm the relationship between the physical and spiritual being of patients, by stating that:

Healing either in the traditional African society or in the ministry of the Lord Jesus Christ is therefore an elaborate enterprise in which the practitioner does not seek only the person's physical wellbeing but also his spiritual and psychological fulfilment (Onunwa, 1986: 58).

What emerges from the above argument is that though philosophically, conceptually and academically distinct entities, in practice religion and health are closely related. In general, such an observation lays a strong foundation in understanding sickness and healing amongst most Africans. It is on the basis of this observation that we now turn our focus to how religious beliefs can determine patients' health-seeking behaviour.

An important point to mention here is that religion has the potential of either encouraging or discouraging patients from seeking help from some health providers. In the first place, some patients may involuntarily seek health service from certain health providers mainly because their religion expects them to do so. A relevant example of such a scenario would be whereby followers visit either biomedical or faith healers, while shunning traditional healers, in order for one to be perceived as being loyal to their faith. There are also rare and extreme instances, whereby some religions forbid followers to seek health from any providers, including biomedical practitioners. The case of the Zezuru tribe in Botswana illustrates such a case, by restricting followers to use modern medicine. Secondly, some religions particularly some forms of Christianity, specifically criticise traditional healers and discourage followers to visit them, hence followers visit these healers during the night, as observed by many researchers on this topic in Botswana, including the writer.

We will commence our discussion with how religion or faith are capable of determining health seekers' preference for biomedical healing, before turning our attention to traditional and spiritual healing. Tabi et. al's (2006:55) observation on this issue is that:

Some patients, especially those of Christian or Muslim faith, associated demonic influence with traditional medicine and thus preferred to use modern medicine.

What emerges from the above argument is that in such circumstances, followers' health-seeking behaviours are directly influenced by their religion, which preaches against traditional healers. As earlier pointed out, patients' loyalty has to be sustained; hence they ultimately shun traditional healers in favour of modern medicine.

As already highlighted, while religious beliefs have the potential of encouraging patients to consult modern medicine practitioners, they are at the same time capable of discouraging patients to visit such healers. In this connection, the findings of the study from Uganda by Nwaka, Okello and Orach (2015) on the treatment of cervical cancer in northern Uganda becomes relevant due to its finding that:

Barriers to biomedical care and community beliefs in the effectiveness of traditional medicines encourage use of traditional medicines for treatment of cervical cancer but might hinder help-seeking at biomedical facilities (Nwaka, Okello and Orach 2015:503).

This example illustrates how beliefs are capable of encouraging patients to seek help from traditional healers on the one hand, and discouraging them to seek help from modern practitioners, on the other hand. What emerges from the above studies is that while the study by Tabi et, al. (2006) illustrates the positive effect of religious beliefs on health-seeking behaviours, the one by Nwaka, Okello and Orach (2015) illustrates both the positive and negative effects of religion on health-seeking behaviours. It is this second study which clearly demonstrates the complexity faced by health seekers with regards their decisions and choices pertaining to health provision.

Turning our focus to traditional healing, available literature on this topic reveals that traditional healing is practised by most Africans. For instance, Patel and colleagues (2015:13) confirm that in Tanzania, traditional medicine is highly used by people from all walks of life for 'daily symptomatic ailments and chronic diseases'. According to this study, strong cultural identity is a factor which influences people to visit traditional healers.

In Botswana, similar findings have been reported by other investigators assessing the use of traditional healing amongst Batswana. For instance, Marobela (2013) confirmed that traditional healing remains popular amongst Batswana. Further still, the findings of the above cited study by Togarasei and his colleagues confirm that even though Batswana do not use traditional healers as their first port of call for health assistance, a significant percentage (39.2%) has consulted traditional healers when they were not well, with 24% being treated and healed.

The findings of this study pointed out numerous reasons given for visiting traditional healers. For instance, it emerged that the majority of respondents' decision to consult traditional healers emanates from the fact that traditional healing is part of their religious belief, tradition and culture, as illustrated by the following extracts, amongst others:

MAS 033 said, 'It is my culture and religious belief', while SE 28 said, 'I am a pure traditionalist who works with ancestors so I first consult traditional doctors to guide me where to seek help' (Togarasei, Mmolai and Kealotswe, 2016:102).

