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FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



TOPIC:

**EXPLORING THE HEALTHCARE SEEKING BEHAVIOUR AMONG ADOLESCENTS
AT FREEMAN METHODIST PREPARATORY AND JUNIOR HIGH SCHOOL IN
BEREKUM.**

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HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM



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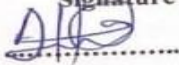
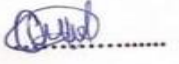

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YEAR SUBMITTED

2022

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing/Midwifery and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The health care seeking behaviour among adolescent is considered poor in the country. The main objective of the study is to assess the health care seeking behaviour among adolescents in the Freeman Preparatory and Junior High School in the Berekum municipality. The study design adopted was a descriptive cross-sectional study design to determine the Health seeking behaviour and among adolescents in Berekum East Municipality. The study population comprised of 80 adolescents aged 10 -19 years attending Basic school at Freeman Methodist Preparatory and Junior High School, Berekum.

A written questionnaire with both open and close ended questions was used in the exercise to collect information from the participants. 60% strongly agreed that negative attitude of health care providers discourages them from accessing health care when they are sick. Also 53% of the respondents agreed that the distance to health facility discourages them from accessing health care with a little of 6% strongly disagreeing with the statement. On the question of whether respondents get treatment when they are sick, 87% answered in the affirmative while only while 13% responded no. In conclusion, adolescents in the Berekum Municipality and for that matter those in Freeman Methodist Preparatory and Junior High School have challenges when it comes to health care which needs to be addressed. Most of them demonstrated positive attitude towards health in the midst of the challenges and barriers.

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ABBREVIATION

AIDS: Acquired Immune Deficiency Syndrome

F.P: Family Planning

HIV: Human Immunodeficiency Virus

HSB: Health Seeking Behaviour

Sexual: Reproductive Health

STD: Sexually Transmitted Diseases

STI: Sexually Transmitted Infections

UTI: Urinary Tract Infection

W.H.O: World Health Organization

YFHS: Youth Friendly Health Services

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Finally we are most grateful to the authors and publishers whose material we siphoned information for this work.

CHAPTER ONE

1.0 Background of Study

Globally there are nearly 1.2 billion adolescents aged 10–19 years, constituting 18% of the world's population (Kumar et al., 2017). A life-course perspective suggests that biological and social-role changes during this phase coupled with low awareness, makes adolescents vulnerable for adoption of risky behaviours like smoking, substance abuse, consumption of alcohol and unprotected sex (George et al., 2018). This increases disease burden and is responsible for almost 60% of premature deaths in adults.

Adolescents have health seeking behaviour different from that of adults. The World Health Organization (WHO) envisages that utilization of health services by adolescents can be enhanced by an equitable, accessible, acceptable, appropriate and effective youth-friendly health system.

Adolescence is a transition between childhood and adulthood and also changes at biological, psychological and social level (Gopi Krishna et al., 2018).

According to the adolescent reproductive health policy of Ghana and the world health organization, an adolescent is a person between the ages of ten and nineteen (ARHP, 2017). Healthcare seeking behaviour (HSB) has been defined as, "any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy"(Latunji & Akinyemi, 2018). Health seeking behaviour can also be referred to as illness behaviour or sick-term behaviour. Health seeking behaviour is situated within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good

state of health(Kumar et al., 2017). Health seeking behaviour can also be referred to as illness behaviour or sick-term behaviour.

Several factors affect people's health seeking behaviour. Some of these factors include, past experiences with health services, perception about quality and efficiency of health services and influences at the community level (Dodd et al., 2016). Also it has been argue that low utilization of health facilities is linked to the behaviour of staff, privacy, language skills and time people spend before seeing a doctor(Kujawski et al., 2018). The decision to seek health is also influenced by an individual's educational and economic status, the extent to which he is worried about the symptom and duration of experiencing it.

Inappropriate HSB has been linked to worse health outcomes, increased morbidity and mortality and poorer health statistics (Atuyambe., 2019). Much have not been done about the health seeking behaviours among adolescents in the Berekum East Municipality so the need to carry out this research.

1.1 Problem Statement

Adolescence is a challenging stage in life in the sense that it comes with its own biological, psychological, physical and social development and adjustment which most adolescents find difficult adapting to (Llord & Young, 2019). Adolescent's health has been a major issue of discussion in the international front of late(Okereke, 2016). This may be due to the emergence of sexually transmitted diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) which mostly affect the sexually active people (Organization, 2020). In lieu of this, the Ghana Health Service's Adolescent Health Programme in response to a number of factors including studies carried out by individuals and organizations

revealed that adolescents in Ghana suffered poor health due to health damaging behaviours such as poor healthcare seeking behaviour, early initiation of sexual intercourse, unprotected sexual intercourse and multiple sexual partners (ARHP, 2018).

Although, some studies have examined health-seeking behaviour in rural communities in Ghana it appears very little has been done on healthcare seeking behaviour among adolescents (Nangsangna & Vroom, 2019). Notwithstanding, an understanding of healthcare seeking behaviour among adolescents in Basic Schools in Ghana is important if a healthy community is to be maintained(Afolabi et al., 2018). These and many other factors have necessitated the need to find out the healthcare seeking behaviour among adolescents in Berekum Municipality.

