

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**FACCTORS CONTRIBUTING TO DELAY IN SEEKING HEALTHCARE**

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM**

**SUBMITTED BY:**

**AFRAH VICTORIA - 5550621**

**[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM]**

**AFFILIATED TO KNUST, KUMASI**

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM**



**FACCTORS CONTRIBUTING TO DELAY IN SEEKING HEALTHCARE**

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM**

**AFRAH VICTORIA - 5550621**

**2022**

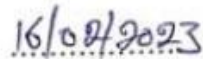
### DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing 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.

Afrah Victoria  
5550621

  
.....

Signature

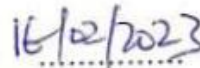
  
.....

Date

Certified by:  
Mr. Eric Obeng  
(Supervisor)

  
.....

Signature

  
.....

Date

Monica Nkrumah  
(Principal)

.....

Signature

.....

Date



## ABSTRACT

**Background:** Delay in seeking healthcare has many negative effects on patient's condition and medical cost, and reduces the potential benefits of early interventions. Delay in seeking medical care, which is affected by many factors, is a common global problem. This study aimed to study the reasons why patient's delay in seeking healthcare.

**Method:** This study adopted a cross-sectional quantitative study conducted among the people of Banda Ahenkro using self-administered questionnaires. The questionnaire was in four (4) parts. Part, one had closed-ended questions on the socio-demographic information, part two is made closed-ended questions in the form of Likert scale collecting data on the factors that cause delay in seeking healthcare, part three was made up of closed-ended questions on the effects on the delay in accessing healthcare and four consisted of closed-ended questions collecting data on possible interventions.

**Results:** The study involved 61 participants of which 58% were males and 32% were females. The prevalence of delay in seeking healthcare among the respondents were 52% which is high.

### **Conclusion**

This study showed that among Banda Ahenkro community population, there was a high prevalence of delay in seeking medical care 52%. Economic factors and lack of access to health facilities as well as treatment received from health professionals are among the main obstacles in seeking medical care. This high prevalence in delay in seeking healthcare can lead to aggravation of medical condition, increased cost of treatment and lower chances of cure

# Contents

DECLARATION.....	1
ABSTRACT .....	iii
List of Tables.....	vi
List of Figures.....	vii
CHAPTER ONE.....	1
INTRODUCTION .....	1
Background to the Study.....	1
Problem Statement .....	2
Purpose of the Study.....	3
Objectives of the Study .....	3
Main Objective.....	3
Specific Objectives.....	3
Research Questions.....	3
Significance of the Study .....	4
Organization of the Study .....	4
CHAPTER TWO.....	5
LITERATURE REVIEW .....	5
Causes of delay in Seeking Healthcare.....	5
<b>Socio-Economic Factors</b> .....	5
<b>Clinician Factors</b> .....	6
<b>Low perceived need to Seek Medicalcare</b> .....	7
<b>Affective Concerns</b> .....	7
Implications Associated with the delay in Seeking Healthcare.....	7
Various Interventions that can be used to Address the Issue of delay in Seeking Healthcare .....	8
CHAPTER 3.....	9
METHODOLOGY.....	9
Introduction.....	9
Study Design.....	9
Research Setting.....	9
Study Population .....	10

Sample and Sampling Technique .....	10
Tool for data Collection .....	11
Validity and Reliability .....	12
Data Collection Procedure .....	12
Data Analysis .....	12
Ethical Considerations .....	12
CHAPTER FOUR.....	14
RESULTS.....	14
Part One: Sociodemographic Information .....	14
Part Two: Factors Associated with Delay in Seeking Healthcare. ....	19
Part Three: Knowledge of Respondents on Implications Associated with Delay in Seeking Healthcare .....	21
Part Four: Interventions that can be used to Reduce the Issue of Delay in Seeking Healthcare .....	22
CHAPTER FIVE.....	23
DISCUSSION, CONCLUSION AND RECOMMENDATON.....	23
Discussion .....	23
Factors Associated with Delay in Seeking Healthcare. ....	23
Interventions that can be used to Reduce the Issue of Delay in Seeking Healthcare .....	25
Conclusion .....	25
Recommendations .....	26
References.....	27
Appendix.....	29
Questionnaires .....	29

## **List of Tables**

Table 1: Factors Associated with Delay in Seeking Healthcare. ....	20
Table 2: Knowledge of Respondents on Implications Associated with Delay in Seeking Healthcare .....	21
Table 3: Interventions that can be used to Reduce the Issue of Delay in Seeking Healthcare .....	22

## List of Figures

Figure 1: Age Distribution of Respondents.....	14
Figure 2: Gender Distribution of Respondents .....	15
Figure 3: Educational Distribution of Respondents .....	16
Figure 4: Marital Status of Respondent.....	17
Figure 5: Religion of Respondents.....	18
Figure 6: Prevalence of delay in seeking healthcare. ....	19

## **ACKNOWLEDGEMENTS**

To Almighty God, all glory and honor be given for His unfailing sustenance which gave me the wisdom, knowledge and strength to carry out this study. Our profound gratitude goes to our academic supervisors Mr. Eric Obeng for his patience, tolerance and guidance. Also, to the chief and people of Banda Ahenkro for their support and participation throughout this study. The words "thank you" are not enough, we appreciate your support. Also, our sincere gratitude goes to Mr. Collins and Mr. Nsiah Stephen for their support and guidance without them this study would have not been completed. Finally, to all the authors and publishers of various books and websites that were used for this study and also to all our friends who help us in one way or the other, God bless you.

