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FACTORS INFLUENCING THE HEALTH SEEKING BEHAVIOUR OF SENIOR HIGH SCHOOL STUDENTS IN THE ASOKORE MAMPONG MUNICIPALITY OF GHANA

Ericson D.F. Karwawhee[1*], Emmanuel Appiah- Brempong[1], and Dillys Mansoh Elad[1]
1. Department of Health Promotion and Education

Kwame Nkrumah University of Science and Technology Kumasi, Ghana
2. Department of Health Promotion and Education

Kwame Nkrumah University of Science and Technology Kumasi, Ghana
1. Department of Health Promotion and Education

Kwame Nkrumah University of Science and Technology Kumasi, Ghana
*Corresponding Author: Ericson D.F. Karwawhee, BSc, MSc, MSc; Department of Health Promotion and Education, Kwame Nkrumah University of Science and Technology Kumasi, Ghana
Email: ekarwawhee.ek@gmail.com / karwawhee.ul.edu.lib@gmail.com
Tel.: +231-777-065-481; +231-888-557-112

ABSTRACT

Objective: Health-seeking behaviour is a way of thinking about how individuals response to states of ill- health. The main objective of this research was to examine the health seeking behaviour of senior high school students in the Asokore Mampong Municipality of Ghana.

Method: The study is a descriptive cross – sectional that target the health seeking behaviour of senior high school students in the Asokore Mampong Municipality of Ghana. The researcher employed a quantitative method of data collection using structured questionnaires. Study subjects were interviewed for personal information and details regarding their activities in respect to their health seeking behaviour and preventive measures against the onset of ill – health.

Results: 89.6% study individuals reported being sick and seeking treatment. 10.4% study subjects that were sick did not seek treatment. 56.4% respondents reported getting treatment at hospital or health center. 43.6% study respondents' stated getting treatment at clinic or dispensary. For preventive measure against the onset of ill – health, 18.6% respondents reported hand washing. 40.0% stated safe drinking water and 41.4% recorded hospital or clinic.

Conclusion: The study concluded that Participants that had preventive measures against the onset of ill – health were more likely to seek healthcare in health facility. Research can also look at the various social networks that can be supportive of school health promotion programmes.

Key Words: Health Seeking Behaviour (HSB), Ill – Health, Senior High School Students, Asokore Mampong, Ghana

Introduction

Health-seeking behaviour is a way of thinking about how individuals response to states of ill- health. The individuals' response depends on their perceptions of healthcare, knowledge of ill-health, social and economic constraints of the individual. sufficiency of accessible healthcare utilities and attention of healthcare providers are essential to students health (Afolabi *et al*. 2013). As the knowledge of health promotion is marking global advancement, health promotion experts are concerned with the determinants of population health behaviour.

Health seeking behaviour among students is described as an individual having control of their health(Mackian,2011). A global concern in advanced and developing countries that proving education and knowledge at the students stand point is essential to upgrade a change in behaviour of students.

The health and well-being of the students population are influenced by many factors, among which the most powerful are education, nutrition, tradition, culture, economic status attainment, genetics, housing, and employment(Beaglehole,2002). Health promotion practitioners in the twenty-first century must recognise the importance of these factors in promoting the health of the public.

The word "Health" spread different explanation which changes across different age groups, cultures, and individuals with various life skills, and education. Hence, every individual in general provide a different description of the words disease and health in the context of their understanding(UNDP, 2005). In addition, social, economic, and environmental variables exert health or diseases definition.

Significance of the Research

This research seeks to upgrade the bulk of information regarding healthcare pursuing in develop and advancing countries. There is limited research regarding the broader context of socioeconomic determinants of healthcare utilisation. Adequacy of available health services, attitudes of health seekers, social determinants of ill health, and health promotion agenda in some developing and advance countries limit school health programmes(Abouzahr *et al*, 1996).

This study seeks to contribute to generating knowledge in the above area. The present study examines some of the issues that may discomfort healthcare seeking and further ascertain if students' health needs are being met. The results from present study are for those who make health policy and initiate actions based on formulated healthcare actions. The results are also for politicians, government department, localised education authorities, , principals, head teachers, health advisors, nurses, school directors, teachers, non – governmental Organisation (NGOS), university board or council members and parents. The finding of this study will enable effective health promotion and access to health services.

Profile of Study Area

Asokore Mampong has a population of 304,815. The Asokore Mampong shares boundary with Kumasi Metropolis to the East, South, North and West. It covers a total land area of about 25sq.m.

The Municipality has twelve functional health facilities. The functional facilities are Amaamata Maternity Clinic ;My Paradise Maternity and Clinic; St. Helena Maternity Clinic; Dr. Osei Maternity Clinic; Garden City Hospital; Garden City Special School; Mesewam Presbyterian Clinic; Amaamata Maternity and Clinic; Owusuwaah Maternity and Clinic; Anwiam Hospital Annex; Academy Clinic; and Prince of Peace Clinic. Sepe Dote Health Center is the only government institution in the Municipality.