1.2 General Objective

To assess the health care seeking behaviour among adolescents in Basic Schools in Berekum East Municipality

1.3 Specific objectives

1. To examine factors that influences the health care seeking behaviour of adolescents in Basic Schools in Berekum East Municipality.
2. To assess the attitude of adolescents towards the utilization of healthcare services in Berekum East.
3. To identify barriers and challenges adolescents face in the utilization of healthcare in Berekum East.

1.4 Operational Definitions

Adolescent: An adolescent is a person between the ages of ten and nineteen (10-19) according to World Health Organization

Accessibility: It is the quality of being at hand when needed; able to be obtained, used, or experienced without difficulty

Health seeking behaviour: Any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy.

Utilization: The action of making practical and effective use of something.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed relevant literature relating to the subject of study in order to situate the study in the appropriate empirical and conceptual framework. It consists of some empirical evidences in health care seeking behaviour, factors affecting healthcare seeking behaviour, attitude towards healthcare and challenges in accessing healthcare.

2.1 Health care seeking behaviour

Healthcare-seeking behaviour is defined as “any activity undertaken by individuals who perceived to have a health problem or to be ill for purpose of finding an appropriate remedy”(Zhang et al., 2020). From a patients’ perspective, healthcare-seeking behaviour tends to be responsive to discomfort or symptoms, rather than to specific diagnosed diseases which were unknown to them before medical consultation (Zhang et al., 2020). The starting point for most health seeking behaviour is recognition of symptoms. The severity and frequency of symptoms are also likely to be important in determining health seeking behaviour.

According to Yousaf et al.,(2015), factors associated with positive intentions of people to seek prompt care include, ease of access to care, perceived advantages of medical care, and social norms among their friends, gender and age. How people perceive risk involved in delaying care and personal risk of health condition to become worse are also significant factors in the behaviours people especially adolescents exhibit regarding seeking healthcare.

2.2 Factors Influencing Health Seeking Behaviour.

A study has shown that there are multiple determinants of health, which recognize the role of biological, behavioural, cultural, economics, psychological, environmental and social factors and their interconnectedness (Danso-Appiah et al., 2017). These factors are predominant in developing countries because of their limited resources in struggling to cope with mortality and morbidity. For instance, gender, marital status, literacy or educational level, regular income and age as well as communications, mode of transport, proximity, medical facility type, travel time to nearest health or medical facility, health insurance and advice from influential others are key factors that influence healthcare seeking behaviour (Adu-Gyamfi & Abane, 2016). Youth-friendly services are an amalgamation of health facility characteristics, health service provision techniques, and health services offered which are key strategies for improving the health of adolescents in Africa (Ninsiima et al., 2021). According to the WHO guidelines, in order to be considered Youth Friendly Health Services (YFHS), the services are required to be accessible, acceptable, equitable, appropriate and effective, gender-equitable and serve as a channel for access to Family Planning (FP) and Sexual Reproductive Health (SRH).

Anadu et al. (2019) conducted a descriptive study aimed to investigate Sexually Transmitted Infections (STIs) and health seeking behaviour among Ghanaians in Accra, revealed that of the 246 respondents with STI symptoms, 160 (65%) did not seek either treatment or advice for their symptoms. Health seekers in Ghana, like any developing country, tend to do so base on the resources at the disposal to the family (Adu-Gyamfi & Abane, 2018). In a study done in Ethiopia, mass media messages (70.9%), advice from others (31.1%), illness of close relative (8.6%) and death of close relative 23(9.4%) were the most important factors that influenced the study participants to utilize the services (Helamo et al., 2017)

Cultural beliefs and practices often lead to self-care, home remedies and consultation with traditional healers (Avogo, 2015). Advice of the 'elder women' in the house is also very instrumental and cannot be ignored and these factors result in delay in treatment, health care seeking and are more common among women than men not only for their own health but especially for children's illnesses. This is also very applicable to adolescents since most of them are under the care of their parents. Family size and parity, educational status and occupation of the head of the family are also associated with health seeking behaviour besides age, gender and marital status. However, cultural practices and beliefs have been prevalent regardless of age, socio-economic status of the family and level of education(Prosser, 2017). They also affect awareness and recognition of severity of illness, availability of service and acceptability of service.

2.3 Attitude of adolescent towards the utilization of Healthcare services

Negative attitude towards healthcare by people stems from dissatisfaction with service which include problems with the provision and availability of medication, quantity and quality of staff, facilities and service hours(van der Hoeven et al., 2016). Hoeven et al., (2019) also noted that because public health service particularly in developing countries is usually overburdened and understaffed, waiting times are normally excessive and consultation times too short, these sometimes does not make people see the need to visit healthcare facilities when they are ill.

Quality of health care providers is another significant factor that affects people's attitude especially adolescent towards seeking healthcare. This is because when people belief that a healthcare provider is capable of solving their health problems they easily resort to the person for healthcare when the need arises. Therefore, nurses and other health workers need to be patient

and understanding when treating and explaining health instructions to adolescents. This is also confirmed by (Alzahrani, 2018) who states that poor attitude on the part of the physician and other healthcare workers such as nurses during the treatment or during interactions with patients can make the patient feel less satisfied and also determine patients' attitude about clinics and clinicians.

