THE IMPACTS OF PETTY CORRUPTION IN HEALTH SECTOR PERFORMANCE IN KINONDONI MUNICIPAL: A CASE OF MWANANYAMALA HOSPITAL

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CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by The Open University of Tanzania, a dissertation entitled **"The Impacts of Petty Corruption in Health Sector Performance in Kinondoni Municipal: A Case of Mwananyamala Hospital"**, in partial fulfillment of the requirement for the degree of Master of Monitoring and Evaluation of the Open University of Tanzania.

Dr. Harrieth G. Mtae

(Supervisor)

Date

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DECLARATION

I, **Shomary Salim Mndolwa,** do hereby declare that, this dissertation is my own original work and has not been submitted for a degree award at any other university or higher learning institution and it will not be presented anywhere else.

……..

Signature

……..

Date

DEDICATION

This work is dedicated to my late mother Fatuma Shomary and my Daughter Hawa Shomary with Love and Respect.

ACKOWLEDGEMENT

The successful completion of this dissertation was enabled by valuable contributions from various people. First and foremost, I am grateful to God the Almighty for His blessings and protection from the beginning to the ending of this study programme. My second and sincere gratitude should go to my research mentor, Dr. Herieth Mtae, for her tireless efforts and constructive guidance toward the success of this work. I do much appreciate the advice on various technical issues and methodologies she extended to me throughout the study. This study would not have been realized without the input of Doctors, Nurses and other staffs of Mwananyamala Hospital and their Patients for their cooperation and support during field work.

ABSTRACT

This entails an inquiry on the impact of petty corruption on health sector performance in Kinondoni Municipality in Tanzania. The study was guided by three hypotheses which have been developed to be tested on health sector performance in Tanzania which were favoritism, unethical practices and unfair treatment. The study was performed using explanatory study design using causality testing approach in ensuring knowledge gathering and creation in filling the study gap. Data were specifically collected in Mwananyamala Hospital from both the health service providers and the patients as the beneficiaries of the services using the questionnaire. The information as facts to generate knowledge were assembled and computed in SPSS for generation of analytical tools to present the data. Descriptive statistics were first generated to show the profile of the respondents. Moreover, correlation and multiple regression analysis was performed to show the existing relationship between study variables. The results as findings were certain and clear that all three study hypotheses were positive and significant statistically on health sector performance. This shows that health sector performance in Tanzania is negatively affected by petty corruption through favoritism, unethical practices and unfair treatment. The study further recommends that the government must first work on the needs and wants of the health practitioners pertaining to their salaries conditions and situations that once they are well improved, the issue of petty corruption may be largely washed away since they practice that as a result of the personal situations as work place.

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LIST OF ABBREVIATION

GDP	Growth Domestic Product
SPSS	Statistical Package for Social Science
TMA	Tanzania Medical Association
URT	United Republic of Tanzania
USA	United States of America
USAID	United States Agency for international development.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Introduction

The chapter presents the setting of the study and inquiry in terms of its formulation from the general perspectives to the actual issue to be inquired. The setting of the inquiry is supported by various sections in the chapter such as background information to the researched problem, statement of the problem, research objectives and questions, significance of the study and the organization of the study. Since that is the case, the setting of the study is shown in the following manner.

1.2 Background to the Problem

Petty corruption refers to a form of corruption practice which occurs at a small scale which takes place at the implementation end in public service provision when the officials or executors of something direct meet the public and or people they serve or expect to serve (Heywood, 2014). It implies the delivery of service in expectation of something in form of reward and or money which is not legally allowed to receive from the service delivered and or offered (Butscher, 2012). Petty corruption is a corruption like any other form and or category through it takes places at a smaller scale and sometimes not easily visible (Heidenheimer & Johnston, 2011).

Petty corruption is the practice which is an ethical and contrary to integrity which takes places in public entities and realms as well as private settings for the purpose of accessing certain needs and services quickly and sometimes contrary to the set rules

and regulations (Senior, 2006). Despite that, in some situations petty corruptions may exist as a result of the conditions set indirect by some practitioners to the beneficiaries of certain services and needs for their own personal gains and advantages (Kaufmann & Vicente, 2005). Since the practice is unethical, it is also considered unwanted and constitutional in public entities and sectors such that severe punishments and repucations follow to anyone caught engaged in such actions (Locateli & Mariani, 2017).

Private settings and entities on the other hand strict forbid such practices to the extent that there are strict rules forbidding petty corruption in service delivery whereas there are also heavy and very severe punishments without mercy to those caught engaged in such acts depending on the entity as most tend to dismiss the employee(s) and some advance to the level of taking the person(s) concerned to court (Alt, 2015). Petty corruption takes place in various sectors in the country(s) if not all including the health sector as being among the common sectors with massive petty corruption if monitoring is poor because the needs of the people are immediate and quick to the extent that most people in such conditions are desperate to the extent that it is easy to issue petty corruption (Cohen, 2012).

In Tanzania, there are several sectors in the economy both public and private with significant contribution in the economy such as agriculture, mining, industrial, and others as they play significant contribution in the gross domestic product (GDP) of the country, income of the individuals, income to the government through taxation and service provision user charges schemes, employment creation and generations

and several others (Haazen, 2012). However, among existing sectors in the economy is the health sector which is engaged in the provision of health related concerns to the people through hospitals, dispensaries, and health centers in various setting and localities in the country (Kolstad & Lindkvisk, 2013).