The educational facilities in the municipality are two hundred seventy – seven (277). One hundred thirty - seven (137) of these facilities are private institutions and one hundred forty (140) are public institutions. Facilities for pre – school amount to ninety – three (93), primary schools sum up to one hundred one (101), Junior High Schools are seventy – six (76), and Senior High Schools are five (5). The municipality has one Tertiary school and two community's information communication technology (ICT) centers located at Asawase and Adukrom. Hence, almost all the primary to tertiary educational institutions has ICT laboratories.

The Assembly has a total number of fifteen (15) Assembly Members; Ten (10) elected and Five (5) appointed. The representation is one female and fourteen (14) males. The Assembly has ten (10) electoral areas and one (1) constituency at Asawase. The electoral areas include Aboabo No.1 and No. 2, Akorem, Sepe Timpom, Adukrom, Asawase, New Zongo, Sawaba, Asokore Mampong and Akwatia Line. An established settlement with a population size of three thousand (3,000), it qualifies to have a Zonal Council status. Therefore, the Municipality has three Zonal Councils namely Aboabo, Asawase and Adukrom.

Geography of Study Area

The geography of Asokore Mampong Municipality is conquered by Median geological rock. The present of this geological structure boosted the construction industry which impacted positively on the local economy on a small scale. The weather pattern of the district drops inside the wet sub-equatorial type. The average minimum temperature is about 21.5^{o}C and the maximum moderate temperature is 35.7^{o}C. Asokore Mampong Municipality has an average humidity is about 84.15 percent at 900 GMT and 60 percent at 1500 GMT. The moderate temperature, humidity, and the double maxima rainfall regime (214.3mm in June and 165.2mm in September) have a direct effect on population growth and the environment.

The megalopolis extends within the plateau of the South–West physical region which ranges from 250-300 meters above sea level. The topography of the area is undulating, i.e. it is characterized by lowlands and highlands. The main water bodies weaving through the municipality are Aboabo River, Parko and Wewe streams. In addition, unsorted desolate disposal practices have impacted negatively on the drainage system.

Figure 1: **District Map of the Asokore Mampong Municipal of Ghana**
Source: Asokore Mampong Municipal Health Directorate Mid-Year Performance Review, 2016

Ethical Considerations

Committee on Human Research, Publication and Ethics (CHRPE) allocated Clarence to the researcher, a notification letter from Asokore Mampong Municipal Health Directorate (study site) indicating approval for the conduct of the study in the Municipality, and approval from school authorities. The aim of the study was made clear to various stakeholders, especially the school administrators to decrease potential opposition. The interviewers told study participants during data collection that they were free to withdrew participation in the study as well as refrain from answering any particular question. Respondents were informed before the interviews that they would be asked sensitive question on their health seeking behaviour.

Training of Research Assistants and Pre – testing of Questionnaires

Two skilled survey interviewing research assistants were recruited to help in data collection. Three days were used during the first week of June 2016, to review and pre – test the study instruments. How to seek inform consent, conduct an interview, build rapport with respondents, the act of probing, and how to obtained valid answers were topics discussed during the review and training. The questionnaires were pre – tested in June 10, 2016. One selected private school which is not part of the study site. A total of 22 senior high school students

were interviewed during the pre – testing. The researcher and research assistants discussed the questions based on the responses, and some revisions were made to the wording, content and coding of the responses before they were sent to the field. Pre – testing of the questionnaires detect inconsistencies was to assure reliability of the instruments.

Fieldwork

Data collection took place from June 27 to July 4, 2016. The research assistants and researcher handout the questionnaires in private during classes and training sections to ensure confidentiality, reason for the exercise was explained to participants. Researcher sought permission, informed consent, and assistance from heads of various institutions by a mean of an introductory letter signed by the Municipal Director of the Health Services and educational department. Study questionnaires were check for error in the field after collection to ensure completeness.

Sampling Technique / Procedure / Method

Owing to practical reasons, Kumasi Academy Senior High School was selected by convenience. A multi - stage sampling technique was used to recruit **500 students**. The population of Kumasi Academy was divided into groups (clusters of SHS 1, SHS 2, SHS 3, SHS4, and SHS5). SHS1, SHS2, and SHS3 were chosen at random.

Yes (selected as study participants) and No (not selected as study participants) were written on pieces of paper**.** These pieces of paper were folded and placed in a basket; randomly selection was done to obtained study participants from each group.

Data Management and Analysis

Questionnaires were collected in the main center locality and revision alongside the outstanding record. Consent forms were scanned with questionnaires. Questionnaires that could not be audited with it consent form or where the consent form was incorrigible was disintegrated. Data were recorded from the completed questionnaires into excel. Based on the assumption of the study, data analysis was done using Stata Version 12.0. Data were first analysed descriptively and presented as frequencies. Subsequently, relationships between variables were examined utilising univariate analysis and multiple logistic regression analysis to decide odds ratios at 95% confidence intervals. Results were considered significant at the $P <= 0.05$.

Data Collection Instrument

The survey instrument was adopted from a core questionnaire developed by Edith Cowan University (Prosser, 2007). Questionnaire was converted to suit local conditions. The instruments were planned to collect quantitative data on respondents' demographic Information, to access the factors influencing students' utilisation healthcare service, to identify the challenges faced by students in accessing healthcare at health facilities, and to access the preventive measures adopted by students against the onset of ill – health.