2.4 Challenges and Barriers in Healthcare Seeking

There are several barriers and challenges adolescents face during the process of accessing healthcare. Cost and perceived quality of health care providers are the most significant factors (Russell, 2018). Individuals are unlikely to go to health providers because of high cost; instead they choose unregulated prayer camps and drug stores that are less successful than clinics in curing illness. Easing the burden of barriers to health care would empower patients to have choice of quality health providers and would adopt greater utilization of health services. A study by Agolabi et al (2015) indicated that perceived barriers to adequate patronage of the health facility as highlighted by respondents were cost of care (25.2%), excessive waiting time (24%), lack of sufficient information on medicine use (19.9%), poor attitude of health personnel (17.9%) and shortage of prescribed medicines (20%).

According to two studies in different states of Ethiopia, most respondents mentioned the challenge of cost of services (21%) and (41.2%) respectively, lacked money as its needed to travel to health facilities as the distance/time taken is costly (Lawton & Malone, 2017)

Also a study done in a rural community in Plateau State, Nigeria among 360 mothers revealed that high cost of drugs (29.0%), service charges (19.0%), easy access to traditional healers

(39.0%) and difficulty in getting transport to a health facility (30.0%) were the major factors that caused non-attendance at the health facility(Adam & Awunor, 2020)

A study has revealed that most adolescents acknowledge that education and proper information on reproductive healthcare and services such as family planning services should be made available to all individuals at all ages so as to ensure a better access to healthcare and services (Amankwaa et al., 2018).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter talks about, the study area and study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration, and the limitations of the study.

3.1 Study area

The study was conducted in the Berekum East Municipality specifically at Freeman Methodist School. Berekum is the capital of Berekum East Municipal Assembly and it is one of the fast growing districts in the Bono region of Ghana. The Municipality shares boundaries with Wenchi Municipal and Berekum West District to the northeast and northwest respectively, Dormaa Central Municipal to the South and Sunyani West Municipal to the east. The population of Berekum Municipality, according to the 2010 Population and Housing Census, is 129,628 representing 5.6 percent of the region's total population. Males constitute 46.2 percent and females represent 53.8 percent. More than half (65.5%) of the municipality's population lives in the urban areas, and has a sex ratio of 85 males to a hundred females. About two-fifth (41.6%) of the population of the municipality is youthful (0-14 years) and the percentage of adolescent aged between the ages of 10-19 years was 25% (Source: Ghana Statistical Service, 2010 Population and Housing Census).

The municipality can boast of host educational facilities both basic and secondary. The study was conducted at one of the basic schools within the municipality, Freeman Methodist Preparatory and Junior High school. The school was established in 1990 by the Methodist Church of Ghana and it is located behind the Methodist Church of Ghana along the Biadan road. The school shares boundaries with Holy Family Hospital and Holy Family Nursing and Midwifery Training College respectively. It also shares boundary with AKAB School complex. The population of the school is estimated to be eight hundred and fifty (850). That is both Preparatory and JHS combined.

3.2 Study Design

The study design that was adopted for the study was a descriptive cross-sectional study design to determine the Health seeking behaviour and among adolescents in Berekum East Municipality. Descriptive cross-sectional studies provide data for describing the status of phenomena or relationships among phenomena at a fixed point in time.

3.3 Study Population

The study population comprised of 80 adolescents aged 10 -19 years attending Basic school at Freeman Methodist Preparatory and Junior High School, Berekum.

3.4 Sampling technique and size

A convenience sampling technique was used to select participants for the study because it is extremely fast, easy, and cost effective sampling method. Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher (Taherdoost, 2016). Typically, convenience

sampling tends to be a favored sampling technique among students as it is inexpensive and an easy option compared to other sampling techniques. Convenience sampling often helps to overcome many of the limitations associated with research. Participant recruitment will be voluntary. The study population of adolescent aged 10-19 years who attends school at Freeman Methodist Preparatory and JHS were contacted to take part in this study. A total of 50 participants was sampled for the study.

3.5 Data collection methods and instruments

A written questionnaire with both open and close ended questions was used in the exercise to collect information from the participants. Structured questionnaire was administered to pupils between the ages of 10-19 years at Freeman Methodist Preparatory and JHS in Berekum. Structured questionnaire was used because the researchers do not want their opinions to influence the participants' way of answering the questions. The questionnaire was cross-checked for accuracy. Questionnaires were not given to participants to go and answer at home but rather they were made to answer them in the presence of the researchers. This allowed the participants to get clarifications on some of the questionnaires before answering them.

3.6 Data analysis techniques

All returned questionnaires were checked for missing data. All blank Questionnaires were not included during the analysis. Data was entered and analyzed using tables and figures. The results were presented in the form of frequencies, graphs and percentages.

3.7 Ethical consideration

An introductory letter was sent to the headmaster of Freeman Methodist Preparatory and Junior High School for approval to conduct the study. Participants were informed of the benefits, risks, purpose, and procedure of the study and their right to withdraw from the study at any point without penalty. All participants agreed voluntarily to be part of the study. Respondents were assured of anonymity and confidentiality by not providing any form of identification on the questionnaire. However, identification codes were used to represent the respondent according to their chronologic entry into the study.

3.8 Limitations of the Study

The study was limited by the convenience sampling method that used to select participants. Also the time for the research coincided with other academic work such as care study and practical examination putting a lot of pressure on us. Another limitation will be the small sample size of 50 participants making it impossible for generalization.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter presents a detailed analysis of the data gathered from the field. The results are presented in tables and figures. The analysis of data was done according to the specific objectives of the study. The results are categorized into the demographic characteristics of the data of students, factors that influence healthcare seeking behaviour and attitudes of adolescents towards health care.