# **CHAPTER ONE**

## **INTRODUCTION**

### **Background to the Study**

Health seeking behaviors play a significant role within the improvement of the healthcare status of the nation (Jim, 2015). As a result, it is considered as an indicator of future population health, social and economic development as explained by Channamma (2017). It has become an instrument for considering how people interact with the health care systems. The socio-cultural belief concerning the causes of illnesses and its characteristic has correlation with the treatment seeking behavior of an individual. Health-seeking behavior in this study is defined as the approaches in which individuals interpret health problems and action taken to remedy these problems. It settled inside the broader plan of health care utilization, which encompasses activities undertaken to prevent and curing health issues, maintain physiological state and well-being, or obtaining data regarding one's health status and prognosis (Latunji & Akinyemi, 2018).

The outcome of medical care is based solely on the degree of promptness in seeking for medical care services and a delay in doing this aggravates the state of disease and even less beneficial in achieving a low cost of management. Various research studies have proved that so many reasons are involved as to why patients do not seek medical care early and majority of results showed that a high percentage of people within the entire population delay seeking medical care. A research conducted in Nigeria noticed that the delay in seeking medical care among the population was due to several reasons Some of these reasons were; long waiting hour, cost of treatment, accessibility/ distance to the nearest health facility (Anelechi, 2018).

Furthermore, a systematic review of the factors associated with delays in medical and psychological help-seeking among men in Japan, Ghana, Australia found four themes:

Embarrassment, anxiety, distress, and/or fear related to using health services: This stemmed from unfamiliarity with health services and ‘medical culture,’ and adherence to ideas about masculinity that imply men are ‘weak’ for seeking help (Yousaf, Grunfeld & Hunter, 2014).

This study seeks to identify the factors that contribute to the delay in seeking medical care in the Ghanaian setting.

### **Problem Statement**

People often avoid seeking medical care even when they suspect it may be necessary (Byrne, 2018; Smith, 2015). nearly one-third of respondents in a recent national United States (U.S.) survey reported avoiding the doctor, even individuals with major health problems or who are experiencing symptoms avoid seeking medical care (Vanderpool, 2016; Lund-Nielson, 2015; Barbour & Rintamaki, 2017). For example, in one study, 17% of patients diagnosed with rectal tumors reported that they waited a year or more to seek medical consultation after noticing symptoms, with some waiting up to five years (Ristvedt & Trinkaus, 2015). Avoiding medical care may result in late detection of disease, reduced survival, and potentially preventable human suffering (Byrne, 2018; Lund-Nielson, 2015; Richards; 2015). It is in the light of these findings from existing literature that this study seeks to identify the factors that contribute to the delay in seeking medical care in a Ghanaian society.

## **Purpose of the Study.**

The purpose of this study is to identify the various factors that contribute to delay in seeking health care in Ghana and also find appropriate measures that can be used to address the problem of delay in seeking healthcare and in order to avoid all the implications it comes with.

## **Objectives of the Study**

### Main Objective

The main objective of this study is to identify the factors that contribute to the delay in seeking healthcare.

### Specific Objectives

1. To find the factors that contribute to the delay in seeking healthcare
2. To find respondents knowledge on implications of delay in seeking healthcare
3. To identify various interventions that can be used to address the issue of delay in seeking healthcare by individuals.

## **Research Questions**

1. What are the factors that contribute to the delay in seeking healthcare?
2. What are the respondents knowledge on implications associated with the delay in seeking healthcare?
3. What are the various interventions that can be used to address the issue of delay in seeking healthcare by individuals?

## **Significance of the Study**

The study provides policy makers with empirical findings on the factors that contribute to the delay in seeking healthcare by individuals, the consequences on the individual and our health care systems and provide them with the possible measures that can be adopted to address the issue so that they can make informed decisions based on empirical data.

## **Organization of the Study**

The study is organized in five (5) chapters. Chapter one (1 ) is the introduction, this chapter highlights the background to the study, the problem statement, the research questions, the objective, the significance and the organization of the study. Chapter (2) is the literature review for the study. Chapter (3) is the methodology which deals with the method used for the study. Chapter four (4), this chapter projects the research findings, analysis of data collected for the research and results. Chapter five (5) which is the last chapter comprises the recommendations, conclusions and the summary of the findings of the entire work.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

Health seeking behaviors play a significant role within the improvement of the healthcare status of the nation (Jim, 2010). As a result, it is considered as an indicator of future population health, social and economic development as explained by Channamma (2017). It has become an instrument for considering how people interact with the health care systems. The socio-cultural belief concerning the causes of illnesses and its characteristic has correlation with the treatment seeking behavior of an individual. Health-seeking behavior in this study is defined as the approaches in which individuals interpret health problems and action taken to remedy these problems. It settled inside the broader plan of health care utilization, which encompasses activities undertaken to prevent and curing health issues, maintain physiological state and well-being, or obtaining data regarding one's health status and prognosis (Latunji & Akinyemi, 2018). Individuals vary in their readiness to seek help from health care services. Some go without a delay other only when in an advanced state of a health problem as mentioned by (Channamma, 2017).