Results

Respondents' Background Information

Mean age of participants was 16.58 years and SD (standard deviation) of 1.03. In terms of religious division, about 88.0% of respondents were Christian. 9.0% were Muslim; and the remainder 2.0% of other religions. Other variables explore under participants' background were students' parents household income. About 40.0% stated regular income, 44.4% reported not regular income, and the remainder 15.0% recoded infrequent. Frequency and percentages of respondents' background information are offer in Table 1.

Table 2: Percentage and Frequency Distribution of Respondents Information According to Selected Background

Variables	Frequency N=500	Percentage
Sex		
Male	248	49.6
Female	252	50.4
Mean Age	16. 5	
Religion		
Christian	443	88.6
Muslim	47	9.4
Others	10	2.0
Resident		
Yes	97	19.4
No	403	80.6
Income		
Regular income	202	40.4
Not regular	222	44.4
Infrequent	76	15.2

Sought Therapy

89.6% respondents' recount being ill and seeking therapy. 10.4% study subjects were sick and did not seek therapy. 56.4% respondents reported seeking treatment at health center or hospital, 43.6% individuals stated getting treatment at dispensary or clinic. Of the respondents that recorded seeking care, 79.3% reported they had less than one hour trip duration to the nearest health facility. Table 2 demonstrates results of those that were ill and sought treatment.

Table 2: Frequency and percentage of Respondents that Stated Being Sick and Sought Treatment

Variables	Frequency N=500	Percentage
Has been sick		
Yes	421	84.2%
No	79	15.8%
Seek treatment		
Yes	448	89.6
No	52	10.4%
Facility for treatment		
Hospital	171	34.2%
Clinic	172	34.4%
Health Center	111	22.0%
Dispensary	46	9.4%
Reasons of seeking at facility		
Health practitioners concern	102	20.4%
Right drugs given to patients	365	73.0%
Respect for patients	33	6.6%

Barriers for Seeking Treatment at Healthcare Facility

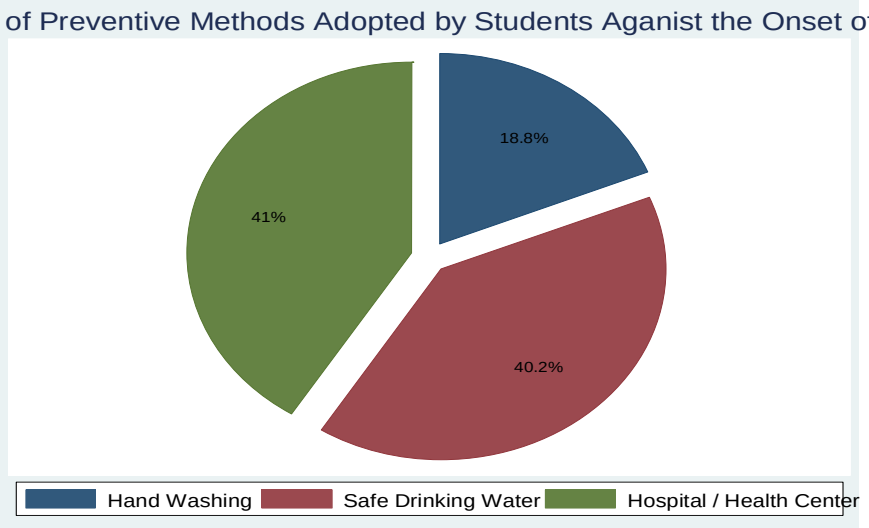
Transportation is associated to the preferred way of study respondents reported utilising to get to the nearest health edifice. 53.2% recorded foot, 31.8% stated vehicle, the remainder 15.0% is bicycle. Communication is outlined as household ownership of television, radio, telephone, and cell phone for purpose of easy access of health education messages across to students. 69.2% study subjects said no access to communication and 30.8% have access to communication. Participants were asked concerning distance to travel to nearest health facility utilising the ways of transportation they normally utilise. 43.0% stated less than twenty minutes, 40.8% recorded between twenty and thirty minutes, 0.69% reported between one and two hours, and the rest 0.2% stated more than two hours. Table 3 demonstrates analysis of challenges of students seeking at health facilities.

Table 3 : Frequency and percentage of Students Challenges of Healthcare Seeking to Health Facilities

Variables	Frequency N=500	Percentage
Were you able to get all the treatments?		
Yes	142	28.4%
No	358	71.6%
Reason for not getting all the treatments		
Do not know	50	10.0%
Felt better	125	25.0%
Too expensive Cost was not available	280	56.0%
Cost of treatment	45	9.0%
Free	76	15.2%
50 and below	195	39.0%
Ghc100.00 – Ghc 300.00	215	43.0%
Ghc500.00 above	14	2.8%
Who paid for treatment?		
Myself	95	19.0%
Borrowed money	84	16.8%
Given money by another outsider household/ relative	238	47.6%
Someone else in your household	83	16.6%
Closest health facilities		
Hospital	171	34.2%
Clinic	172	34.4%
Health Center	111	22.0%
Dispensary	46	9.4%
Medium to facility of your choice		
Foot	266	53.2%
Bicycle	75	15.0%
Vehicle	159	31.8%
Communication		
Yes	154	30.8%
No	346	69.2%
Duration to facility		
<20 minutes	215	43.0%
Between 20 and 30 minutes	204	40.0%
Between 1 and 2 hours	3	0.69
More than 2 hours	1	0.2%
Were you able to get facility when you were sick?		
Yes	208	41.6%
No	292	58.4%

The most essential purpose for any individuals is to prevent disease and reduce ill – health. The fundamental prevention methods use by students are hand washing, safe drinking water, living in clearn enviroment, and seeking health at formal healthcare service.