What emerges from the above verbatim quotes from the study conducted on Botswana health seeking behaviour concurs with the observation made by Stanifer et. al (2015) that strong cultural identity is one of the major determinants of health-seeking behaviour among patients in northern Tanzania.

Of more relevance to the central argument of this paper is the observation made by Mwaka and colleagues that some of the issues capable of influencing patients to prefer traditional medicine are 'socio-cultural beliefs about the superiority of traditional medicine and privacy in accessing traditional healers' (Nwaka, et al. 2015:503). The point to emphasise here is that culture and religion are closely related; they both encompass sets of beliefs, values, attitudes, interpersonal relationships, amongst others. It is on this ground that we realise that in Tanzania religion is one of the major determinants of health seeking behaviours, with specific reference to traditional healing. In other words, in such a scenario, one cannot argue that culture, and not religion, influences Tanzanians to seek health from traditional healers. Hence it becomes appropriate in our current discussion to argue that religious beliefs are determinants of health-seeking behaviour among Tanzanians and Botswana.

With this in mind, let us now explore and establish how religion impacts health-seeking behaviors by restricting patients from seeking help from traditional healers. To begin with, in Botswana, as Kealotswe (undated) observed, traditional healers were despised by both Christian missionaries and western culture. According to Kealotswe (undated:115), even though the 1972 Societies Act necessitated the registration and recognition of these healers, their "influence in the community was taken over by the prophets who paraded under the Christian umbrella." He further points out that in many cases, Christians prefer faith healers to traditional healers because visiting the latter is likely to be alleged to be sinful.

What emerges from Kealotswe's observation is that the negative role played by religious beliefs towards traditional healing has a substantial potential to restrict patients from visiting traditional healers. This observation which concurs with Tabi et al. (2006) is further confirmed by Onunwa (1986: 62), who argues that, "A strong faith in God enables a man to decipher the basis of any sort of ritual involved in any form of traditional healing." However, as already argued, some patients involuntarily or pretend to undermine the role of traditional healing in their lives, hence they visit these healers in secret. Still on this issue, another relevant research study conducted among the indigenous tribes along the Okavango Delta in Botswana by Bolten (1998) reveals that the locals who converted to Christianity ceased using traditional medicines. He concludes by lamenting that:

The pattern of people converting to the church and using either faith healing solely or both the church and the hospital is not one that will be slowed or altered unless the people can be given a pragmatic reason to believe in the power of their traditions (Bolten (1998).

This conclusion creates awareness that traditional healers are part of the African culture and religion. This being the case, perhaps restricting African patients from seeking health from these healers creates both personal and social conflict. In the first place, personal conflict is created by their guilty conscience of leading a double life; pretending loyalty to their religion by appearing not to be seeking health from such healers, whilst the reality is that they do so in secret. If ever discovered, fellow Christians and the community at large would accuse them of living double standards. Further still, both church leaders

and other followers would despise them for breaking their loyalty to the teachings of the religion, hence a social conflict.

With regard to faith healing, available literature on health reveals that besides biomedical and traditional healing, faith healing is also common among many Africans. In general, Christian patients prefer such health providers for both diagnosis and healing, instead of biomedical and traditional healers. It emerged from studies on this topic that reasons for consulting faith healers emanate from Christian beliefs and teachings. For instance, belief in God, belief in prayer and trust in some faith healers are among the common reasons for preferring these healers. It is against this background that we realise that religious beliefs encourage patients to seek help from faith healers, on the one hand and restrict them from visiting traditional healers, on the other hand. It is therefore possible to argue that religious beliefs greatly influence health seekers' behaviour.

### Conclusion

The paper explored major determinants of health-seeking behaviours, with the view to establish the role of religious beliefs and faith in this respect. It was argued that due to the numerous and diverse determinants, health-seeking behaviours are very complex. One major conclusion of this paper is that while patients' health-seeking behaviours seem to be influenced by various factors, faith, spirituality and religious beliefs greatly encourage or discourage patients to seek help from specific health providers. Based on this observation, this paper argues that in order to provide holistic health among patients, health providers need to be fully aware of this role. This paper therefore challenges both medical and theological training institutions to specifically construct curriculum materials geared towards the promotion of attitudes of tolerance and respect among existing health providers among Botswana. It urges medical practitioners to be aware of patients' religious beliefs and faith in order to appreciate and integrate them in their healing. This being the case, religious beliefs should form part of the curricular for training institutions for medical doctors.

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