The sector essential and among the important in the economy due to the services offered that they constitute primary duty of the government and the nation as well to make sure that health facilities are available and are well equipped to ensure that the services provided and granted are relevant and reliable on equitable bases to each and every one to enjoy as the good citizen of the United Republic Tanzania (McIntyre, 2008). Regardless of that, the sector is constrained by various challenges and shortcomings to both practitioners as health service providers as well as the beneficiaries of the services known as patients and others (Bultman, Kanywanyi, Maarifa & Mtei, 2012).

Among existing challenges are the petty corruption which exists in most public health centers and service providers in various levels such as district all the way to the national levels (Mtei, 2012). This is evident in most public health centers in the country that for one to receive good service must be ready to issue petty corruption to the respective health providers such as nurses, doctors and others to be well served and sometimes to get quick services contrary to the practice and set rules and regulations (USAID, 2010).

The practice has had impact to the performance of the health sector in the country because Mtei (2012) suggests that there has been tendency of favoritism practices in

service provision by health service providers whereas they tend to favor those willing to give petty corruption and ignore others not willing and able to do that. Also there has been persisting unethical practices supported by the persisting petty corruptions as the practices entails persistence of such practices which are unethical and unwanted as they contradict integrity and ethics.

Moreover, petty corruption fosters the occurrence and persistence of unfair treatment in the service provision by providers as they only value those willing to give small bribes to them than those unwilling and not able to do so. Since that is the case, there is a need to envisage an inquiry to assess the impact of petty corruption on health sector performance in Tanzania based on the three identified concerns such as persisting favoritism, persisting of unethical practices and the persisting unfair treatment.

1.3 Statement of the Problem

Petty corruption is unwanted practice in health sector due to the fact that it constitutes negative outcomes alone with none of the positive because it escalates the persistence of the practice which keeps the sector deteriorating as time goes on since fairness tends to disappear (Pahis, 2009). Also petty corruption fosters unfair treatments in service provision to the extent that those willing to give petty corruption are the ones considered important and useful which defeats the purpose of the practice as well as the government concern on health service delivery in the course of delivering goodies to the people (Hamilton & Hudson, 2014).

With that, the government having realized that it has taken various measures to overcome the situation such as direct restriction and forbid through laws in place, ethical conducts, integrity measures (McIntyre, 2008). Despite such efforts the situation pertaining to petty corruption practices has been persisting which has been causing massive impacts whereas Mtei (2012) suggests that petty corruption has been fostering favoritism practices in service delivery among health service providers, also the practice has been influencing persisting unethical practices in the health sector as well as unfair treatment. In that case, the study seeks to assess the impact of petty corruption through causal relationship approach on the performance of health sector in Tanzania.

1.4 Research Objectives

1.4.1 General Objective

The general objective of the study was to assess the impact of petty corruption in the performance of sector in Tanzania.

1.4.2 Specific Objectives

i) To examine the effect of favoritism in health sector performance at Mwananyamala Hospital.

ii) To evaluate the extent to which persisting unethical practices affect the performance of health sector in Mwananyamala Hospital.

iii) To assess the consequences of unfair treatment in the performance of health sector at Mwananyamala Hospital.

1.5 Research Questions

1.5.1 General Question

What are the Impacts of petty corruption in health sector performance with in in Kinondoni Municipal: The case of Mwananyamala Hospital?

1.5.2 Specific questions

i) What are the effects of favoritism in the health sector performance in Mwananyamala Hospital?

ii) To what extent do persisting unethical practices affect performance of health sector in in Mwananyamala Hospital?

iii) What are the consequences of unfair treatment in the performance of health sector at Mwananyamala Hospital?

1.5.3 Study Hypotheses

The study assessing the impact of petty corruption on the performance of health sector in Tanzania. The main study assumption is that petty corruption negatively affect performance of health sector in Tanzania. In that regard, three hypotheses as predicting variables to the study were formulated namely favoritism, unethical practices and unfair treatment.

Therefore, the hypotheses are presented as follows;

H1: Favoritism negatively affects performance of health sector in Tanzania.

H2: Unethical practices negatively affect performance of health sector in Tanzania.

H3: Unfair treatment negatively affects performance of health sector in Tanzania.

1.6 Significance of the Study

The study is important in the sense that it shows the effects of petty corruption practices in the performance of health sector in Tanzania. The study further shows the contribution of persisting favoritism, persisting unethical practices and unfair treatment on the performance of health sector in Tanzania. The study may be useful in policy influence and formulation pertaining to the measures and means to overcome the situation and enable the smooth and good practices in the sector. The study finally enables the completion of the study since it is the partial fulfillment to be completed.

1.7 Organization of the Study

The study consisted of five respective chapters whereas the first chapter indicated the study overview. The second chapter showed the literature review of the study. The third chapter highlights the methodology of the study. The fourth chapter indicated the results, analysis and the discussion of the study. The last chapter presents the summary, conclusion and the recommendations of the study for that matter.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

The chapter presents the review of the literature which comprise of theoretical and empirical reviews. The theories tend to provide perceptions and views of others in line with the study while the empirical studies intends to show the existing gaps in the literature in line with the study undertaking. Moreover the chapter presents the conceptual framework which clearly shows the existing relationship between study variables and the way they influence each other in filling the inquired gap.

2.2 Definition of Terms

2.2.1 Corruption

Corruption refers to the act of giving and receiving something of value for personal gains through means which are unwanted and unethical with clear knowledge and intention of the action being performed and the expectations (Vian, 2010).

2.2.2 Petty Corruption

This is the corruption which are done on the small scale or the corruption which is done on the low-level (Carrin, 2009). The corruption amount seems to be little if we compare it to the overall business transactions. Petty corruption has reeked up the overall business performance and thus the whole corporate world is getting affected because of it (Heywood, 2014).