The preventive method adopted by students are presented in the pie chart below.



Univariate Analysis

The findings of univariate analysis for participants that stated being ill and seeking therapy is presented in table 4. Analysis results from univariate shows sex was significant with study subjects that were females (OR = 0.50; CI = 0.27 – 0.91; P < 0.02). It was significant for study subjects that reported getting all treatments (OR = 0.15; CI = 0.08 – 0.28; P <0.001).

Table 4: Univariate Logistic Regression Analysis for Senior High Students that were Sick and seek Treatment in Asokore Mampong

Variables	**OR**	**95%CI**	**P - Value**
Sex			
Male	1.00		
Female	0.50	0.27 – 0.91	0.02
Age			
13 – 16	0.71	0.53 – 0.96	0.03
17 – 22	1.00		
Have you been ill in the past three months?			
Yes	1.31	0.62 – 2.72	0.47
No	1.00		
Were you able to get all the treatments?			
Yes	1.00		
No	0.15	0.08 – 0.28	0.01
Were you able to get facility when you were sick?			
Yes	0.63	0.35 – 1.11	0.11
No	1.00		
Duration to facility			
<20 minutes	0.04	0.93 – 1,65	1.23
Between 20 and 30 minutes	0.21	0.61 – 1.32	1.01
Between 1 and 2 hours	1.25	0.45 – 1.50	0.98
More than 2 hours	1.00		

(P < 0.005)

Multivariate Regression Analysis

An adjusted odd ratio of (OR = 0.44; CI = 0.22; P < 0.01) shows that males were less likely to seek treatment. Seeking treatment among age group 13 – 16 years was significant (OR = 0.74; CI = 0.54 – 1.01; P < 0.05). Participants that were ill for the past three months were more likely seek treatment with an adjusted odd ratio of

(OR = 1.41; CI = 0.62 – 3.18; P < 0.41). Study subjects that were ill and sought therapy were more likely to travel twenty to thirty minutes to health facility (OR = 1.07; CI = 0.55 – 2.09; P > 0.84). Participants that recorded been ill and sought therapy were less likely to travel one to two hours health center (OR = 0, 67; CI = 0.25 – 1.84; P > 0.43). Respondents that were ill and sought therapy more likely to receive all treatments (OR = 7.51; CI = 3.93 – 14.34; P < 0.001).

The adjusted odds ratios of respondents that were ill and sought therapy during the past three consecutive months in Asokore Mampong are represented in table 5.

Table 5: Adjusted Odds ratios of Respondents that were Sick and sought Treatment during the past three months in Asokore Mampong

Variables	Adjusted OR	95%CI	P - Value
Age			
Have you been ill in the past three months?			
Yes	1.41	0.62 – 3.18	0.41
No	1.00		
Were you able to get all the treatments?			
Yes	7.51	3.94 – 14.33	0.001
No	0.15	0.08 – 0.28	0.01
Were you able to get facility when you were sick?			
Yes	1.45	0.76 – 2.77	0.26
No	1.00		
Duration to facility			
<20 minutes	1.07	0.55 – 2.09	0.84
Between 1 and 2 hours	0.67	0.25 – 1.84	0.44

(P < 0.05)

DISCUSSIONS

In this present research population, the overall females' senior high school students were more likely than males' senior high school students to utilise formal healthcare facilities. The review relating gender and health seeking behaviour is often contrary. The true that gender influences health is seems to be reversed. Studies that have found no disagreement are circumspect to state there is no gender dissimilar and characteristic to variation in age and health condition (Denton **et al.** 2004). Moreover, the literatures review with females senior high school students utilising health facilities more than males senior high school students are vice versa. Studies are often stated to a specific country (Bashour & Mamaree, 2009), a kind of sickness or condition(Thorson **et al.**,2010), a particular healthcare service (Macintyres, 2012), quality and attitudes of the health providers (Gijsbers Van Wijk **et al**., 2011), and the relationship of socio – culture and economic factors that are indigenous in each of the condition (Shaikh & Hatcher, 2008).

The results from the general population show that stable income was not a statistically significant factor to the utilisation of formal healthcare facilities or private healthcare facilities. It was statistically significant for individuals that would prefer to utilise formal healthcare facilities if participants had the choice or prefer to utilise private healthcare facilities. Study subjects were statistically less likely to have regular income and choice to use formal healthcare facilities than respondents that had regular income. It appears more logical to accept that regular income would be affiliated with the fact to utilisation of healthcare facilities and not the choices of the

senior high students. Individuals that have less income would choose formal healthcare facilities if they were public providers. For instance, if the healthcare services were free (Rao & Richard, 1999). study in Nigeria found that participants were less likely to pay the cost of treatment in divided part (Ezeoke **et al**., 2012). A huge percentage of individuals from the general population in present research already utilised formal healthcare facilities. A large percentage prefers formal healthcare services if they had the sensational. Some participants commented on the questionnaire make known of existence financial challenges to the therapy seeking which in accordant with the literature (Needhame **et al,** 2001). The motivation to take positive action for health seeking is based on sickness severity and healthcare services cost among other purposes(Nyamongo, 2002). The results of the current study show that individuals with prevention measures against the onset ill – health are more likely to seek treatment at healthcare services.