#### **Causes of delay in Seeking Healthcare**

##### **Socio-Economic Factors**

In a study conducted by Smith (2015), Participants reported having too little time or being too busy to seek medical care and that clinic hours were inconvenient. Lack of accessibility to healthcare facilities is also one of the reasons why people delay in seeking health care, people living in remote or rural communities have to travel for hours in order to access health facilities that are miles from their

communities. Financial reasons include concerns about overall cost of treatment especially for people without any health insurance plan.

### **Clinician Factors**

Various studies have identified factors related to clinicians and other healthcare professionals as a cause of delay in seeking health care by individuals. There are two major categories of clinician factors: interpersonal concerns and concerns about the quality of medical care. The most frequent interpersonal concerns involved communication concerns including perceptions that doctors do not follow-up, that communication is difficult, dislike for how doctors communicate, dislike for the manner in which doctors provide advice or recommendations. Perception that doctors do not listen to patients and perception that doctors do not take patients' concerns seriously Poor communication/rapport with health professionals is also considered as one of the reasons why people avoid seeking healthcare. people were uncomfortable with health professionals who were not polite, rushed without explaining important information, used medical jargon, and lacked sensitivity to their needs (Taber, Leyva & Persoskie, 2019; Vanderpool & Huan, 2018).

Some of the most frequent reason concerning the quality of medical care are that participants have low confidence in doctors' expertise, which included beliefs that doctors would not be able to diagnose patients, that doctors would provide incorrect diagnoses, and that doctors simply make things worse. This category also included more general statements about a lack of confidence in medical providers (e.g., "No confidence in today's medical field"). People also express concerns that doctors would prescribe unnecessary tests or medication, and several people also think that doctors care more about money than patients (Taber, Leyva & Persoskie, 2019; Scott & Walter, 2017).

### **Low perceived need to Seek Medicalcare**

Many individual beliefs that seeking medical care is unnecessary. The most common reasons are that medical problems would either improve over time or improve on their own (Reynolds, 2018).

Individuals often believe that the problem is not very serious and that the body will heal itself as a reason for avoiding medical care.

### **Affective Concerns**

Anticipated fear, embarrassment, or guilt keep people from seeking medical care. issues concerning fear include the fear of receiving bad news such as a medical diagnosis or a prognosis concerning an already diagnosed condition, such as worsened conditions. Also fear of needles pain and specific procedures such as surgery or prostate exams. Relatedly, people fear the specific emotion of embarrassment, including embarrassment about weight, health issues, or general feelings of discomfort. Again, some people would like to avoid the feeling guilty about potentially disclosing engagement in unhealthy behavior or already existing conditions (Bynum, Davis, Green & Katz, 2015).

### **Implications Associated with the delay in Seeking Healthcare**

Health seeking behaviors play a significant role within the improvement of the healthcare status of the nation (Jim, 2015). As a result, it is considered as an indicator of future population health, social and economic development as explained by Channamma (2017). Delay in seeking healthcare has numerous implications on the individual, the healthcare system and the entire population at large. The outcome of medical care is based solely on the degree of promptness in seeking for medical care services and a delay in doing this aggravates the state of disease and even less beneficial in achieving a low cost of management (Alharbi, 2018). This will increase the cost of treatment and reduce the chance of cure or

survival. Late detection of certain communicable diseases will increase the risk that the disease has been spread to loved ones and other people.

### **Various Interventions that can be used to Address the Issue of delay in Seeking Healthcare**

Conducting awareness campaigns about the importance of seeking medical care when needed without delaying and showing the risks of delaying in seeking medical care and addressing fears of medical care (Alharbi, 2018).

Education about the importance of seeking preventive health care and regular checkups is critical. Public health efforts might include telephone or printed client reminders that medical visits are vital to health maintenance, that regular checkups can identify risk factors and problems before they become serious, and that treatments are often more effective when disease is detected early (Tarber, 2014).

Health care should be made accessible to all by extending health care to remote areas. Also, cost of treatment should be affordable to all.

Also, there should at all times be a clear communication between Clinicians and their clients while ensuring confidentiality and privacy of sensitive client information. In order to court public confidence in clinicians

## **CHAPTER 3**

### **METHODOLOGY**

#### **Introduction**

This chapter highlights the specific procedures or techniques that was used collect, process and analyze data. It also allowed the researcher to evaluate the overall validity and reliability of the research.

#### **Study Design**

Research Design refers to the researcher's overall design for obtaining answers to the research questions. It also refers to a framework which specifies how data relating to a given problem should be collected and analyzed (Osman, 2016). In this study, a cross-sectional quantitative study was conducted among the people of Banda Ahenkro. A cross sectional study design is a type of research design in which data is collected from many individuals at a single point in time. Cross sectional design was selected for this study because it is good for answering questions on prevalence of belief, situation or norm.

#### **Research Setting**

The study was conducted at Banda Ahenkro, a community in the Banda District located in the Bono Region of Ghana. The district is famous for the Bui dam located in Bui in the Banda District. The residents of Banda Ahenkro are primarily farmers and traders with few public servants posted to the community. The District has a population of 45,000. With males being 21,000 and females being 24,000 (GSS, 2010).