2.2.3 Health Sector

Health sector refers to the whole undertakings in a country whether public or private in relation to health related issues such as hospitals, dispensaries, Ministries, departments, sections and others (Murray &Frenk, 1999). This entails the operations and tasks performed and taking place in the country legally recognized and constitutional in line with health care.

2.3 Theoretical Reviews

2.3.1 Principal-Agent Theory

This is the theory applied in business, economics, administration and several other disciplines including business related issues. The theory asserts that in any undertaking there are two actors whether individual(s) and a group such as the principal and the agent (Mooney, 1992). The two actors depends on each other such that in performance they always depend on one another since the practice of one implies the success of the other and vice versa (Ryan, 1993). With that, the principal stands as the leading actor in decision making with the agent receiving order from the principal and responds to them accordingly.

The theory is useful in various settings including administration and business since the relationship in tasks and operations has always been between the principal and the decision as being the senior(s) and the junior(s) such that they all depend on each other on performance and realization of task objectives (Ryan, 1994). Despite that, the theory has been criticized on the ground that it has focused on the relationship between the two actors as only being linear while the actual fact in practice

sometimes and in most cases the relationship may as well be reciprocal which the theory has not taken into account that fact (Kayode, 2013).

The theory is important to the study since it best address the situation on the impact of petty corruption in health sector performance that the service providers in health sectors including doctors, nurses, midwives, attendants and others usually stands as the principals; while the patients seeks to be assisted by the service providers are the agents. However, efficiency may only take place once each actor performs all the required duties ethically with full of integrity. In that note, in occasions where the principal in any category among service providers requests for petty corruption; automatically health sector performance is affected.

2.3.2 Functionalist Theory

This is the social theory which has been formulated and propagated by Emile Durkheimin studying social events and phenomenon (Durkheim, 1932). The theory asserts that the society is composed of different parts which function together in order to maintain social stability and meet needs of the society (Parsons, 1951). The theory further suggests that different parts of the society depend on each other and if one part is not functioning properly, the other part experiences malfunctioning which may result to negative outcomes.

This is evident since the society is made up and composed of units which depends on each other in functioning for stability creation such that once they function well and consistent outcomes tend to be positive and vice versa (Parsons, 1951). The theory is

being appraised by the fact that it well address the reality of the society and its composition in all the undertakings. The theory is significant to the study since the health sector is a social encounter and phenomenon with people seeking services from the providers to be served.

With that, the service providers are expected to function diligently through observing ethics and integrity such that once the practice is the opposite to integrity and ethics in various ways including through petty corruption, the entity tends to malfunction as a result of the failure of compliance on the unit which produce defect in the entire health sector in the country for being dysfunctional.

2.4 Empirical Reviews

2.4.1 World Studies

Lewis (2006) conducted a study in United States of America (USA) on the role of governance and corruption in public health care system pertaining to performance. The study has been situated in the context of United States of America (USA) to reflect governance structures and initiatives pertaining to the performance of public health care system in the country. The study employed survey design as the methodology to undertake the study for the purpose of generating the required knowledge prior to the gap that was envisaged.

Results indicated that governance is the key determinant for the performance of health care facilities and services in the United States and in any other country. This is due to the fact that the governance system and pattern its very nature constitutes

influence on the way the entities may behave such that if it is strict and strong automatically behavior is reflected to the practitioners as well. However, with the governance structure in United States it entails good performance in public health care system.

Thi and Vien (2012) waged an inquiry on means to confront corruption practices in health care facilities in Vietnam. The study assessed the means used and applied to tackle and combat corrupt practices in health care facilities in Vietnam. The study has been performed within Vietnamese context whereas the methodology used for the study was cross sectional survey. Results indicated that the government is highly strict on corruption practices such that once one is caught are automatically sent to death penalty and or sentence.

The decision to be in that manner is attributed by the fact that those in need in heath sector(s) are usually the sick with issues which are not stable and certain pertaining to their lives and well-being. However, once corrupt practices exist and takes place in the sector implies loss of life for those not able to comply in one way or the other. This has been useful measure in combating corruption and corrupt practices in health sector as well as other sectors in the country which assures the practices in line with integrity and ethics.

2.4.2 Tanzania Studies

Haazen (2012) conducted a study on challenges hindering the facilitation of adequate health care facilities being provided to the poor people in various localities in

Tanzania. The study is situated within Tanzanian environment such that the methodology employed to conduct the inquiry has been survey design. Results indicated that several reasons have been the challenges to the facilitation of the provision of adequate health care in Tanzania whereas among them is petty corruption in various public settings.

This is an issue of concern since most health service providers in Tanzania are the public entities such that with petty corruption in place among health service providers there have been tendencies of favoritism, unethical practices and unfair treatments which have been undermining the performance of the health sector. In that case, it has necessitated the conduct on the inquiry to assess the impact of petty corruption on performance of health sector in Tanzania.

McIntyre (2008) also envisaged an inquiry on the factors leading to the total country's coverage achievement on health care provisions in countries of Ghana, South Africa and United Republic of Tanzania (URT). The study has been conducted with reference to three countries with Tanzania being one of them. The methodology used was comparative approach whereas the results showed that in South Africa a great deal of success has been achieved. However, with Tanzania and Ghana it has been difficult to achieve the adequate coverage on the provision of the services.

This has been attributed by several concerns whereas petty corruption has been one of them which have caused favoritism practices, persistence of unethical practices and the unfair treatments which have entirely affected the sector. This entails the

need to wage the inquiry in assessing the impact of petty corruption on the performance of health sector in Tanzanian environment.