4.1 Demographic Characteristics of the Respondents

Table 1: Age Distribution of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Age	10-12	13	26
	13-15	18	36

	16-19	19	38
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The results of the study reviewed that the age range for respondents was from 10-19 which was further grouped into 10-12, 13-15 and 16-19. It could deduced from the Table 1 above that 26% of the respondents falls between the ages of 10-12 years while 36% and 38% represents the ages between 13-15 and 16-19 respectively.

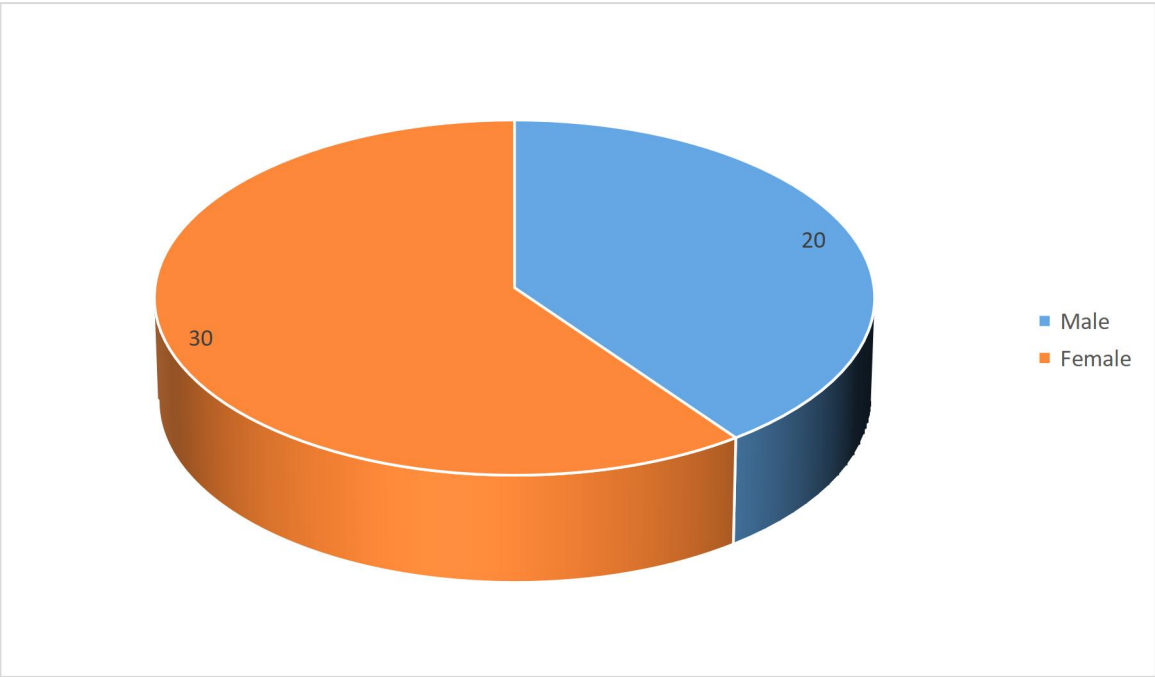


Figure 1: Respondents Gender.

From figure 1, most of the respondents (40%) were male while 60% of the respondents were female.

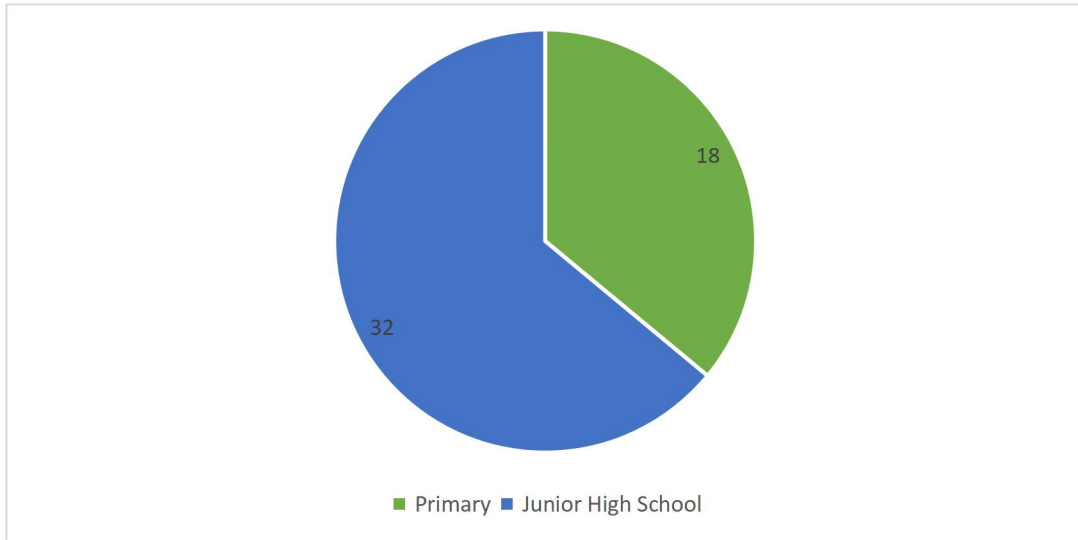


Figure 2: Respondents Level of Education.

