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Factors Influencing Health Seeking Behaviour - Empirical Review

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Abstract
Quality of life changes over life span and health becomes one of the major concerns. What influences people to act variedly in connection to their health and the factors facilitating against the use of health services have been areas of interest to researchers. There is still a growing concern either on the 'end point' (utilisation of the formal system, or *health care seeking behaviour*) or those which emphasise the 'process' (illness response, or *health seeking behaviour*). But what informs people to decide on the type and source of health care poses greater challenge to most individuals: A situation which makes people become sceptical about their health decisions. Kwabre East District of Ashanti was used as a case in point in this study to examine the factors influencing health seeking behaviours and measures that can be used to improve upon people's health conditions. Ninety (90) questionnaires were distributed to the people in Kwabre East District of Ashanti. Data was collected using questionnaires and interviews which were then coded and input into a statistical software package before analyses were made. Descriptive statistics and regression were employed in the analysis for easy understanding and reader comprehension. The study revealed that malaria is the most common illness affecting the people in the district. The health facilities commonly available in the district are hospitals and health centres. It was seen that members in the district mostly seek healthcare from hospitals and health centres and their reasons for provider choice was proximity. Again, a reasonable number of people having valid NHIS cards did not access healthcare with them. Establishment of healthcare facilities in most communities cost of healthcare being very low, training of more healthcare professionals, and rehabilitation of road networks leading to healthcare facilities, availability of logistics and consumables at provider sites, and cooperation between health professionals & religious leaders are measures to improve upon health seeking behaviours of the people. The study concluded that even though one factor leads a person to go for a particular treatment, the people access health care simultaneously from all treatment centres.

Keywords: Health Seeking, Health Management, Health Factors

I. INTRODUCTION

The definition of Health or care seeking behaviour has been said to be any attempt or action one takes to get an appropriate remedy for themselves or for the patient, when they have health related problem or illness (Webair & Bin-Gouth, 2013). Health or care seeking behavior has been defined as any action taken by someone in order to find an appropriate remedy for themselves or for the person whom they take care of, when they have a health problem or illness (Webair & Bin-Gouth, 2013). According to Conner and Norman (1996a) certain developed "social cognition models" attempt to offer useful explanations to some of these behaviour patterns. Such models emanate from the matrix of demographic, social, emotional and cognitive factors, perceived symptoms, and access to care and personality (Conner and Norman, 1996b). They came out with these under the premise – human behaviour can better be appreciated in the point of view of an individual's social environment. The study was to find out why, where, when and how do people (patients) seek for health care. Why some people are reluctant to seek for health care and many others are the issues the study generally investigates. It further tries to find out the factors which negatively or positively affect the usage of medical and health services, notably, health care seeking behaviour. The emphasis would be on the process of seeking health care. Globally, culture and beliefs are some of the factors responsible for both health-seeking and healthcare seeking behaviours of people (Rogers, 2010). Schaefer (2004) also sees culture to contribute to differences in medical care. MacLean, *et al*. (1999) in their study "People who seek health care at emergency sessions" also cited cultural and social inequalities, opportunities to care issues, and the nature of signs being experienced as factors responsible for health-seeking behaviour. El Kahi, *et al* (2012) conclude that formal healthcare seeking behaviour had nearly extinct; for psychological issues (3.3%), relational and social issues (1.8%), and issues related to substance use (5.1%). Schaefer (2004) is not different from Rogers and El Kahi. He writes that culture is a contributory factor to disparities in health care and also the definition of health. Abubakar, *et al*. (2013)

state that some researches in Africa have dealt with the prime view of the primary causes of various diseases and their related health seeking behaviour. The direction has broadly been on the description of socio-cultural indicators of health-seeking behaviour in the context of particular health situations. According to UN HABIT and Republic of Kenya (2005) a number exceeding 70% of respondents failed to access healthcare from public healthcare facilities. Although such facilities were not only closer to them but also less expensive compared to alternative health facilities in terms of time and cost; they were reluctant.

However, Dill (2012) finds that since 2001 health services, including medicines, have been without user fees in Non-private Ugandan health facilities. The above notwithstanding hindrances emanating from geographical access, shortage of drugs, and a lack of social health insurance scheme compelled residents to access health care from the private sector and pay for it. There has been a considerable attempt by Ghana to increase its access to health care. It thus plans to raise its percentage of people using trained health staff when ill from 30% to 50%. The above aim is difficult to achieve due to poverty in the villages, unavailability of trained health staff, and lack of professional health providers (Russel, 2008). People seek for healthcare base on certain factors. It is significant for decision makers to become aware of what really influences patients in their quest to seek for healthcare (Muriithi, 2013).