Despite the government has set good principles to be practiced as rules and regulations guiding health care practitioners in various health services in public health facilities there have been a tendency of petty corruption which is demanded by service providers both direct and indirect which has been causing underperformance since Mtei (2012) suggests that it has been influencing favoritism, unfair treatment and persisting unethical practices. This has necessitated to wage an inquiry to assess the impact of petty corruption on performance of health care in Tanzania.

2.5 Research Gap

The study undertaken focuses on the impact of petty corruption on performance of health sector in Tanzania with reference to Kinondoni Municipality. The issue of concern as the problem is that health sector is mostly dominated by the public settings in Tanzania to reach and serve many such that its effectiveness and efficiency lies on the performance of the tasks in line with ethical conduct and integrity. However at the moment the delivery of the services has been attributed by several malpractices including petty corruption practices from the services providers. This has been affecting performance since Mtei (2012) suggests that petty corruption has been causing favoritism, persisting unethical conducts and unfair treatments which entirely affect the performance of the health sector in Tanzania. In that case, the study is being waged to assess the impacts of petty corruption on the performance of petty corruption in line with the suggested variables of the study.

2.6 Conceptual Framework

Conceptual framework refers to the analytical model which shows study variables in the inquiry and the way they may influence one another in the course of filling the inquired gap for that matter (Rodman, 1980). The description of the study variables is well shown through the model described in a sketch as the figure which is illustrated below.

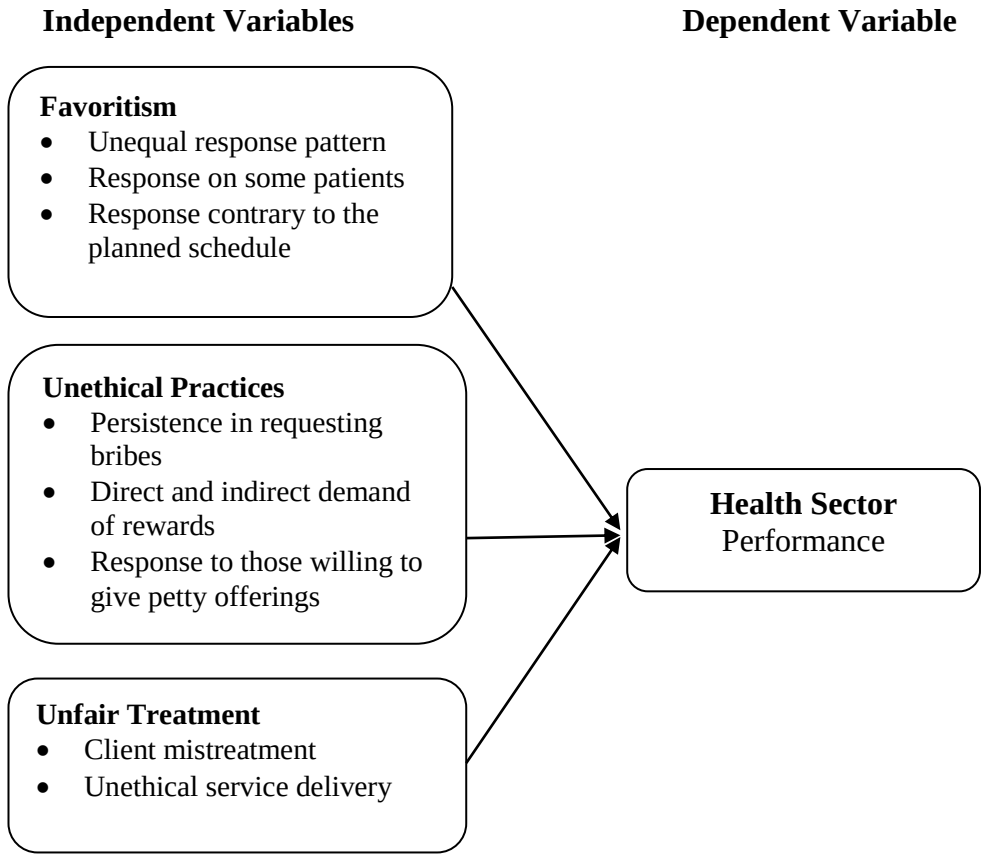

Figure 2.1: Conceptual Framework

Source: Designed by the Researcher

The study constitutes three independent variables as predictors to the dependent variable which are favoritism, unethical practices and the unfair treatment among health providers which undermines performance in the health sector. Favoritism is

enhanced through unequal pattern of response to the service provision pattern to the patients, willingness to respond to some patients since they are easy to offer something contrary to the ethics, and willingness to serve some patients contrary to the planned schedules and regulations such as breaching of queue and others.

Despite that, unethical practices on the other hand undermines performance in health sector in Tanzania through several means such as persistence in request for bribes, direct and indirect demands of rewards which are contrary to the ethical standards, as well as response to the clients willing to offer the petty requirements which are unethical and contrary to integrity. Moreover, unfair treatment among health service providers also affect performance in the sector through mistreatment of clients unable to offer the petty bribes, delivery of services contrary to ethical standards and requirements.

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CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

The chapter presents the methodology which the study undertook to accomplish the entire process of knowledge creation and addition to a certain study field. The methodology comprises several sections such as design of the study, research philosophy, study area, data types, sample size and sampling, data collection approaches, validity and reliability, analysis of the data and ethical issues. Therefore, the chapter consitutes the following.

3.2 Research Design

This entails the means employed to enable information gathering to fill the inquired gap (Creswell, 2012). Since that is the case, the study used explanatory study design which intends to assess the causal relatiosnhip between study variables both depednent and independent ones in filling the knowledge gap of the study.