## **Study Population**

A study or target population is the universal set of respondents that contain the characteristics of interest (Twumasi, 2015). that the researcher requires his or her respondents to have before being part of his or her study population. A research population is a well-defined collection of individuals, groups or objects known to have similar characteristics. In this study, the target population is residents of Banda Ahenkro community who are above the age of 18 years old.

## **Sample and Sampling Technique**

Sampling refers to the process of selecting units from a population of interest (Trochim, 2016). Since a population may be too large to study, sampling is used to enable and ensure that results obtained are representative of the target population. Sampling aims to practically deal with the population without necessarily including everyone. It also helps to reduce the time, effort and resources that would have been used to study the entire population. Data can be collected through the existing subjects for any finding, therefore, there is the need to select respondents and participants for this study. For a sampling to be efficient and representative of the population, a Sampling Technique must be used to do the sampling and, in this study a nonprobability sampling will be used, specifically, the convenience sampling technique will be used. Convenience sampling is a type of nonprobability sampling in which participants are sampled because they are convenient sources of data for the research. Convenience sampling technique was adopted because it is quick and easy and easy to use without investing too much money.

The sample size was calculated as per Cochran's formula:

$$n = Z^2pq/e^2$$

Z = value is obtained from Z table at a given value of precision, 1.96 for a confidence level of 95%

p = estimated proportion of the population which has the attribute in question (i.e. Standard deviation);

for this research assumed less variability of 20%, so p = 0.2

$$q = 1 - p = 1 - 0.2 = 0.8$$

e = desired level of precision (i.e. the margin of error) = 5% = 0.05

· Including these values in the formula

$$n = 1.96^2 * 0.2 * 0.8 / 0.05^2$$

$$n = 61.4466 \sim 61.$$

### **Tool for data Collection**

Questioners were used to collect data for this research. The questionnaire was in four (4) parts. Part one had closed-ended questions on the socio-demographic information, part two is made closed-ended questions in the form of Likert scale collecting data on the factors that cause delay in seeking healthcare, part three was made up of closed-ended questions on the knowledge of respondents on the implications associated with delay in accessing healthcare and four consisted of closed-ended questions collecting data on possible interventions.

## **Validity and Reliability**

Validity refers to the extent to which a concept is accurately measured in a study and reliability refers to the consistency of a measure which results from the accuracy of the instrument of measure which in this study is questionnaires. The researcher ensured the validity and reliability of this research by ensuring that; questionnaires used in this research covered all the contents it was supposed to cover with respect to the purpose and objectives of this research, the questioners for data collection were pretested to identify flaws and ambiguities to be corrected.

## **Data Collection Procedure**

Both primary and secondary data sources were used in this study as articles and publications were used to obtain the secondary data. Primary data was collected through administration of 100 questionnaires to the 100 participants of the study.

## **Data Analysis**

Data from questionnaire were coded and entered into SPSS version 26. Part 1 of the questions which is biodata of the respondents was analyzed and presented in percentages using pie charts. The Part two, three and four of the research questioners used both percentages and cumulative percentages to establish relationships between various variables of the research.

## **Ethical Considerations**

Certain ethical considerations were made during this survey in order to protect the study participants of this research. These includes participants right to informed consent, confidentiality and right to free consent and opt out of the study.

## **Limitations to the Study**

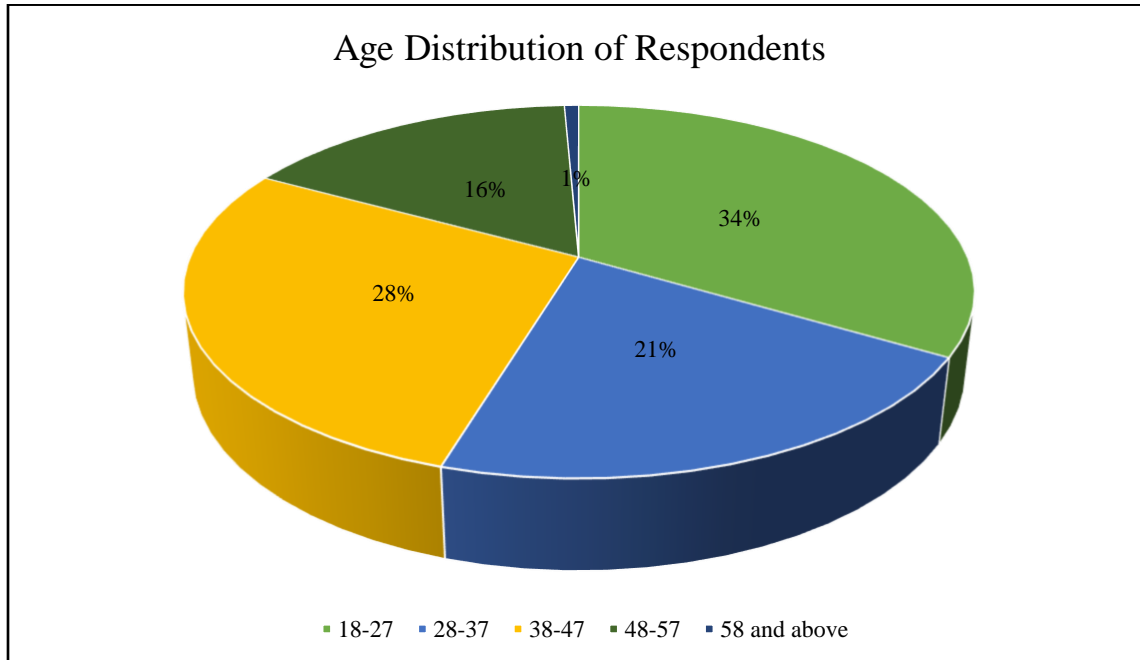
The closed ended questionnaires used may lead to bias since it can suggest answers that the respondents may not otherwise have. Also, the quantitative approach that was used in this study may not give a true picture of the issues since it does not give detailed narrative of the issues.