From figure two, majority of the respondents (64%) were in junior high school while 36 percent were in primary school.

Table 2: Respondents Guardian

Variable	Categories	Frequency (n)	Percentage (%)
Guardian	Biological parents	35	70
	Brother/sister	10	20
	Alone	0	0
	Other relation	5	10

From the table above, majority of the respondents (70%) were staying with their biological parents, 20% were staying with their Brother or Sister, 10% were staying with their other relatives and none of them were staying alone.

4.2 Factors that influence healthcare seeking behaviour

Table 3: Factors that influence respondent’s healthcare seeking behaviour

Variable	SA	A	D	SD	Total
Negative attitude of health care providers discourages health accessibility	28	24	10	38	100
Distance to health facility discourages healthcare accessibility	45	15	20	20	100
Cost of health care prevents you from accessing healthcare	42.5	30	17	10.5	100
Long queues discourages you from accessing healthcare	47.5	30	15	7.5	100

The above table seeks to analyze the factors that influence health seeking behaviours among respondents. Out of the 50 respondents, 28% indicated that they strongly agreed that negative attitude of health care providers discourages them from accessing health care when they are sick with 24% indicated they agree. 10% however disagrees that negative attitude of health care providers discourage them from accessibility to healthcare while a total of 38% strongly disagree.

Forty-five percent (45%) of the respondents strongly agreed that the distance to health facility discourages them from accessing health care with 15% agreeing while 20% of the respondents indicated disagree and strongly disagree. In terms of cost, 42.5% indicated they strongly agreed that cost of health care prevents them from accessing health care while 30% said they agreed. 17% said they disagree with 10.5% strongly disagreed. To find out whether long queues discourages respondents from accessing healthcare, 47.5% and 30% indicated they strongly agreed and agreed respectively while 15% and 7.5% disagreed and strongly disagreed respectively.

Table 4: Respondent’s mode of transportation to health facility during last visit.

Variable	Categories	Frequency (n)	Percentage (%)
Mode of transportation to health facility (last visit to health facility).	Walked	14	28
	Used private vehicle	8	16
	Used public transport	25	50
	Used ambulance or emergency vehicle	3	6

From table four, majority of the respondents (50%) used public transport, 28% walked 16%, used private vehicle and 6% used emergency vehicle.

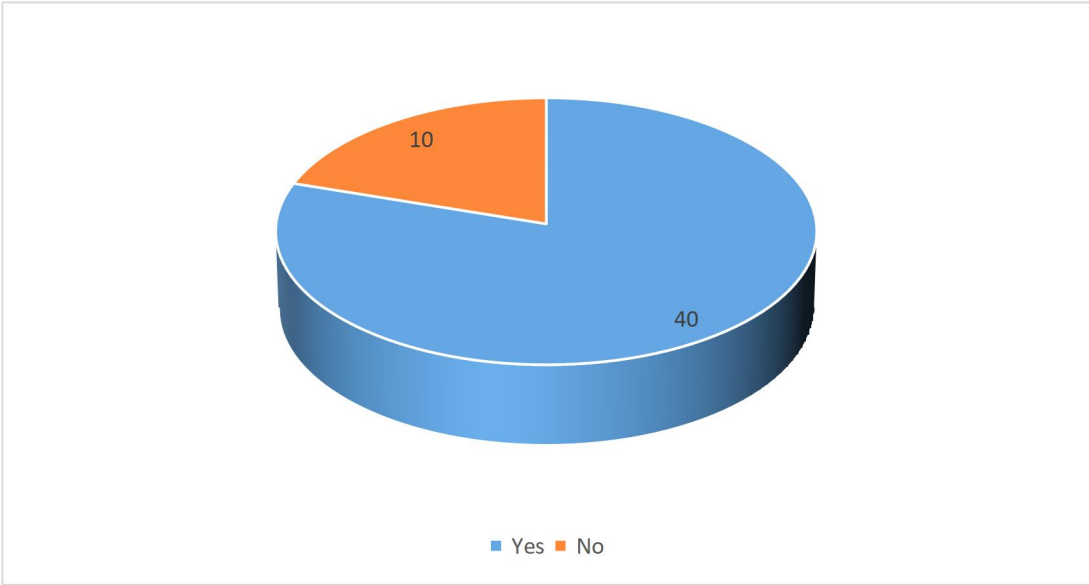


Figure 3: Respondents payment of cost.

From majority of the respondents (80%) indicated that, they paid for the services and the remaining 20% indicated they did not pay.

4.3 Respondents attitude toward healthcare.

Table 5: Respondents action when ill.

Variable	Categories	Frequency (n)	Percentage (%)
Action taken when ill.	Visit to a hospital/health center	24	48
	Visit a traditional healer/faith healer	3	6
	Visit a pharmacy	20	40
	Take herbal medicine	2	4
	Others specify. (prayers, sleeping)	1	2

Respondents were asked about the action they normally take when they are sick as indicated above. In all 24 out of the 50 respondents representing 48% indicated that they visit the hospital/health center when they are sick while 3 (6%) indicated that they visit the traditional healer/faith healers, 20 (40%) revealed that they go to the pharmacy shop for treatment. Also 2 (4%) and 1 (2 %) stated that they resort to herbal medicine and prayers and or sleeping respectively.

Table 5: Respondents action when ill.