Another variable that is anticipated to be significant is age. Age group 16 – 25 years is more likely to be attractive in higher risk behaviour such as alcohol, tobacco, sexual activity, and other drug use (Mishra **et al**.,2002 cited in McFarland **et al**., 2001). Result from current study shows age group 13 to 16 years was more likely to report they were ill and sought treatment. Age was not a significant factor for utilising a kind of healthcare facilities. District and regional level hospitals in developing countries suffers from a lack of resources and well trained staff in diagnosing older outpatients (Nordberg & Oranga, 2009).

The consequence of distance to healthcare facilities, availability of transportations, kind of transportation, the condition of the road, and the duration taken to travel to health facilities are documented in the literature(Buor,2006; Noor **et al**., 2007). For this study, a number of variables were considered to access some of the issues that may affect senior high school students' utilisation of health services. It is not easy to compare direct similarities between the results of the present study and other literatures. Most studies do uniformly or single out variables. For instance, (Needham **et al.**, 2001;Peterson **et al.**, 2004). This present study found that distance in expressions of duration travel to healthcare services was essential to the fact regarding to other socio – demographic factors and the choice of individual. 43.0% study subjects reported less than twenty minutes, 40.0% stated between twenty and thirty minutes, 0.69% reported between one and two hour, 0.2% stated more than two hours. Most studies discuss the difficulty of physical accessibility and general healthcare facilities not taking into account the different kind of healthcare services(Noorali **et al**., 1999). The results of other studies link that access to transport is a condition for better health seeking and more concrete treatment(Amin **et al**., 2009).

The most apparent result for this present study population was few participants parent has access to transportation but it was not identified as important to the majority of the study subjects.

Literature review outline examples of multiple healthcare seeking options in response with healthcare services(Atkinson **et al**., 2010). A study in Uganda found that 80% of outpatients had sought treatment elsewhere before reaching the public health centers(Witter& Osiga, 2006). 39% of Witter and Osiga's participants were satisfied with health providers. As in current study, 28.4% of the participants stated receiving all the treatment they needed, while a greater percentage of 71.6% reported not having all the treatment due to some circumstances beyond their control

The most essential reason for any students is to prevent disease and decrease ill – health (HPS, 2011). The fundamental prevention methods use by students are hand washing, safe drinking water, living in clearn enviroment, and seeking health at formal healthcare facilities(WHO, 2011). In Ghana, the National Community on Water and Sanitation programme has mandated that school Health and Educational programme (SHEP) provide health education and ensure the practice of hand hygiene in schools (Amoako, 2012).

CONCLUSION

Health-seeking behaviour is a way of thinking about the reaction of people to states of ill- health, depending on their knowledge and perceptions of health, socioeconomic constraints, and adequacy of available health services and attitude of healthcare providers. As the science of health promotion is marking global elevation, health promoters and health educators are concerned with the determinants of personal health behaviour. The current study specifically factors that influence students to utilised healthcare services, the barriers faced by students in accessing healthcare at the health facilities, and the preventive measures adopted by students against the onset of ill – health.

Participants were motivated to seek treatment at the facility of their choice due to the concern from health workers and respect for patients. It is an evidenced from the findings that many respondents reported right drugs are given to patients at health facilities. Respondents that were sick and sought treatments recorded they have no access to communication. Communication can be used to bring public health information, health promotion intervition, and health education messages to target students. Cellphones, for instance, it can be useful when other forms of communication such as roads, postal system,and fixed – line phones are limited. It is an evidenced from the findings that many respondents that were sick were unable to reach nearest health facility.

REERENCES

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

Afolabi, M.O. et al., 2013. Health-seeking behaviour and student perception of health care services in a university community in Nigeria. *Health*, 05(05), pp.817–824. Available at:http://www.scirp.org/journal/PaperDownload.aspx?DOI=10.4236/health.2013.5510.

Retrieved: June 25,2016

Amin, A.A. et al., 2009. The use of formal and informal curative services in the management of paediatric fevers in four districts in Kenya. *Tropical Medicine and International Health*, 8(12), pp.1143–1152.

Amoako, A.D., 2012. Project 2012 On Hand Washing Final Edition,June 12,2012.

Anon, 2011. *Collaboration in Health and Social Care Service User Participation and Teamwork in Interprofessional Clinical*,

Asare, A. et al, 1995. Awusabo-Asare, Kofi., and Anarfi, J.K. (1995). Social Dimensions of HIV/AIDS in Ghana, report submitted to Swedish Agency for Research Cooperation with Developing Countries, University of Cape Coast and University of Ghana. , (December).

Atkinson & Al., E., 2002. Atkinson, S., Ngwengwe, A., Macwan'gi, M., Ngulube, T. J., Harpham, T., & O'Connell, A. (2002). The referral process and urban health care in sub-Saharan Africa: the case of Lusaka, Zambia. Social Science & Medicine, 49(1), 27-38.*October*,35(442),pp.1–28.Availableat: http://onlinelibrary.wiley.com/doi/10.1111/j.1538-4616.2010.00331.x/full.