II. EMPIRICAL REVIEW

Studies of health seeking behavior on tuberculosis (TB) recurrently exhibit that patients rarely select a state healthcare institution for treatment; they interrupt identification of illness and seldom finish the prolonged sequence of therapy basically, although TB is typically public health concern, as actual identification, cure and control mechanisms are imperative for the public at large (Lönnroth et al, 2001).

Steen and Mazonde (1999) established in their study that 95% of TB patients in Botswana attended a modern health delivery facility as a first stage. But, after beginning with modern cure, 47% at that point continued on to call on a traditional or faith healer too. They later concluded that "there is an increasing tendency to use modern medicine as a 'quick fix' solution, whereas traditional medicine is utilized for providing answers that may be asked about the meaning of the misfortune, and to deal with the 'real' causes of the illness." Patients stress the rank of social and cultural influences in backing up to their consequence of TB control.

Unfortunately, Steen and Mazonde (1999) were aggrieved due to the point that the term " health seeking behavior" is 'not recognized in commonly used books, notwithstanding that appropriate appreciation of health seeking behavior can possibly lessen interruption to diagnosis, advance treatment or cure compliance and expand health training approaches.

Corresponding research by Pronyk et al. (2001) in South Africa indicated that TB patients attended public health facilities more out rightly than certain other conditions. Statistically, 72% patients initially went to a public hospital and clinic whiles only 15% visited a spiritual or traditional healer. 13% were attended to by private health provider. A substantial failure of formal clinical facilities to diagnose individuals with symptoms was detected.

Evidently, the result in the Philippines seems to be dissimilar. Only 29% of TB patients in their study of Auer et al (2000) visited first to a health delivery center, alongside 53% turning to a private doctor initially. Majority of patients (69%) had been edged by a family member to pursue medical guidance for their symptoms, whiles those who felt banished due to their TB condition postponed seeking medical help for a while. The researchers attribute that: "result oriented health seeking and fact seeking are controlled by the health system, community, family, and other personal issues" (Auer et al, 2000). TB patients visited private doctors over public health services, believing their services to be more well-mannered, effective, and more confidential.

In the study area of health seeking behavior and maternal health, a significant literature on the cultural, social and structural difficulties women face in various ways have been harnessed especially in the developing countries.

Evans and Lambert, (1997; 1793) cited in MacKian, (2005) claim that women have more elusive elucidations in the definition of health which create impression on their health seeking behavior.

Dako-Gyeke et al. (2013) in a study in Ghana revealed that perceived threats, which are often socio-cultural aroused women's concerns, lashing them to pursue multiple health care providers. Significantly, pregnant women health care seeking behaviors are chronological utilization of biomedical treatment and other methods of treatment by herbalists, traditional birth attendants, and spiritual healers, often disrupting the continuous use of expert health providers.
Again, this multiple use of health providers is anchored by a view that public health facility is suitable for only antenatal and emergency services (Dako-Gyeke et al. 2013). Researchers such as Bazzano et al. (2008)conducted a study in the Northern Ghana and predicted a significant high cultural value attachment giving birth at home, which unfortunately abruptly definethe negative opinions associated to hospital birth attendance with loss of status, loss of control over delivery process, or loss of secrecy during delivery. This supports Wallman and Baker (1996) analysis and a comprehensive itemization of the 'elements of livelihood' that are expected to upset women's capacity to access treatment. They are; social status, social life, networks, actual money income, potential money income, autonomy and liability. These are argued to play later when a woman has evaluated how well, kind, shameful, private, feasible and suitable decisions are, within the physical infrastructure of that society and total resource will vary amongst women relative quantities, geographic scope and precise illness episode (Wallman and Baker 1996; MacKian, 2005).Traditional Birth Attendants (TBAs) in Ghana are renowned and patronized due to their high sympathyto socio-cultural norms coupled with their keen capacity to integrate psychosocial care into their services compared to modern health facilities (Bazzano et al. 2008).

A study of patients with Sexually Transmitted Infections in Ghana found that, 64% of them delayed for more than 4 weeks before seeking treatment at the clinic and another 61% had sought treatment elsewhere and 80% of the patients had sex whiles experiencing symptoms (Agambire &Clerk, 2013). Studying on older STI patients (i.e. those aged 45years and above), about 68% sought care late and the motives for delaying were: waiting for resolution (34%) and embarrassment or distress of attending the STI clinic (24%). Also in Uganda among STI clients, Bearinger et al., (2007) identified that 74% of clients (aged 50 years and above) deferred seeking health care for more than 4 weeks. The explanations mentioned were embarrassment (30%) and the social implication of been seen as STI clients (32%).In a study in Kenya by Fonck et al 2001 shows that, 41% of 471 patients attending an STI clinic waited for 4 weeks, and 23% delayed for more than 2 weeks before seeking care. They stated reasons like "attitude of staff, lack of privacy and clients' age as a major determinant of ability to seek care. Another study in Singapore showed that 73% waited for 4 week and 27% delayed for over 2 weeks before seeking care. Reasons for delay include: social stigmatization against sexual promiscuity, fear of public exposure, embarrassment, and lack of privacy (Leenars et al., 2003).