Variable	Categories	Frequency (n)	Percentage (%)
Why respondents refuse taking medication.	I felt better	12	24
	I was cured	11	22
	medication were many	12	24
	side effects	2	4

	It taste bitter	13	26
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Respondents were asked why respondents refuse taking medication as indicated above. In all 12 out of the 50 respondents representing 24% indicated that, they felt better while 11 (22%) indicated that they were cured, 12 (24%) revealed that the medications were many. Also 2 (4%) and 13 (26 %) stated that because of side effect and it taste bitter respectively.

4.4 Barriers and challenges in seeking healthcare.

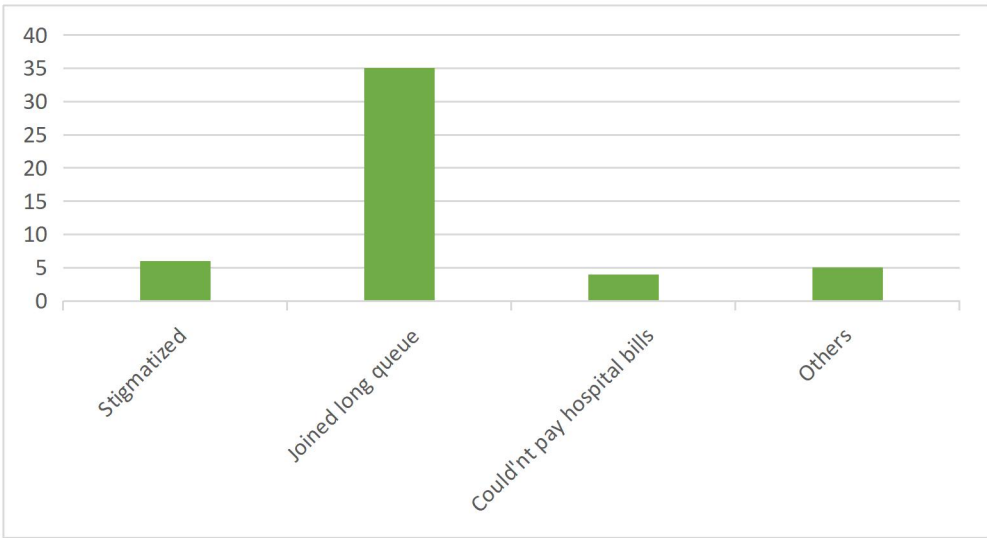


Figure 4: Respondents barriers and challenges

From figure four, majority of the respondents (70) indicated joining of long queue as a challenge I seeking healthcare, 12% was stigmatized, 8% couldn't pay the hospital bills and 5% indicated other challenges.

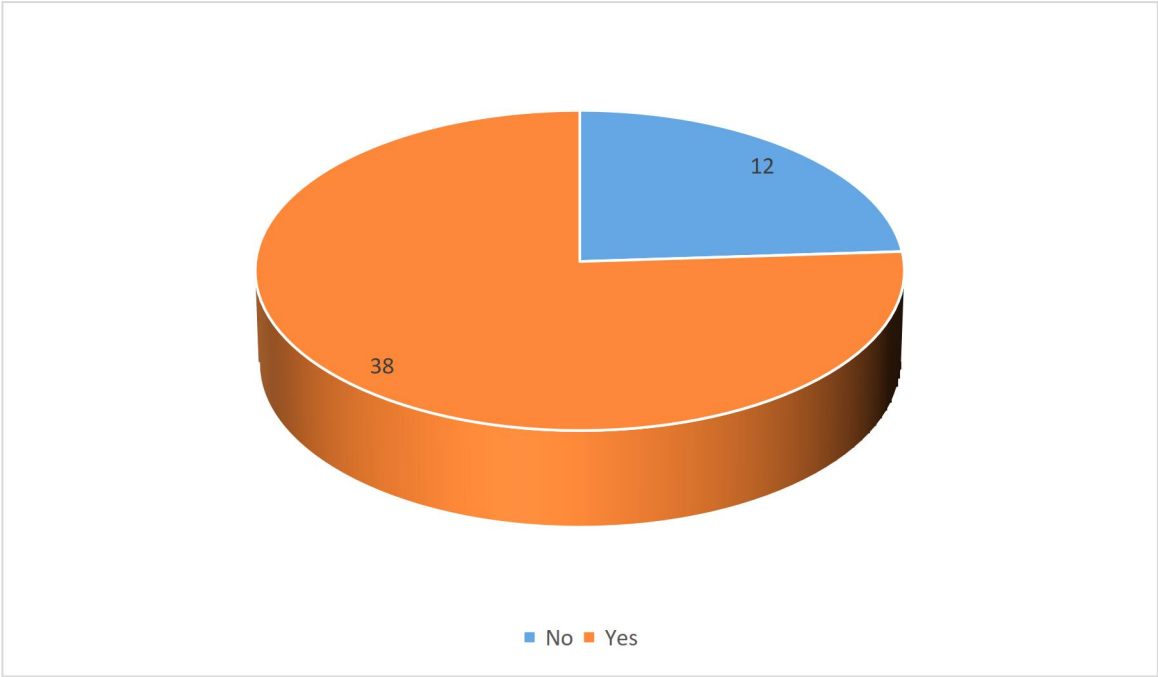


Figure 5: Respondents location as a challenge.