Retrieved: May 16,2016

Atkinson, S. et al., 2010. The referral process and urban health care in sub-Saharan Africa: The case of Lusaka, Zambia. *Social Science and Medicine*, 49(1), pp.27–38. Available at:http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed4&AN=19999209483\nhttp://metalib.lib.ic.ac.uk:9003/sfx_local?sid=OVID&isbn=&issn=02779536&volume=49&issue=1&date=1999&title=Social+Science+and+Medicine&atitle=The+referral+process+an. Retrieved: May 20,2016

Bashour, H., & Mamaree, F., 2009. (2009). Gender differences and tuberculosis in the Syrian Arab Republic: patients' attitudes, compliance and outcomes. Eastern Mediterranean Health Journal, 9(4), 757-768.

Beaglehole, R., 2002. Oxford Textbook of Public Health Contents. , (March).

Birungi, H. et al., 2001. The policy on public-private mix in the Ugandan health sector: catching up with reality. *Health policy and planning*, 16 Suppl 2(Suppl 2), pp.80–87.

Blanc, P.D. et al., 2006. Area-level socio-economic status and health status among adults with asthma and rhinitis. *The European respiratory journal*, 27, pp.85–94. Available at: http://www.ncbi.nlm.nih.gov/pubmed/16387940. Retrieved: May 29,2016

Browne, J.L. & Chan, a Y.C., 2012. Using the Theory of Planned Behaviour and implementation intentions to predict and facilitate upward family communication about mammography.*Psychology&health*,27(6),pp.655–73.Availableat: http://www.ncbi.nlm.nih.gov/pubmed/21981385. Retrieved: May 16,2016

Buor, D., 2004. *Accessibility and utilisation of health services in Ghana*,

Buor, D., 2006. 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.

C.E., C., M., B. & O., Z., 2002. The gender gap in primary health care resource utilization in Central Asia. *Health Policy and Planning*, 17(3), pp.264–272. Available at: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed5&NEWS=N&AN=2002320559. Retrieved: May 10,2016

CDC, 2013. Everyday preventive actions that can help fight germs, like flu. , pp.1–2. Availableat:http://www.cdc.gov/flu/pdf/freeresources/updated/everyday_preventive.pdf Retrieved: June 16,201

Chika, A. & Bello, S.O., 2016. Optimizing community effectiveness of antimalarial drugs in malaria-endemic areas of Africa : Issues , challenges , and proposed actions. , 10(9), pp.121–131.

Danso-Appiah, A. et al., 2004. Determinants of health-seeking behaviour for schistosomiasis-related symptoms in the context of integrating schistosomiasis control within the regular health services in Ghana. *Tropical Medicine and International Health*, 9(7), pp.784–794.

Denny, K., 2012. Taking social determinants of health seriously: A health services perspective.

Denton, M., Prus, S. & Walters, V., 2004. Gender difference in health: A canadian study of the psyho-social,

structural and behaioral determinant. *Social Science & Medicine*, 58(905), pp.2585–2600.

Dey, S. et al., 2012. Health of the elderly in India: Challenges of access and affordability. *Aging in Asia: Findings from New and Emerging Data Initiatives*, pp.371–386. Available at: http://www.ncbi.nlm.nih.gov/books/NBK109208/.

Economist, T., 2014. Public health _ Economist - World News, Politics, Economics, Business & Finance.

Ensor, T. & Cooper, S., 2004. Overcoming Barriers To Health Service Access and Influencing the Demand Side Through Purchasing. , (September), pp.1–78. Available at:http://siteresources.worldbank.org/HealthNutritonandPopulation/Resources/281627-1095698140167/EnsorOvercomingBarriersFinal.pdf.Retrieved:August 3,2016

Evans, D. & Norman, P., 2003. Predicting adolescent pedestrians' road-crossing intentions: An application and extension of the Theory of Planned Behaviour. *Health Education Research*, 18(3), pp.267–277.

Ezeoke, O.P., Onwujekwe, O.E. & Uzochukwu, B.S., 2012. Towards universal coverage: Examining costs of illness, payment, and coping strategies to different population groups in Southeast Nigeria. *American Journal of Tropical Medicine and Hygiene*, 86(1), pp.52–57.

Figueroa, M.E., Bertrand, J.T. & Kincaid, D.L., 2001. Evaluating Impact of Communication Programs: Summary of an Expert Meeting Organized by the MEASURE Evaluation Project and the Population Communication Services Project. , (August 2002).

Filippi, V. et al., 2010. Effects of severe obstetric complications on women's health and infant mortality in Benin. *Tropical Medicine and International Health*, 15(6), pp.733–742.

Fonck, K. et al., 2007. Healthcare-seeking behavior and sexual behavior of patients with sexually transmitted diseases in Nairobi, Kenya. *Sexually transmitted diseases*, 28(7), pp.367–371.Available at: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=med4&NEWS=N&AN=11460019. Retrieved: July 13,2016

Frost, R., 2008. Health Promotion Theories and Models for Program Planning and Implementation. *Public Health*, pp.1–6.