## CHAPTER FOUR

### RESULTS

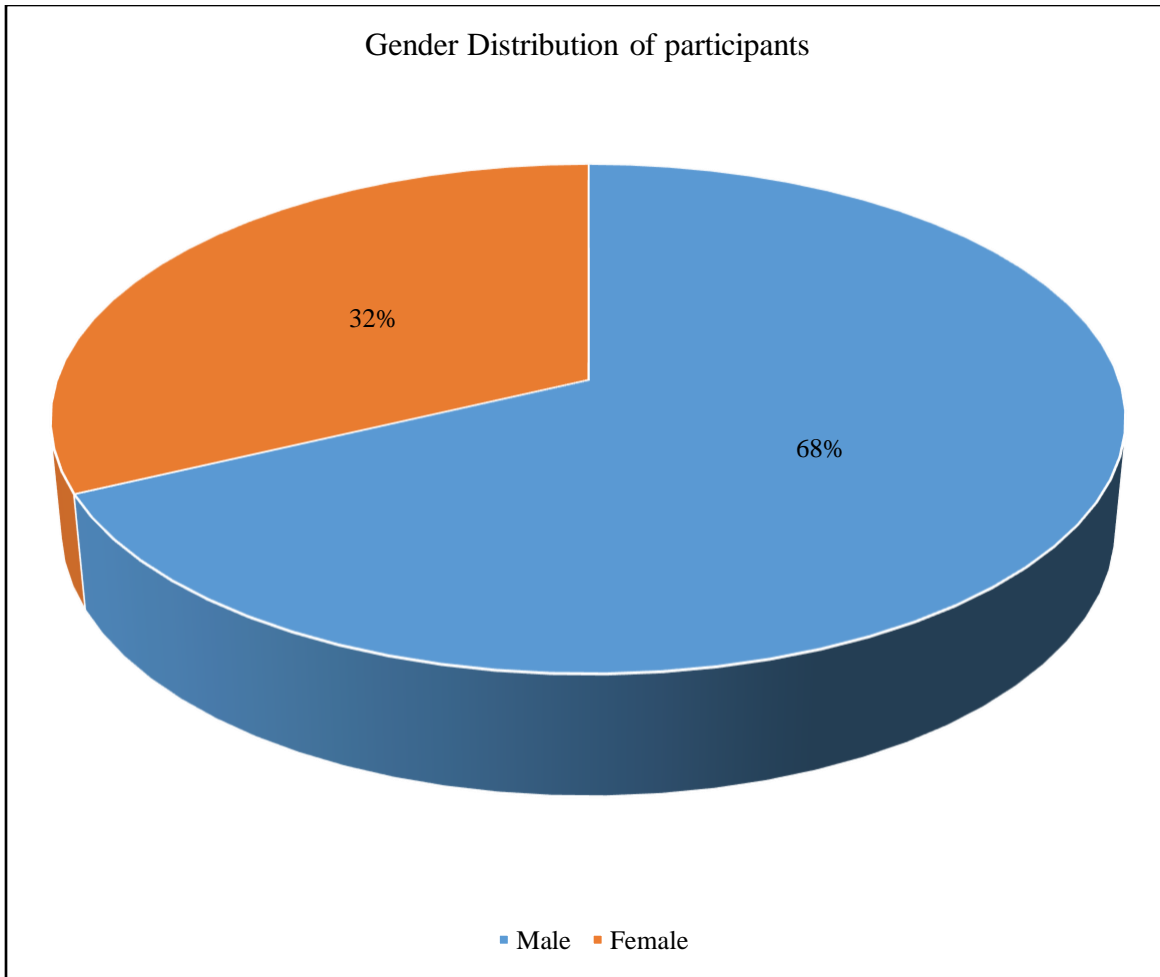
The results of the study have been presented in four parts; the first part presents information on the socio-demographic of the respondents, part two presents the implications associated with delay in seeking healthcare and the part third part presents information about possible intervention to address the issue of delay in healthcare seeking by individuals.