From figure five, majority of the respondents (76%) indicated that the location of the healthcare facility influence the rate at which they seek healthcare while 24% indicated that, it is not a challenge.

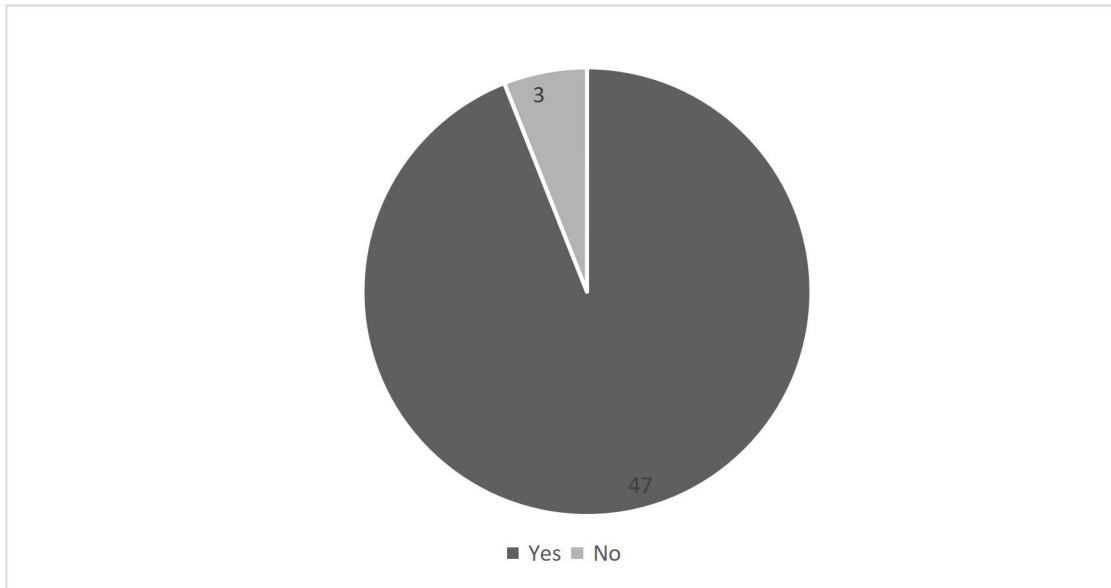


Figure 6: Respondents support from parents and Family.

From figure six, majority of the respondents (94%) indicated their parents and family while 6% indicated that they gain support from others.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter deals with the discussion of findings of the study. It compares the findings with that of the literature review. It also includes the drawing of conclusion and making recommendations based on the findings. This discussion is based on the specific objectives of the study.

5.1 Discussions

5.1.1 Factors that influences the health care seeking behaviour of adolescents

Out of the 50 respondents, 28% indicated that they strongly agreed that negative attitude of health care providers discourages them from accessing health care when they are sick with 24% indicated they agree. 10% however disagrees that negative attitude of health care providers discourage health accessibility while a total of 38% strongly disagree. This is also confirmed by Alzahrani (2018) who states that poor attitude on the part of the physician and other healthcare workers such as nurses during the treatment or during interactions with patients can make the patient feel less satisfied and also determine patients' attitude about clinics and clinicians. Forty-five percent (45%) of the respondents strongly agreed that the distance to health facility discourages them from accessing health care with 15% agreeing while 20% of the respondents indicated disagree and strongly disagree. Similarly, this finding affirms to Zhang et al (2020) who stated that Youth-friendly services are an amalgamation of health facility characteristics, health service provision techniques, and health services offered which are key strategies for improving the health of adolescents in Africa

In terms of cost, 42.5% indicated they strongly agreed that cost of health care prevents them from accessing health care while 30% said they agreed. 17% said they disagree with 10.5% strongly disagreed. Similarly, Adu-Gyamfi & Abane, (2019) with findings that gender, marital status, literacy or educational level, regular income and age as well as communications, mode of transport, proximity, medical facility type, travel time to nearest health or medical facility, health insurance and advice from influential others are key factors that influence healthcare seeking behaviour. The study also found from the present study that long queue greatly influenced health seeking behaviour. For instance 47.5% indicated they strongly agreed that long queues at the health facility discourage them from accessing health. This finding affirms to Hoeven et al., (2019) who stated that waiting times are normally excessive and consultation times too short, which sometimes does not make people see the need to visit healthcare facilities when they are ill.

5.1.2. Attitude of adolescent towards the utilization of Healthcare services

Respondents were asked about the action they normally take when they are sick as indicated above. In all 24 out of the 50 respondents representing 48% indicated that they visit the hospital/health centre when they are sick while 3 (6%) indicated that they visit the traditional healer/faith healers, 20 (40%) revealed that they go to the pharmacy shop for treatment. Also 2 (4%) and 1 (2 %) stated that they resort to herbal medicine and prayers and or sleeping respectively.

The results from our study revealed that 48% the respondents visit the hospital/health centre when they are sick, 6% indicated that they visit the traditional healer/faith healers, 20 (40%) revealed that they go to the pharmacy shop for treatment and only 4% and 2% stated that they resort to herbal medicine and prayers and or sleeping respectively. This confirms that some

patient's beliefs and cultural background have effects on utilization of health care services. For instance Avogo, (2011) posited that cultural beliefs and practices often lead to self-care, home remedies and consultation with traditional healers. This accounted for the few of the respondents using herbal medicine for treatment and going out for prayers.