Gijsbers Van Wijk, C.M.T., Van Vliet, K.P. & Kolk, A.M., 2011. Gender perspectives and quality of care: Towards appropriate and adequate health care for women. *Social Science and Medicine*, 43(5), pp.707–720.

Hausmann-Muela, S., Ribera J.M., and Nyamongo, I., 2010. Hausmann-Muela, S., Ribera J.M., and Nyamongo, I. (2010). Health-seeking behaviour and health system response. DCPP Working Paper No. 14. London: London School of Hygiene and Tropical Medicine. *PhD Proposal*, 1(December).

Health, B., 2009. Ottawa Charter for Health Promotion. , pp.1–3.

HPS, 2011. Infection Prevention and Control in Childcare Settings (Day Care and. , (March), pp.1–32.

Irwin A, S., 2010. Irwin A, Scali E. Action on the Social Determinants of Health: learning from previous experiences. Social Determinants of Health Discussion Paper 1 (Debates).

Jacobs, B. et al., 2004. Sexually transmitted disease management in Uganda's private-for-profit formal and informal sector and compliance with treatment. *Sexually transmitteddiseases*,(11),pp.650–654.Availableat:http://www.epistemonikos.org/documents/5ebe47b446b58bbf701872c4f45adff7ba64f791. Retrieved: July 11,2016

El Kahi, H. a et al., 2012. Health-care-seeking behaviour among university students in Lebanon. *Eastern Mediterranean health journal = La revue de santé de la Méditerranée orientale = al-Majallah al-ṣiḥḥīyah li-sharq al-mutawassiṭ*, 18(6), pp.598–606. Available at: http://www.ncbi.nlm.nih.gov/pubmed/22888616.Retrieved: March 13,2016

Kengatharan, L. & Kengatharan, N., 2014. The Influence of Behavioral Factors in Making Investment Decisions and Performance: Study on Investors of Colombo Stock Exchange, Sri Lanka. *Asian Journal of Finance & Accounting*, 6(1), p.1. Available at: http://www.macrothink.org/journal/index.php/ajfa/article/view/4893. Retrieved: March 24,2016

Khan, M.M. et al., 2006. Geographic aspects of poverty and health in Tanzania: Does living in a poor area matter? *Health Policy and Planning*, 21(2), pp.110–122.

Koelen, M.A., Vaandrager, L. & Colomér, C., 2001. Health promotion research : dilemmas and challenges. , pp.257–262.

Levin, A., Caldwell, B. & Khuda, B.E., 1999. Effect of price and access on contraceptive use. *Social Science and Medicine*, 49(1), pp.1–15.

Macintyre, K., Lochigan, M. & Letipila, F., 2012. Understanding referral from primary care clinics in rural Kenya: using health information systems to prioritize health services. *The International journal of health planning and management*, 18(1), pp.23–39.

Mackian, S., 2011. Health Systems Development Programme A review of health seeking behaviour : problems and prospects.

McFarland et al., 2001. Demographic and psychosocial correlates of physical activity in late life. *American Journal of Preventive Medicine*, 21(4), pp.306–312. Available at: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=med4&NEWS=N&AN=11701302\nhttp://www.scopus.com/inward/record.url?eid=2-s2.0-0034772543&partnerID=tZOtx3y1\nhttp://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed5&NEWS=N&AN=2001377973. Retrieved: July 1,2016

Meara, J.G. et al., 2015. Global Surgery 2030: Evidence and solutions for achieving health, welfare, and economic development. *The Lancet*, 386(9993), pp.569–624.

Molla, M. et al., 2009. Readiness of youth in rural Ethiopia to seek health services for sexually transmitted infections. *African Journal of AIDS Research*, 8(2), pp.135–146. Availableat:http://www.tandfonline.com/doi/abs/10.2989/AJAR.2009.8.2.2.854\nhttp://www.tandfonline.com/doi/abs/10.2989/AJAR.2009.8.2.2.854#.UvY41bT9z3U\nhttp://www.tandfonline.com/doi/abs/10.2989/AJAR.2009.8.2.2.854#.UvY547T9z3U. Retrieved: July 9,2016

Murphy, G.T., Using Evidence to Meet Population Healthcare Needs : Successes and Challenges.

Musoke, D. et al., 2014. Health seeking behaviour and challenges in utilising health facilities in Wakiso district, Uganda. *African Health Sciences*, 14(4), pp.1046–1055.

Needham, D. M., Foster, S. D., Tomlinson, G., & Godfrey-Faussett, P., 2001. Socioeconomic, gender and health services factors affecting diagnostic delay for tuberculosis patients in urban Zambia. Tropical Medicine & International Health, 6(4), 256-259.

Needham, D. & Foster, S., 2001. Socio-economic, gender and health services factors affecting diagnostic delay for tuberculosis patients in urban Zambia. *Tropical Medicine* &Availableat:http://trafficlight.bitdefender.com/info?url=http://onlinelibrary.wiley.com/doi/10.1046/j.136

5-3156.2001.00709.x/full&language=en_US.Retrieved:May 9,2016

Noor, A.M. et al., 2007. Defining equity in physical access to clinical services using geographical information systems as part of malaria planning and monitoring in Kenya. *Tropical Medicine and International Health*, 8(10), pp.917–926.