3.3 Research Paradigm

This implies perspectives in the study scientific inquiries for the purpose of filling the study gap (Laudan, 1977). There are only two perspectives for the pursuance of scientific studies which are positivism and phenomenology with focus and implications on knowledge and reality. The study uses positivism approach because knowledge to begin with is gathered through the use of structured instrument which is the questionnaire. The reality on the other hand is determined and described through the grouping of the ideas set in relevant research questions guiding the study.

3.4 Area of the Study

The area selected for the study was Kinondoni Municipality specifically Mwananyamala Hospital since it is among the leading public referal hospital in the country and Dar es Salaam region. In that case, it is a public hospital which serve as the best area for the inquiry to be undertaken in generating adequate primary for filling the knowledge gap.

3.5 Study Population

The population of the study to gather respondents to provide primary data to fill the study gap will be obtained from the relevant study area which consisted of the subjects within practitioners in the organization. The unit of inquiry for that matter consisted of the people and or individuals as practitioners and not any other creature and substances.

3.6 Sample Size

The study constitute service providers and the customers as the sample sizes for the study. This is due to the fact that the sample sizes serve as the best and adequate unit of inquiry as subjects since they are useful in providing direct responses to fill the knowledge gap. In that case, the study consisted of the sample size of 100 respondents whereas 25 were medical doctors, 25 were nurses and 50 patients.

The selection of the sample size is derived from Webb (1991) that once sample size is between 100 and 1000 10% of the respondents can be used as the sample size. If the population again is between 1001 and 2000 then 5% can be used as the sample

size. If the population is greater than 2000 1% of the respondents can be used as the sample size. However, Dar es Salaam office as the Head quarter in Tanzania consitutes a population greater than 2000 which is clear that the sample size is within the range.

3.6.1 Sample Procedure

The study used both random and purposive sampling techniques whereas random sampling was used to pick patients since they are many and could be obtained by chance. They were selected randomly since as patients they experienced similar conditions and treatmems to the exent that anyone in the group may serve as useful in generating the relevamt primary data. Purposive sampling technique was used to pick doctors and nurses since they are respondents with a purpose such that only in such category were picked. They were selected purposely as practitioners to provide further insights on the persisting situation.

3.7 Types of Data

The study uses primary and secondary data as relevant sources and catatlysts to fill the study gap which are well elaborated as follows:

3.7.1 Primary Data

These are fresh hand information obtained from the field (Emmel, 2013). Primary data were gathered from the field through the respective data collection tool for the generation of the data. They were used to fill the identifed knowlede gap of the study.

3.7.2 Seondary Data

Secondary data are information obtained from the already existing written works such as books, articles, papers, journals and others both published and unpiblished in line with the inquired subject (Trochin, 2000). The data were collected in line with the study hypotheses which used as complementing tool for the primary data particularly on the discussion of the study findings.

3.8 Methods of Data Collection

3.8.1 Method of Secondary Data Collection

The method was going through documents of variety in nature both published and unpublished ones in relation to the study hypotheses. The gathered data were used to support primary data as fresh information in the discussion of the results of the study.

3.8.2 Methods of Primary Data Collection

3.8.2.1 Questionnaires

Questionnaire refers to the list of questions printed on papers on the researched issue or subject (Gillham, 2008). The questions set for the researched issue or subject of anykind can either be open ended or closed ended. With that, the method was used to all doctors ,nurses and patients selected for the study to get the required and reliable data because they were adequate and reliable members as participants relevant to provide reliable data to fill the study gap since they are practitioners of the issue for adequate organization performance. They were expected to provide data which will enable the conduct of causality assesssment to fill the study gap. Also, the

questionnaire were used in data collection since the study seek to perform causality test requring measurable and quantifiable data.

3.9 Validity and Reliability

These are measurements specifically to ensure data quality attainment and variable consistence on the collected information. In that case, they are described as follows:

3.9.1 Validity

Validity refers to the instrument which indicates the degree of measurement on what is supposed to be measured (Beer, 1993). Since that is the case, validity is performed to ensure that data quality is well attained on the study variables. This was achieved through the use of pilot test, which is pre-testing of the questionnaire as the data collection tool.

3.9.2 Reliability

Reliability on the other hand refers to the measurement which is reliable as it provides consistent results (Ritter, 2010). With that, reliability can be best measured and determined after the field work where as results of the study as findings determine the reliability of the study. Reliability test is performed to assure the consistence of the study variables for the inefrential analysis to be performed. Therefore, it was tested and verified through Cronbach alpha test. The test is well illustrated in table 3.1 shown below.

Table 3.1: Cronbach Alpha Test

Study Variables	Cronbach Alpha Values
Favoritism	0.832
Unethical Practices	0.868
Unfair Treatment	0.843
Health Sector Performance	0.801

Source: Field Data

Facts highlighted in table 3.1 are Cronbach Alpha values for the study variables such that the outcome is that all study variables as shown in the table are all reliable with high level of consistence for the conduct of inferential analysis. This is evident since Ritter (2010) states that the reliability measurement of variables of the study using the test is well determined by the Cronbach Alpha values that once they are 0.7 and above; it is a measure that the variable with such measurement are reliable. With that, table 3.1 is clear that all study variables constitutes Cronbach Alpha values of above 0.8 which is certain that all variables are reliable.

3.10 Data Analysis

The collected data were clustered into qualitative and quantitative variables. The questionnaires were subjected to SPSS for analysis to get simple descriptive statistics such as frequency tables and percentages in revealing profile of the respondents.. Correlation and multiple regression analyses were used to clearly indicate the relationship between the independent and dependent variables. The study is rather quantitative, but supported qualitatively.

