Determinants of Health Seeking Behaviours

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Problem Study
The absence or presence of sicknesses, wounds, or malfunctioning in the general condition of human mind or body is important to every individual and therefore concerns all nations. Due to this previous knowledge, everybody seeks for health care when sick. But what informs people to decide on the type and source of health care poses greater challenge to most individuals. A consistent finding is that, for certain sicknesses, individuals are likely to choose traditional healers, village homeopaths, or untrained allopathic doctors above professionally trained practitioners in state health facilities (Ahmed et al, 2001). They thus have a difficulty in deciding on where to go for treatment. I have lived in Kwabre East District for over twenty (20) years and having worked with National Health Insurance Scheme since 2004, I have come to realise that most people face difficulties in deciding on where to access health care. The situation became clearer with the advent of capitation in 2012. Many people after having selected preferred primary care providers (PPP), change such providers before or on the sixth month. Others who also have valid National Health Insurance Cards do not often access health care from biomedical view point (e.g. hospitals and health centres). They go to traditional healers, faith healers, and native doctors. This situation is similar to what Anderson and Taylor (2009) observed in colonial times that competitors in the healing arts consisted of herbal practitioners, religious healers, and sometimes barbers. They combined various forms of therapies in their attempts to healing the sick. Such therapies were tried-and-true regimens, folk wisdom, and superstition. According to Cockerham (2007:173), "Little Sociological research has been conducted on these phenomena" Laar et al. (2013) emphasised Cockerham's view and said that studies pertaining to knowledge, attitudes and practices on … health seeking behaviour had not received much attention in Ghana. Apart from the stated reason, the district has been chosen because of its unique characteristics of having urban, semi-urban, and rural dwellers. It exhibits trade forms such as handicraft, kente, farmers, administrators, and petty/middle income traders. It also has various health seeking centres. Hence, it can be said that people in the study area have a difficulty in decision making regarding health seeking. This study sought to find out what informed people's decision to access one type of healthcare or the other.

Keywords: Health Seeking Behaviour, Health Management

I. INTRODUCTION

The seeking of Healthcare depends on a person's information of what might be measured as a medical signs and symptoms beside the cognizance of the probable bases of such signs and their latent severity, and specific information of the sorts and accessibility of therapy for such signs (Shaw *et al*., 2008). Furthermore, a verdict to take a health directive is predisposed on the individual's inclination to behave, by his socio-cultural and individually determined beliefs about the effectiveness of substitute actions, by mental barriers to action, by relational impacts and by one or more critical signals incident which may aid in the triggering of a reaction (Rosenstock, 2005).

Msiska *et al* (1997) recognize numerous factors of health seeking behavior in emerging and advanced countries, and classified them as degree of effect, type, the source of the problem, and the permissible duties of the patient, insight concerning origin of the disease or problem such as patient's age, patient's sex, patient's education and economic position, patient's social standing, patient's social capital and common referral points, service availability as well as the opinion of the value of curative options". For instance, it is also suggested that the severity and nature of the symptoms may influence the delay in health care-seeking behavior (Dubois, 2006, Wilkinson, 2002). In their study, they intimated that those who had severe and unpleasant symptoms like genital sores had sought care early compared to those with symptoms such as vagina discharge.

However, patterns in the use of detection and preventive healthcare services permit certain presentation about the association of personal characteristics such as education, income, gender and age with the use of healthcare services. Studies of users of free medical examinations, immunization, physicians' healthcare, and hospital services revealed that these services are mostly likely by the youth and people of average age, by females, by others who have relatively

achieved better education and have higher income. The socio-cultural and economic environment plays a major role for this care-seeking behavior. Higher socioeconomic groupings (defined in terms of gender, literacy, education, regular age educational and income level) have high probability of accessing medical and other hospital services although the relationships between income and utilization are becoming lesser (Borsky, P. N., and Sagen, O. K, 1959; Rosenstock, Derryberry, and Carriger, 1959; and Health Statistics From the U.S. National Health Survey, 1960 cited in Rosenstock, 2005).