Noorali, R., Luby, S. & Rahbar, M.H., 1999. Does use of a government service depend on distance from the health facility? *Health Policy and Planning*, 14(2), pp.191–197.

Nordberg, E. & Oranga, H., 2009. Health information for district level planning: A cross-sectional household survey in rural Kenya. *East African Medical Journal*, 73(6), pp.364–369.

Nyamongo, I., 2002. Health Care Switching Behav ior of Malaria Patients in a Kenyan Rural Community. *Social Science and Medicine,, 54, 377 - 386*, 54, pp.377–386.

Park, N., Peterson, C. & Al, P.E.T., 2004. Strengths Of Character And Well – Being. , 23(5), pp.603–619.

Peterson, S. et al., 2004. Coping with paediatric referral--Ugandan parents' experience. *Lancet*, 363(9425), pp.1955–1956.

Poortaghi, S. et al., 2015. Evolutionary concept analysis of health seeking behavior in nursing : a systematic review. *BMC Health Services Research*, pp.1–8.

Prosser, T., 2007. Factors Influencing Health Care Seeking Behaviour and Unmet Health Needs in Rural Areas.

Rao, P., & Richard, J., 1999. Socioeconomic and demographic correlates of medical care and health practices. Journal of Biosocial Science, 16(3), 343-355. , pp.1–27. Available at: http://www.ats.ucla.edu/stat/stata/whatstat/whatstat.htm. Retrieved: June 10,2016

Rd, M., Ma, J. & He, C., 2006. A concept analysis of positive action in health and education. , pp.233–243.

Shaikh, B.T. & Hatcher, J., 2008. Health seeking behaviour and health service utilization in Pakistan: Challenging the policy makers. *Journal of Public Health*, 27(1), pp.49–54.

Smith, B.E.N.J., Tang, K.C.H.O. & Nutbeam, D.O.N., 2006. WHO Health Promotion Glossary : new terms. , pp.1–6.

Soucat et al., 2009. World Labour Report 2000: Income security and social protection in a changing world. *Prevention of occupational diseases*, 13(March), pp.1–12. Available at: http://www.ilo.org/gb/GBSessions/GB317/pol/WCMS_204755/lang--en/index.htm. Retrieved: June 11,2016

Spoor, C., 2013. University of ghana. , 1(10363684), p.60. Retrieved: July 13,2016

Sudhinaraset, M. et al., 2013. What Is the Role of Informal Healthcare Providers in Developing Countries? A Systematic Review. *PLoS ONE*, 8(2).

Thorsen, R.S. & Pouliot, M., 2016. Traditional medicine for the rich and knowledgeable: Challenging assumptions about treatment-seeking behaviour in rural and peri-urban Nepal. *Health Policy and Planning*, 31(3), pp.314–324.

Thorson, A. et al., 2010. Tuberculosis and Gender. *Jornal brasileiro de pneumologia publicação oficial da Sociedade Brasileira de Pneumologia e Tisilogia*, 36(1), pp.6215.Availableat:http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3163876&tool=pmcentrez&rendertype=abstract. Retrieved: March 10,2016

Undp, 2005. Gender Equality and the Millennium Development Goals. , (February), pp.22–25.

USAID, 2000. National Health Seeking Programmmes A Guide To Monitoring and Evaluation. *Statewide Agricultural Land Use Baseline 2015*, 1.

Uzochukwu, B. & Onwujekwe, O., 2005. Healthcare reform involving the introduction of user fees and drug revolving funds: Influence on health workers' behavior in southeast Nigeria. *Health Policy*, 75(1), pp.1–8.

Vaswani, N. & Officer, D., 2011. Encouraging Help-Seeking Behaviour Among Young Men : A Literature Review. *Glasgow city council*, (March).

Wang, P. et al., 2005. Failure and delay in initial treatment contact after first onset of mental disorders in the national comorbidity survey replication. *Archives of General Psychiatry*,62(6),pp.603–613.Available at: http://dx.doi.org/10.1001/archpsyc.62.6.603.

Retrieved: March 23,2016

Ward, H., Mertens, T.E., and Thomas, C., 2013. Health-seeking Behaviour and the Control of Sexually Transmitted Diseases. Health policy and Planning 12(1): 19-28. , 5(5), pp.817–824.

Wellstood et, 2010. Primary Health Care_ People, Practice, Place - Google Books.

WHO, 2011. Infection prevention and control of epidemic- and pandemic-prone acute respiratory diseases in health care. , (June).

WHO, 2015. The 8th Global Conference on Health Promotion, Helsinki, Finland, 10 - 14 June 20 The Helsinki Statement on Health in All Policies. , (June 2013).

WHO,2009.WHOWorldWaterDayReport.Availableat:http://www.who.int/water_sanitation_health/takingcharge.html. Retrieved: July 8,2016

Witter, S., & Osiga, G., 2006. Health service quality and users' perceptions in West Nile, Uganda. International Journal of Health Planning & Management, 19, 195-207.

Witter, S. & Osiga, G., 2004. Health service quality and users' perceptions in West Nile, Uganda. *Int J Health Plann Manage*, 19(2), pp.195–207. Available at: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15239212. Retrieved: March 1,2016

World Bank, 1994. World Development Report: Infrastructure for Development. , pp.1–26.