#### Part One: Sociodemographic Information



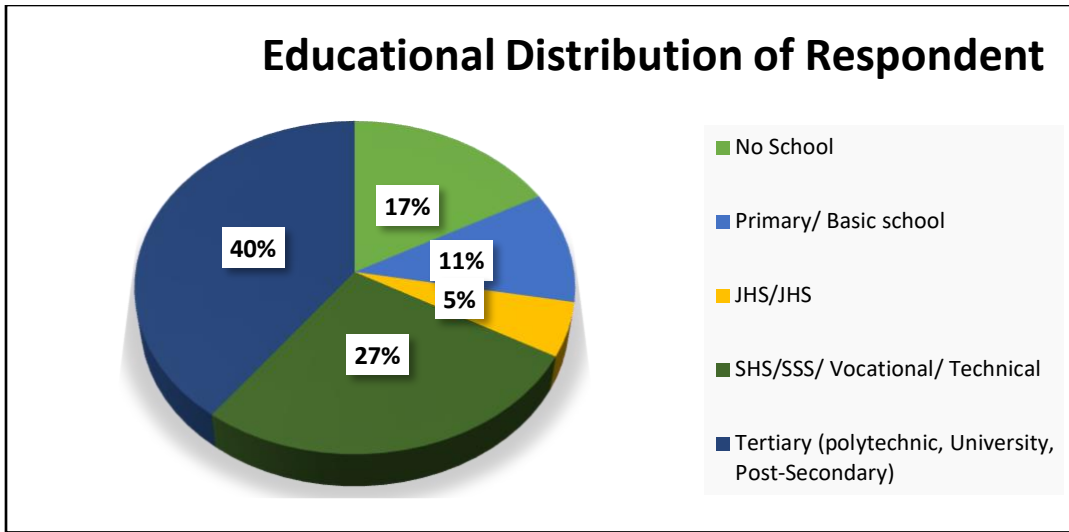
*Figure 1: Age Distribution of Respondents*

The figure 1 above shows 34% (21) of respondents were between the ages of 18 and 27, 28% (17) were of ages 38-47, 21% (13) had their ages within 28-37, 16% (10) were 48-57 and only 1% (2) were 58 years and above.



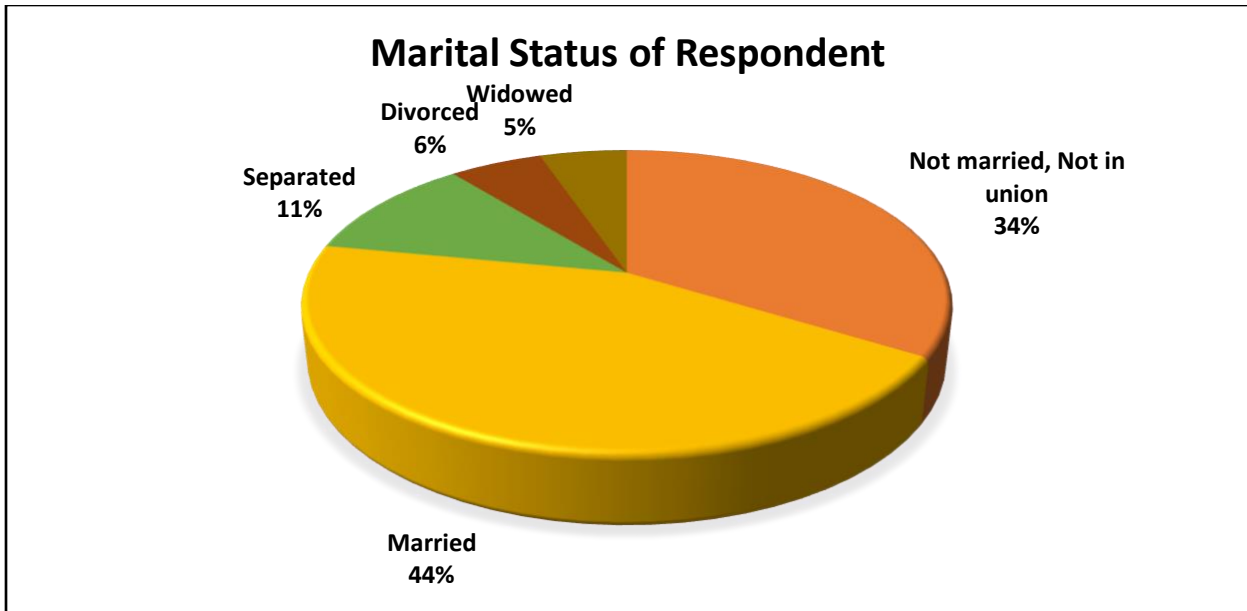
*Figure 2: Gender Distribution of Respondents*

Figure 2 above shows 68% (41) of the respondents were males and 32% (20) were females.