Not forgetting the factor of accessibility which includes processes of communications, means of transport, proximate facility, and duration of movement to closest facility. This has for centuries remained as a major challenge for the rural folks due to the remoteness of these areas; they frequently travel to get health services. Partly attributed to the issue of the causes of hindered access is the cultural practice of the areas in question (Hartigan, 2001).

II. LITERATURE REVIEW

A. Perceived Susceptibility to a Health Condition

Susceptibility to an illness condition may differ from individual to individual. One may critically deny the contraction of a certain health condition whiles the other might accept its probability of happening but to whom believing this possible occurence is less realistic and it will not happen to him. Adding to this, an individual may also exhibit a behaviour that he or she is in realistic danger of being affected by the ailment. To conclude, susceptibility relates to the subjective risks of illness condition contraction (Koos, 1954; Stoeckle, 1963; Zola, 1964; Freidson, 1961; Rosenstock, 2005).

B. Perceived Seriousness of a Health Condition

Personal conviction of individuals to the seriousness of a given health problem also vary from person to person in a period of time. The degree of responsiveness of seriousness may be viewed from both the measure of emotional stimuli arousal from the thinking about of a disease and ultimately by the types of challenges the person believes as a given health situation will bring upon him (Robbins, 1962). Health problem can be in terms of its clinical result and to some extent the spiritual beliefs in developing countries.

C. Perceived Benefits of Taking Action and Barriers to Taking Action in a Health Condition

Acceptance of likelihood to a health condition that is also seemed to be disastrous influences a person to take a course leading to an action. However, it does not necessarily define the special line of behaviour that is likely to be taken by the individual. The direction that the action will take is influenced by beliefs regarding the relative effectiveness of known available alternatives in reducing the disease threat to which the individual feels subjected.

The individual's behavior is likely to rely on how beneficial he perceives the individual alternatives would accrue to his favor in his case. Emphatically, the individual’s belief on the availability and efficacy of individual courses of action, and not sensationally the objectivity about the effectiveness of an action, predisposes what course he is like will take. (Sheeran and Abraham, 1996).

D. Cues for Action

Very important are the elements that play as triggers to beef up appropriate action. The extent of readiness fuels the effort to act as well as the perception of benefits providing a desirable pathway to action. Considering the health seeking arena, these triggers may be internal, for instance perception of the condition of the body or external such as the impact of media ((Becker et al, 1977; Rosenstock, 2005).

E. Illness behavior framework

Aside the models discussed above, Mechanic, (1962) proposed framework to explain illness behavior. Illness behavior as itinerate by Mechanic, (1986) reflects "the manner in which persons monitor their bodies, define and interpret their symptoms, take remedial actions, and utilize the health care system.” Illness behavior as a relative process is directed by uncountable elements, including social and cultural differences, access to care issues, and the nature of the symptoms being experienced. Four classifications were fitted to provide incentive to the research into illness behavior (Mechanic, 1986; Maclean et al., 1999). These are:

i. Dispositional,
ii. Acquisitional (person-environment, i.e. learned differences in individual's responses to illness.), Familiar examples of acquisitional factors include variables such as symptom severity, culture, ethnicity, gender, age, marital status, insurance status, and other socio-demographic variables.
iii. Patient perception /decision making, and
iv. The influence of health care system factors: pressure of the health care structure on individual's illness behavior, in particular the operation of health care services. Integrated in this point of view are determinants such as access to care, distance to care site, and the nature and availability of providers. (Mechanic, 1986; Maclean et al, 1999).

In the presentation of these entire frameworks, it is evident that classifications and explanation of determinants of health seeking behavior highlighted are vibrant and multifaceted. However, aiming at investigating the approach that individuals in peculiar areas formulate ideas and choices relating to their plans of health seeking behavior, take on a frame that applauds the way in which individuals discover 'risks' associated to particular behaviors. In the present study these dynamic determinants would be examined in line of rural Ghanaian environment by means of measuring trigger activities meant to bring us to a specific end point. In view of this, some individuals may plainly a subject of cost and accessibility, for others a symptom severity or socio-cultural ethics may buttress any verdict they make in health care seeking. The individual is seemingly rational in decision making given the available information. Since we are chiefly concerned with the health delivery systems, implicit understanding should be derived for service utilization and structural process of change, necessitating all-encompassing views than those mainstreamed by the health seeking behavior studies.