In that case, the study is well described by the model which is stated by Kraus (2006) illustrated in the following manner.

$$HSP = \beta_o + \beta_1 F + \beta_2 UP + \beta_3 UT + e$$

Whereas:

HSP	=	Health Sector Performance
$\beta_o, \beta_1, \beta_2, \beta_3$	=	Constant estimated Factor
F	=	Favoritism
UP	=	Unethical Practices
UT	=	Unfair Treatment
E	=	Random Variable

3.11 Ethical Consideration

Ethical issues are mandatory in the conduct and pursuance of the inquiry in terms of adhering to the university rules and regulations including possessing adequate research permit for data collection and presentation of an original work which is not subject to plagiarism. Despite that, confidentiality of the respondents was well observed as none of the confidential information pertaining to the respondents were ever be revealed by the researcher.

CHAPTER FOUR

4.0 STUDY RESULTS, ANALYSIS AND DISCUSSION

4.1 Introduction

The chapter highlights the study results as information collected from the field to fill the gap of the inquiry on the identified knowledge gap. The chapter also shows the analysis of the study results as well as the discussion of the study results. The chapter is well presented in line with the study hypotheses guiding the study. The chapter is well described in the following manner.

4.2 Respondent Characteristics

4.2.1 Health Sector Service Providers

The key respondent features were well assessed to provide a clear view of the health sector in line with the service providers and the beneficiaries as the patients which are well described using key variables representing the profile of the study participants. The variables used for the elaboration of the profile of the study participants were age of the respondents, gender and the level of education with the facts being shown in table 4.1 below.

Table 4. 1: Service Providers

Variables	Frequencies	Percentages
Gender		
Male	22	44%
Female	28	56%
Age		
21-30	2	4%
31-40	24	48%
41-50	15	30%
50+	9	18%
Education		
Certificate	6	12%
Diploma level	11	22%
First degree	21	42%
Master degree	12	24%

Source: Field Data

4.2.1.1 Gender

Table 4.1 shows the profile of the respondents among service providers as being medical doctors and the nurses respectively. The results were certain in a manner that on gender of the respondents male were 22 (44%) of the respondents; while 28 (56%) respondents were female. This implies that in Tanzania health sector among service providers anyone is allowed to become one provided that has performed to the requirements and standards set to serve in both public and private entities. The view corresponds with Haazen (2012) suggesting that in Tanzania all people regardless of the gender are free to study and engage in health sector for performance provided that they have all required qualifications and requirements to be enrolled

and qualify as health service providers whether medical doctors, nurses, clinical officer, laboratory technicians and others.

4.2.1.2 Age

On age results are such that 2 (4%) respondents were aged between 21-30 years, 24 (48%) respondents were aged between 31- 40 years, 15 (30%) respondents were aged between 41-50 years; and 9 (18%) respondents were above 50 years of age. This implies that most medical practitioners in Tanzania lies between mid-aged group and above in the field. The view is in line with McIntyre (2008) stating that most medical practitioners in various specializations in the field range from mid aged group and above since the time spent in school for the profession to be well acquired by an individual is long enough difficult to have most practitioners below mid aged group.

4.2.1.3 Education

In addition to that, on the level of education results are such that 6 (12%) respondents were certificate holders, 11 (22%) respondents were diploma holders, 21 (42%) respondents were first degree holders, and 12 (24%) were masters degree holders. This implies that health service providers are professional practitioners in all that they perform such that in several levels from elementary to the highest levels as specialists they all perform provided that they have certain qualifications fostering them to perform. The statement is well supported by Mtei (2012) providing that medical practitioners in Tanzania and all over the globe are professionals in all that they perform.

4.2.2 Patients

Apart from health service providers the profile of the beneficiaries as patients for that matter are well described in table 4.2 below.

Table 4.2: Beneficiaries

VARIABLES	FREQUENCIES	PERCENTAGES
Gender		
Male	31	62%
Female	19	38%
Age		
21-30	16	32%
31-40	14	28%
41-50	20	40%
Education		
Certificate	9	18%
Diploma level	13	26%
First degree	17	34%
Master degree	11	22%

Source: Field Data

4.2.2.1 Gender

Results in table 4.2 are clear that gender of the patients consisted of 31 (62%) respondents as male and 19 (38%) respondents as female. This implies that patients as beneficiaries in health sector both in public and private constitutes both men and women. The view tallies with Bultman, Kanywanyi, Maarifa and Mtei (2012) suggesting that health sector beneficiaries are usually both men and women since anyone may fall sick expecting to be served and attended by the available health services.

4.2.2.2 Age

Despite that, age of the beneficiaries on the other hand include 16 (32%) respondents as being 21-30 years; 14 (28%) respondents were aged 31-40 years; and 20 (40%) respondents were aged 41-50 years. This implies that beneficiaries of the health services in Tanzania constitutes individuals in all age groups whether youth, young, adults and the elderly. The view corresponds with Mtei (2012) suggesting that beneficiaries of health services in Tanzania comprise individuals in all age groups such as the youth, adults, and the aged.

4.2.2.3 Education

Moreover, beneficiaries level of education was certain that they include all levels whereas those able to write 9 (18%) were certificate holders; 13 (26%) were diploma holders; 17 (34%) were first degree holders; and 11 (22%) were masters degree holders. This implies that being a beneficiary of the health services among people as patients all as being both the educated and non-educated ones as people at certain points gets to be beneficiaries of the entities. The claim is supported by McIntyre (2008) state that an individual to become a patient as a human being may be facing anyone regardless of the level of education.