Similarly, a numerous of universal matters arise which are relevant in cases of health behavior. Rapley and Fruin (1999) studied on Diabetes Type 1. They outlined that, diabetic conditions frequently places demand in changes of lifestyle and attitude to health behaviors, and the easiness with which such alterations arise is contingent on the individual's self-efficacy and anticipations about results. Hjelm et al, (1999) cited MacKian, (2005) reemphasizes the significance of self-efficacy in health related behaviors and compliance. Also incorporated into their study is relativity of beliefs in cultural settings about health and illness. This clearly shows a health seeking behavior.
Finally, Stenström and Andersson (2000) conclude on a stimulating fact that individuals or patients, who have feeble knowledge in healthcare experts, have a high possibility to participate in risky behaviors in respect to their diabetic state. Hence, the "doctor-patient dynamic" is for a second time mentioned as central theme in health seeking behavior (MacKian, 2005).

III. CONCLUSION

Gaps in the provision and sustained use of health facility from qualified and traditional providers call for the need to make inquiries into the determinants of health seeking behavior in the clearer context. Literatures in these areas have not been harmonized to bring us to complete comprehension of the causal factors.

Mackian (2003) states that many (86% of women in rural Bangladesh) access health care from non-trained personnel. Even though, the paper attempted to find out - from the untrained personnel – their knowledge in relationship to modern medicine; she, however, fails to find out why the people behave the way they do. Ten years after Mackian (2003), Webair & Bin-Gouth, (2013) stated that Health Seeking Behaviour learning sometimes describes patterns of

behavior but failed to state the source of it. They are hence unable to offer significant recommendations. It is not only enough for such informative knowledge but the causal factors associated with it. The study will find out why people seek health care from untrained personnel and possible determinants that motivate them to decide on where to seek health care.

BPsych stated that people (Busia and Melindi district) with high level of education access healthcare from informal services but people without formal education (Samburu district) have a high possibility to use the formal system. He stated access issue, literacy, and education to be the possible causes. This work will find out factors in the study area which motivate people to use informal health care services. Hence, this study explores this in broader context which aimed at a specific end point.

References

Abubakar A, Van Baar A, Fischer R, Bomu G, Gona JK, et al. (2013) *Socio-Cultural Determinants of Health-Seeking Behaviour on the Kenyan Coast: A Qualitative Study*.

AbouZahr, C., Vlassoff, C., & Kumar, A. (1996). Quality health care for women: a global challenge. *Health Care for Women International, 17(5), 449-467*.

Ahmed, S Sobhan, F Islam, A and Barkat-e-Khuda (2001) Neonatal morbidity and care-seeking behaviour in rural Bangladesh *Journal of Tropical Paediatrics* 1 April 47(2). 98-105

Anderson, M. L and Taylor H. F (2009) *Sociology: The Essentials*. Thomson Wadsworth, USA.

Arozullah, A., Lee, S., Khan, T., Kurup, S., Ryan, J., Bonner, M., et al. (2005). The Roles of Low Literacy and Social Support in Predicting the Preventability of Hospital Admission. *Journal of General Internal Medicine*.

Bharmal, F. (2000). Inequity and health: Is malnutirition really caused by poor nutrition? *Journal of the Pakistan Medical Association, 50*, 273-275.

Bhuiya, A. (2009) Health for the Rural Masses: Insights from Chakaria. Dhaka. Bangladesh: International Centre for Diarrhoeal Disease Research.

Boadu, F. (2011) An Assessment of Consumer Care and Satisfaction in Government Healthcare Institutions in Ghana. The Case of Juaben Government Hospital. A Thesis Submitted to The Institute of Distance Learning, Kwame Nkrumah University of Science and Technology, Kumasi.

Buor, D. (2003). Analysing the primacy of distance in the utilization of health services in the Ahafo-Ano South District, Ghana. *International Journal of Health Planning & Management., 18*(4), 293-311.

BPsych, T.P (2007) *Utilisation of Health and Medical Services: Factors influencing Health Care Seeking Behaviour and Unmet Health Needs in Rural Areas of Kenya*. A doctoral thesis, Faculty of Computing, Health and Science: Edith Cowan University.

Cockerham, C.W (2007) *Medical Sociology*: Prentice Hall, New Jersey.