F. Health Seeking Behavior Modification and The Mass Media

Considering the customary difficulties in adjusting the judgments and behavior of adults, it is thought-provoking and noteworthy that effective efforts to change health behavior and health beliefs by sensitive formal request are possible especially to the young and middle age groups (Janis and Feshbach, 1953). This will spring from the role of the mass media in the health seeking behavior of individuals. The blending of mass media and communications tactics and stimulating techniques, using emotional appealing adverts bearing in mind a specified targeted groups of individuals, may handsomely yield extremely greater meaning to a number of hearts in modifying health beliefs and behavior, unlike the results that can be obtained with the practice of any one method. However, a skeptical stance must be taken concerning the probability that mass media would make a tool to alter instead of fortifying health beliefs/behaviours, specifically if the beliefs are intensely rooted (Rosenstock I M, 2005). According to Katz and Lazarsfeld, (1955), it is difficult to reach the illiterates through educational programmes than their counterparts in literate society.

G. Health Care Delivery System In Ghana

Delivery of Health services in Ghana is fashioned on the concept of Primary Health Care for all (Alma Atta Declaration of Health for all, 1977). A government-owned and managed hospital is at least located in the District capitals and qualified medical staff such as doctors, nurses, laboratory technicians, pharmacists, auxiliary nurses and other health support personnel are entrusted to deliver on health issues. The decentralized hospital structures in the districts are entrusted to deal with all health case except complicated and specialized ones which may be referred to the Referral Hospitals. The position of health centers in the sub areas cannot be overlooked. There is at least a health center located in the sub-districts and villages to cater for the health needs of the people. These centers are medical assistants and nurses who are normally in charge of the facility. There is also the need to note the role of the private hospitals, clinics and licensed chemical seller or pharmacies in the district and sub-district. Individuals are expected to register with the National Health Insurance Scheme (NHIS) to benefit freely in their health care delivery. The National Health Insurance Scheme (NHIS) was inducted in 2005 with a mandate by The National Health Insurance Act 650 (2004). A Legislative Instrument, LI 1809 was alongside passed to provide the administrative and operational guidelines for its implementation. The purpose of the scheme was to solve the challenge of financial blockades to health care initiated by the 'Cash and Carry System' which requires instant out-of- pocket payment for health care at the point of service delivery such as hospitals, clinics and other medical centers.

Despite these great strides, Ghanaians continue to wallow in the effects of infectious diseases, malnutrition, non-communicable and communicable diseases, poor reproductive health, which goes a long way to affect their well-being and life expectancy. This condition has been generally connected to the fact that less attention is given to socio-economic, cultural and other factors that may impact on the health of individuals in the determination of ill health (Ghana Health Sector Gender Policy, 2009). It is in this light that this study is conducted into the identification of the factors of health seeking behavior of individuals and the utilization of health facilities in the country.

III. CONCLUSION

Primarily, the main determinants of Health can be viewed as the feedback of a complicated mixture of cultural, educational, social, economic, and political indicators. This, notwithstanding, it can be concluded that even though one factor leads a person to go for a particular source of treatment, the people access health care from all treatment centres.

IV. RECOMMENDATIONS

In reference to the findings of this study, the following recommendations are being proposed to improving health seeking behaviours of people in Kwabre East District.

1. There should be proper and intense education on how people in the study area must clean their environment and the reasons for that.
2. There should be at least one specialized hospital in the district.
3. There should be education on dangers involved in self-medication.
4. People should be sensitized enough to become aware of the causes of their illnesses and the appropriate way to prevent and or cure them.
5. There should be cooperation between health professionals & religious healers.

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