5.1.3. Challenges and Barriers in Healthcare Seeking.

Challenges that prevents most adolescent from accessing health care stem from cost, stigma to long distance and attitudes of health care providers. Our study revealed that majority of the respondents (70%) indicated joining of long queue as a challenge in seeking healthcare, 12% was stigmatized, 8% couldn't pay the hospital bills and 5% indicated other challenges like excessive waiting time and lack of sufficient information on medicine use. A similar study by Kimbaha (2020) indicated that perceived barriers to adequate patronage of the health facility as highlighted by respondents were cost of care (25.2%), excessive waiting time (24%), lack of sufficient information on medicine use (19.9%), poor attitude of health personnel (17.9%) and shortage of prescribed medicines (20%).

Also another study done in a rural community in Plateau State, Nigeria among 360 mothers by Adam & Awunor, (2018) revealed that high cost of drugs (29.0%), service charges (19.0%), easy access to traditional healers (39.0%) and difficulty in getting transport to a health facility (30.0%) were the major factors that caused non-attendance at the health facility.

5.2 Conclusion

The main purpose of the study was to assess the health care seeking behaviour among adolescents in the Freeman Methodist Preparatory and Junior High School in Berekum. The results revealed that adolescent in Berekum have challenges when it comes to health which needs

to be addressed. Most of them demonstrated positive attitude towards health in the midst of the challenges and barriers.

5.3 Recommendation

From the results presented we want to make the following recommendations:

1. Adolescent health corners must be created in our health facilities to reduce the waiting time.
2. Youth Friendly Health Services should be provided in our health facilities.
3. Health care providers must change their attitudes towards the adolescent.
4. School Health Education Programme coordinator in the Berekum Municipal education directorate must collaborate with the health directorate to intensify School health services within the municipality

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QUESTIONNAIRE

INTRODUCTION

Dear Respondent,

We are students of the Holy Family Nursing and Midwifery Training College, Berekum researching the topic; “Exploring the Healthcare Seeking Behaviour among adolescents at Freeman Methodist Preparatory and Junior High School in Berekum”

Kindly answer the under-listed questions by ticking (✓) the appropriate box or writing in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time without any penalty. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

PLEASE TICK [✓] THE APPROPRIATE BOX WHERE APPLICABLE

Section A: Demographic Characteristics

1. Age A. 10-12 [] B. 13-15 [] C. 16-18 [] D 20 and above []
2. Sex: A. Male [] B. Female []
3. Educational level: A. Primary [] B. Junior High School []
4. Guardian? A. Biological parents [] B. Brother/sister []
C. Alone [] D. Other relation [] E. Someone not related to me []

Section B: Factors that influence healthcare seeking behaviour

Indicate your position on the following statements by ticking (✓) the appropriate option NB: SA= Strongly Agree, A= Agree, SD= Strongly Disagree, D= Disagree

No	Statements	SA	A	D	SD
5.	Negative attitude of health care providers discourages health accessibility				
6.	Distance to health facility discourages healthcare accessibility				
7.	Cost of health care prevents you from accessing healthcare				
8.	Long queues discourages you from accessing healthcare				

ANSWERER YES OR NO TO THE FOLLOWING QUESTIONS

9. Thinking of your last visit how did you get to the health facility? A. Walked [] B. used private Vehicle [] C. used public transport [] D. used ambulance or Emergency vehicle E. used a bicycle []
10. Did you pay for the health services? A. Yes [] B. No []

Section C: Attitudes towards Health care

11. What do you usually do when you are ill? A. Visit to a hospital/health centre [] B. Visit a traditional healer/faith healer [] C. Visit a pharmacy [] Take herbal medicine []

12. Do you usually take your medications? A. Yes B. No

13. If your answer to Question 12 is No, why are you not taking the medication?

- A. I felt better B. I was cured C. medication were many
D. side effects E. It taste bitter

Section D: Barriers and challenges in seeking healthcare

14. What happened when you were seeking healthcare?

- A. Stigmatized B. Joined long queue
C. Could not pay for my bill D. other specify.....

15. Do you think the location of the healthcare facility that you usually seek healthcare influence the rate at which you seek healthcare. A. Yes B. No

16. Do you think your parents and family support you adequately when seeking health care?

- A. Yes B. No

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)
HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM



BANKERS:

Ghana Commercial Bank, Berekum
Agric Development Bank, Berekum
Fidelity Bank, Berekum

Our Ref. HFNMT/CC/011/080122

Your Ref.



P. O. Box 21,
Berekum, B/A
Ghana, W/Africa
Tel. 0352222124
Fax: 0352222474

August 1, 2022

Date

The Headmaster
Freeman Methodist Preparatory and Junior High School
P.O. Box 438
Berekum
Bono Region

Dear Headmaster

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under-listed names of final-year students of the College:

1. Osei Isaac
2. Mumuni Aaron

As part of the pre-requisite for the award of Diploma in Nursing, they are to conduct a research study, hence the data collection on "Exploring the Health Seeking Behaviour among Adolescents at Freeman Methodist Preparatory and Junior High School in the Berekum Municipality"

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully:


Emmanuel Ali
Supervisor

For: Principal

S. ALLAN BENNETT
HEADMASTER
FREEMAN METHODIST JHS.
P. O. BOX 435
BEREKUM