4.3 Results, Analysis and Discussion of the Study Hypotheses

Results of the study, the analysis and discussion are well described using mean and standard deviation for the purpose of showing the predicting variable which influences most the dependent variable. Despite that, correlation and mulitple regression analysis are also performed in presenting results, analysis and discussion

to show the causal relationship between study variables. The elaboration is performed in a manner that is as follows:

4.3.1 Mean and Standard Deviation

The analysis on the measures of central tendency is well performed with results being shown in table 4.3. However, mean was performed to show the variable among study predictors influencing the dependent variable most than others in the data set. Despite that, standard deviation was also conducted to show the variation between variables in the data set. In that case, table 4.3 describes the results as follows:

Table 4. 3: Mean and Standard Deviations

	Mean	Standard Deviation	N
Health Sector Performance	3.142	.4012	100
Favoritism	3.813	.4800	100
Unethical Practices	3.352	.4314	100
Unfair Treatment	3.513	.4522	100

Source: Field Data

Results in table 4.3 on the mean analysis are certain that favoritism as the independent variable influences dependent variable most than other variables in the set since it has the highest mean value than others. This entails the fact that health sector performance is largely affected negatively through favoritism practices as a result of petty corruption practices. The standard deviation also shows that variance between variables are highly close to one another which is clear that respondent views did not differ much on their perception in generating primary data. Therefore, the level of dispersion is minimal.

4.3.2 Correlation and Multiple Regression

Correlation and multiple regression analysis has been performed to show the existing relationship between study variables whereas first the overall analysis of the study hypotheses is performed on the dependent variable using model summary test with results illustrated in table 4.4.

Table 4. 4: Model Summary

Model	R	R square	Adjusted R Square	Std error of estimate	Change statistics			Durbin-Watson
1	.869	.815	.810	74.836	.762	84.969	.000	1.884

Source: Field Data

Independent Variables: Favoritism, Unethical Practices and Unfair Treatment
Dependent Variable: Health Sector Performance

Results in table 4.4 shows general test of all study hypotheses on the dependent variable which is well elaborated using the value of R^2. In calculating the percentage of the R^2, The model shows that health sector performance in Tanzania is negatively affected using petty corruption practices through favoritism, unethical practices and unfair treatment by 81.5%. This implies that performance of the health sector in Tanzania is negatively affected through petty corruption practices in public entities providers mostly since the practice fosters favoritism, persistence of unethical practices and unfair treatment. This shows the study assumptions have been identified to be positive whereas they have all been attained

4.3.2.1 Correlation Analysis

The analysis is well performed to show the variable among the independent ones as predictors with highest influence on the dependent variable with results being described in table 4.5.

Table 4. 5: Correlation Analysis

		Health Sector Performance	Favoritism	Unethical Practices	Unfair Treatment
Person corr.	Health Sector Performance	1	0.551	0.406	0.488
	Favoritism	0.551	1	0.09	0.078
	Unethical Practices	0.406	0.14	1	0.112
	Unfair Treatment	0.488	0.108	0.113	1
Sig. (1-tailed)	Health Sector Performance	1	0	0	0
	Favoritism	0	1	0.015	0.08
	Unethical Practices	0.609	0.005	1	0.008
	Unfair Treatment	0	0.11	0.016	1
N	Health Sector Performance	100	100	100	100
	Favoritism	100	100	100	100
	Unethical Practices	100	100	100	100
	Unfair Treatment	100	100	100	100

Source: Field Data

Table 4.5 shows the values of correlation on all study variables such that it has been noted that the highest correlation is on favoritism. This signifies that performance of the health sector in Tanzania is largely affected negatively by petty corruption

practices through favoritism than unethical practices and unfair treatment since the variable has the highest influence constituting highest correlation value than other variables. Despite the fact that correlation is significant, the coefficient is small which is certain that there is no multicollinearity. This is an error to be resolved since it is best handled by multiple regression analysis.

4.3.2.2 Multiple Regression Analysis

The analysis shows the influence of each and every study hypotheses as the predicting study variable on the dependent variable with results being illustrated in table 4.6.

Table 4. 6: Multiple Regression Analysis

Model	**Unstandardized coefficients**		**Standardized coefficients**	**T**	**Sig.**
	B	Std. error	Beta		
(constant)	-23.723	7.657		-1.253	.132
Favoritism	4.662	.362	.588	12.877	.000
Unethical Practices	4.315	.211	.511	12.041	.000
Unfair Treatment	4.453	.236	.548	.12.317	.000

Source: Field Data

Table 4.6 shows the results on multiple regression analysis for correcting the multicollinearity error that all three study hypotheses have been verified as positive and significant statistically on performance of the health sector in Tanzania. This implies the fact that performance of the health sector in Tanzania is negatively affected by petty corruption practices and behavior since it facilitates the persisting favoritism practices, unfair treatments and the persistence of several unethical behavior and practices.

4.4 Discussion of the Results

4.4.1 Favoritism and Performance of the Health Sector

The study indicated that favoritism as the study predicting variable is positive and significant on statistical note on the dependent variable at .000 level with T value of 12.877. This implies that performance of health sector in Tanzania is through petty corruption is affected by favoritism. The view tallies with Haazen (2012) stating that petty corruption practices indeed are among the issues available in several public health service providers. This has been causing massive decline and deterioration of the performance of the services since has been promoting favoritism in offering services whereas those willing to give bribe are usually attended well compared to those unwilling to comply.