Conner, M and Norman, P (eds) (1996a) *Predicting Health Behaviours: research and practice with social cognition models* Open University Press, Buckingham

Conner, M and Norman, P (1996b) The Role of Social Cognition in Health Behaviours. In M Conner and P Norman (eds) *Predicting Health Behaviours:research and practice with social cognition models* Open University Press, Buckingham. 1-22

Dawson, C. (2002) *Practical Research Methods*, New Delhi, UBS Publishers' Distributors

Dill, J. (2012) *Healthcare Seeking Behaviour, Barriers in Assessing Medicines, and Coping Strategies in Africa: Evidence from Koboko District, Uganda*: Master Thesis, Department of Economics and Resource Management; Norwegian University of Life Sciences.

El Kahi, et al (2012) Health-care-seeking behaviour among university students in Lebanon. *Eastern Mediterranean Health Journal*, Vol. 18(6).

Galton, F (1885) *Presidential Address*, Section H, Antropology

Ghana Statistical Service (2015) 2010 *Population and Housing Census*: Dissemination of District Analytical Report-Kwabre East District. District Assembly Hall, Mamponteng.

Goforth, C. (2015) *Using and Interpreting Cronbach's Alpha*: Virginia: University of Virginia Liabrary.

Jain, et al (2006) *Qualitative Asssessment of Health Seeking Behaviour and Perceptions Regarding Quality of Health Care Services among Rural Community of District Agra*.

Keller & Warrack (2004) *Statistics for Management and Economics*, Abbreviated 6th Edition; Thomson: USA.

Kickbusch, I. (2001). Health literacy: addressing the health and education divide. *Health Promotion International, 16*(3), 289-297.

Kyomuhendo, G. B (1997) *Treatment Seeking Behaviour among Poor Urban Women in Kampala Uganda*. Thesis submitted for the Degree of Doctor of Philosophy, The University of Hull.

Kwabre East District Assembly (Planning Department), 2015

Laar, et al. (2013) Community perception of malaria and its influence on health-seeking
behaviour in rural Ghana: a descriptive study. *Malaria World Journal*, Vol. 4, No. 1

Macionis, J.J (1987) *Sociology*. Prentice-Hall; New Jersey.

MacKian, S (2003) *A review of health seeking behaviour: problems and prospects*. University of Manchester; Health Systems Development Programme.

MacLean, et al. (1999) A description of the population of individuals who seek health care at emergency departments: *Journal Of Emergency Nursing/MacLean*, Bayley, Cole, Bernardo, Lenaghan, and Manton.

Maweru, et al. (2003) Health Status and Health Seeking Behaviour of the Elderly Persons in Dagoretti Division, Nairobi. *East African Medical Journal*.

Mechanic D.(1986) *Illness behavior: an overview*. In: McHugh S, Vallis TM, editors. *Illness behavior: a multidisciplinary model*. New York: Plenum Press.

Minter Ed (2003) Pros & Cons of interviewing. University of Wiscon – Extension, Program Evaluation & Extension.

Mugenda, O. M and Mugenda, A.G (2003). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: African Centre for Technology Studies.

Muriithi, K. M (2013) The Determinants of Health-seeking behaviour in a Nairobi Slum, Kenya, European Scientific Journal March 2013 edition Vol. 9

Naoum, S. G. (2007) *Dissertation research and writing for construction students*. 2nd ed. Oxford: Butterworth-Heinemann

Ndiaye, P., Dia, A., Diediou, A., Dieye, E., & Dione, D. (2005). [Socio-cultural determinants of the lateness of the first prenatal consultation in a health district in Senegal]. *Sante Publique, 17*(4), 531-538.

Nyamongo, I. K. (2002). Health care switching behaviour of malaria patients in a Kenyan rural community. *Social Science & Medicine*, 54 (3): 377–386.

Popper, K (2004) *The Logic of Scientific Discovery*, by Routledge, Taylor & Francis

Republic of Kenya (2005) *Kibera Social and Economic Mapping*. Household Survey Report.

Rogers, AT (2010) Exploring health beliefs and care-seeking behaviors of older USA dwelling Mexicans and Mexican-Americans, Department of Social and Behavioral Sciences, University of Portland: USA.

Russel, S. (2008) *Demand-side Factors Affecting Health Seeking Behavior in Ghana*, Journal of Health and Sciences, *GUJHS*; Vol. 5, No. 1

Saunders, M., Lewis, P., & Thornhill, A. (2007) Research methods for business students. Harlow, England, Financial Times/Prentice Hall.

Schaefer, R.T (2004) *Sociology: A brief Introduction*. McGraw-Hill, New York.

Webair, H.H and Bin-Gouth, A.S (2013) *Factors Affecting Health-Seeking Behaviour for Common Childhood illnesses in Yemen*. Dovepress.

World Bank [1993a]: Uganda: Social Indicators A World Bank Country Study Washington DC.

World Bank [1993b] *Uganda Growing Out of Poverty*. A World Bank Country study Washington DC.

www. Ghanainfo.net/Ghana-a-brief-introduction/ sourced on 8th August, 2018 at 9:40 p.m.