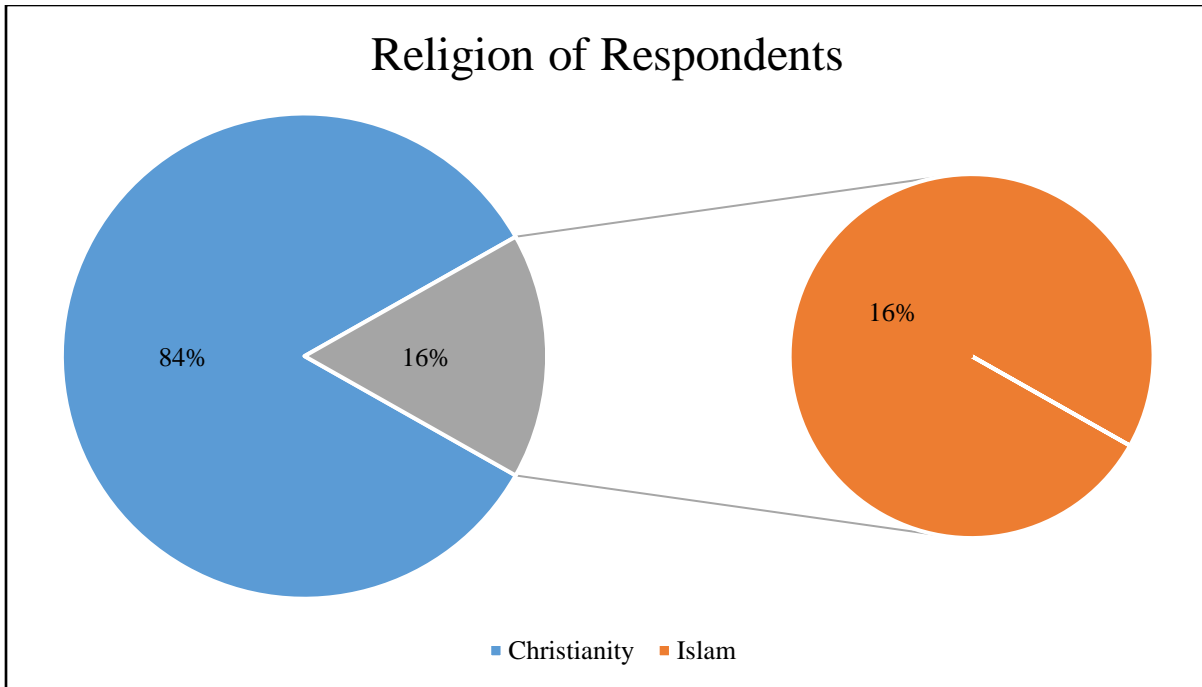
*Figure 3: Distribution educational Background of Respondents*

Figure 3 above shows 40% (24) had tertiary education, 27% (16) had senior high school education 17% (10) had no formal education, 11% (7) had basic school education, 5% (3) had Junior High School Education.



*Figure 4: Marital Status of Respondents*

Figure 4 above shows 44% (27) of the respondent were married, 34% (21) were not married. 11% (7) were separated, 6% (4) were divorced and 5% (3) were widowed.



*Figure 5: Distribution Religious backgrounds of Respondents*

Figure 5 above shows 84% (51) were Christians and 16% (10) were Islam's.

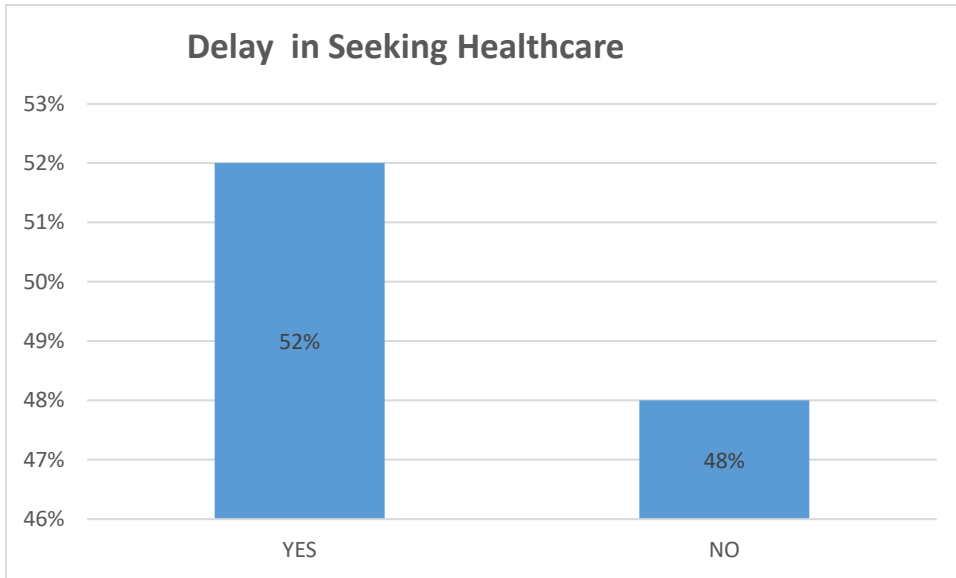


Figure 6: Prevalence of delay in seeking healthcare.

From figure 6 above shows 52% (32) Of respondent were found to delay in seeking healthcare as compare with remaining 48% (29) among the people of Banda Ahenkro.

**Part Two: Factors Associated with Delay in Seeking Healthcare.**

Statements	Agree	Disagree	Percentage
Lack of accessibility to healthcare facility IS the reason why you delay in seeking health care	32	29	52%
Your trust in health workers affect your decision to seek healthcare	48	13	78%
Your fear of knowing your diagnosis affect your decision to get vaccinated	18	43	30%
Cost of medical treatment is the reason why you delay in seeking healthcare	24	37	39%

You are concerned about the news about the news around medical negligence/malpractice	15	46	24%
You are concerned about a treatment you received from a health care professional on your previous visits	23	38	38%
Financial impediment is what delays you from visiting the Doctor	40	21	66%
Your religious belief is the reason why you do not seek healthcare early	18	43	30%
You do not seek healthcare when you think your medical condition is not serious	51	10	84%

*Table 1: Factors Associated with Delay in Seeking Healthcare.*

From table 1, 52% of the respondent's delay in seeking healthcare because they lack accessibility to healthcare facilities, 78% responded that their trust in health workers affect their decision in seeking healthcare, 30% have the fear of knowing their diagnosis, 39% delay in seeking healthcare because of treatment cost, 24% are concerned about news of medical negligence/malpractice, 38% are concerned about a treatment by a healthcare professional on a previous visit, 66% responded that financial impediments is the reason why they delay in seeking healthcare, 30% do not receive healthcare early for religious reasons and 84% do not healthcare when they think their medical conditions are not serious.