Kolstad and Lindkvist (2013) also assert that Tanzania health sector is crowded by various challenges and shortcomings whereas among them is the behavior of petty corruption practices. This has been the cause as well among many factors for the deteriorating performance pattern of the health service provision in the sector since it has been promoting favoritism in delivering of the services which is a destruction to the sector since with sensitivity of the activities and sector itself lots of tragedies have been occurring including loss of lives and some patients to be put into severe risks as a result of that.

4.4.2 Unethical Practices and Performance in Health Sector

The study also in table 4.6 shows that the variable as the study hypotheses is positive and significant statistically at .000 with T value of 12.041 on the performance of

health sector as the dependent variable. This also implies that health sector performance in Tanzania is largely affected by unethical practices which arise as a result of petty corruption. The statement is well asserted by Mboera (2016) suggesting that petty corruption practices is the behavior which has been dominating most public health service providers to the extent that it has also been a custom which is accepted by the patients as well in most cases such that as they seek for health services they are also prepared as well for that since it is a well-known custom.

This has been affecting performance in service provision since the practice is contrary to medical ethics all over the world including the code of ethics which the practitioners have abide with (Mboera, 2016). This in turn has deteriorated the quality and integrity of the entities within and outside which has prompted the public health service providers to be perceived negative among many including nationals(Mboera, 2016). Mtei (2012) also suggests that petty corruption is among the issues which affect the health sector prosperity in Tanzania especially in public hospitals.

4.4.3 Unfair Treatment and Health Sector Performance

The study further indicated that unfair treatment as the study hypothesis is positive and significant statistically on the dependent variable with T value of 12.317 at the level of .000. This implies that performance in health sector in Tanzania through petty corruption is negatively affected by unfair treatment. The statement is supported by Bultman, Kanywanyi, Maarifa and Mtei (2012) suggests that public

health sector in Tanzania is largely dominated by severe problems whereas petty corruption is among the leading problems. This has caused massive decline and deterioration of the sector since treatments have been highly segregating whereas those with ability to offer bribes are well treated and handled than those unable to comply.

4.5 Chapter Summary

The chapter comprised the results of the study as fresh information from the field direct from health service providers and the patients. The results were well complemented with thorough analysis performed using statistical tests and measures in showing the relationship between study variables. Moreover, the chapter was well complemented with the discussion in securing sufficient knowledge gap filling.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The study highlights the whole summary from the start to the end as the brief elements contained in the study. Besides that, the chapter presents the conclusion of the study and the recommendations on the observed shortcomings for the purpose of improving the services to the better practice respectively. The chapter is also presented in line with the study hypotheses which are shown and elaborated in a manner that is as follows:-

5.2 Summary

This is brief provision of the inquiry which assessed the impact of petty corruption on health sector performance in Kinondoni Municipality in Dar es Salaam city in Tanzania. The study was guided by three study hypotheses which were favoritism, unethical practices and unfair treatment respectively which were tested on the performance of the health sector as the dependent variable. The study was conducted using causality testing to determine the existing influence between study variables whereas the study design used for that matter was explanatory. Data were obtained from the service providers and the beneficiaries as patients using questionnaires which were provided for the generation of sufficient primary data to fill the study gap.

The information collected were computed in SPSS program version 23.0 whereas analytical tools were generated to present the primary data in filling the study gap. In

that case, descriptive statistics specifically percentages and the frequency distribution table. In addition to that, correlation and multiple regression analysis was also performed to show the existing relationship between study variables both independent and dependent ones. The study for that matter indicated that all three study hypotheses such as favoritism, unethical practices, and unfair treatment have been all found positive and statistically significant on the health sector performance as the dependent variable.

5.3 Conclusion

The fact on the ground is that petty corruption practices in health sector performance has been affecting the entire practices and patterns especially in public health entities. This has been attributed by several outcomes such as persisting favoritism practices, unethical practices and the unfair treatment have been causing underperformance of the sector in Tanzania. This is evident since all the outcomes as study variables to be tested on performance of the sector in Tanzania have all been found positive and statistically significant.

The facts generated from the results are realistic in actual happening in the health sector that it is known to many that most public health services it is easy for one to get his/her way once is willing to provide petty corruption to the practitioners. This is because one gets to receive extra favors which comprise unethical conduct and fosters unfair treatment between those willing to give and those who are not willing to comply. This is important since the concerns are major setbacks which must be overcome for the greater good of the entity practices for that matter in Tanzania.

5.4 Recommendations

The reality on the ground pertaining to the study is that health sector performance in public entities is negatively affected through petty corruption resulting into persisting favoritism, unethical practices and unfair treatment, the study recommends that first the government should seriously revise the benefits of the medical practitioners since they have been complaining for years. This has been the source of petty corruption as means to earn extra income to sustain their needs. This has been a major issue causing the escalation of petty corruption practices that their remunerations and benefits compared to workload they have and the risks involved have been highly unfair.

Once the situation is well sorted the issue of petty corruption may be reduced to a great scale whereas after sometime may totally and completely come to an end. The perception is also supported by Mtei (2012) suggesting that the reality on the ground pertaining to medical practitioners is that they are highly demoralized as a result of lots of issues whereas payments and remuneration is the primary. This has been the source of persisting petty corruption practices such that once their conditions are well improved automatically petty corruption may be reduced and later being eliminated completely.

The study also recommends that there should be strong and well-functioning entity to monitor and control practices of medical doctors in Tanzania. This is because the current existing entity as Tanganyika Medical Association (TMA) is more of a toothless dog with no teeth to bite such that there must be well functioning and

established entity which is serious than the current existing one which has been weak.

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