**Part Three: Knowledge of Respondents on Implications Associated with Delay in Seeking Healthcare**

STATEMENT	AGREE	DISAGREE	PERCENTAGE
Delay in seeking healthcare can aggravate patient condition	52	9	85%
The outcome of medical care is based solely on the degree of promptness in seeking for medical care	54	7	89%
Delay in seeking healthcare will increase the cost of treatment when condition worsens	55	6	90%
Delay in seeking healthcare can reduce the chance of cure or survival.	52	9	86%
Late detection of certain communicable diseases will increase the risk that the disease has been spread to loved ones and other people.	54	7	88%

*Table 2: Knowledge of Respondents on Implications Associated with Delay in Seeking Healthcare*

From Table2; 85% of the respondents answered that delay in seeking healthcare can aggravate patient’s condition, 89% responded that outcome of medical care is based solely on the degree of promptness in seeking for medical care. 90% responded that delay in seeking healthcare will increase the cost of treatment when condition worsens. 86% responded that delay in seeking healthcare can reduce the chance of cure or survival and 88% agreed that late detection of certain communicable diseases will increase the risk that the disease has been spread to loved ones and other people.

**Part Four: Interventions that can be used to Reduce the Issue of Delay in Seeking Healthcare**

STATEMET	AGREE	DISAGREE	PERCENTAGE
Education and awareness on the need for early treatment	56	5	91%
Making healthcare accessible to all through outreach programs	57	4	93%
Reduce the cost of medical care through the NHIS	56	5	91%
Healthcare providers should try to improve patient satisfaction	54	7	89%

*Table 3: Interventions that can be used to Reduce the Issue of Delay in Seeking Healthcare*

From Table 3; 91% of the respondents answered that education and awareness on the need for early treatment, 93% said making healthcare accessible to all through outreach programs can help prevent delay in seeking healthcare, 91% agreed by reducing the cost of medical care through the NHIS can help prevent delay in receiving healthcare and 89% said healthcare providers should try to improve patient satisfaction.

## CHAPTER FIVE

### DISCUSSION, CONCLUSION AND RECOMMENDATION

#### **Discussion**

The prevalence of delay in seeking healthcare among the people of Banda Ahenkro is 52% which is high. This confirms the findings of a similar study by Alharbi (2018), which had a higher prevalence of 72.6%.

#### **Factors Associated with Delay in Seeking Healthcare.**

This study reveals that 52% of the respondent's delay in seeking healthcare because they lack accessibility to healthcare facilities. In a similar study, it was found that lack of accessibility to healthcare facilities is also one of the reasons why people delay in seeking health care, people living in remote or rural communities have to travel for hours in order to access health facilities that are miles from their communities (Latunji & Akinyemi, 2018). From this study 78% responded that their trust in health workers affect their decision in seeking healthcare and 38% are concerned about a treatment by a healthcare professional on a previous visit, these are in agreement with the findings from a similar study which found that patients feel comfortable being treated by people they trust and feel respected (Taber, Leyva & Persoskie, 2019; Vanderpool & Huan, 2018). This study has also discovered that 30% have the fear of knowing their diagnosis. Anticipated fear, embarrassment, or guilt keep people from seeking medical care. Issues concerning fear include the fear of receiving bad news such as a medical diagnosis or a prognosis concerning an already diagnosed condition, such as worsened conditions (Bynum, Davis, Green & Katz, 2015).

From this study 39% of respondents were identify to delay in seeking healthcare because of treatment cost and 66% responded that financial impediments are the reason why they delay in seeking healthcare, in a similar study conducted by Smith, (2018), it was found that financial reasons which include concerns about overall cost of treatment especially for people without any health insurance plans one of the major reasons why people delay in seeking healthcare. Also, 84% do not seek healthcare early when they think their medical conditions are not serious, in a similar study, it was found that many individual beliefs that seeking medical care is unnecessary, the most common reasons are that medical problems would either improve over time or improve on their own, individuals often believe that the problem is not very serious and that the body will heal itself as a reason for avoiding medical care (Reynolds, 2018).

#### **Knowledge of Respondents on Implications Associated with Delay in Seeking Healthcare**

This study has discovered that 85% of the respondents expressed that delay in seeking healthcare can aggravate patient's condition. However, 89% responded that outcome of medical care is based solely on the degree of promptness in seeking for medical care. This confirms the findings in a similar study by Alharbi, (2018), it was found that the outcome of medical care is based solely on the degree of promptness in seeking for medical care services and a delay in doing this aggravates. Also, majority of respondents reported that delay in seeking healthcare will increase the cost of treatment when condition worsens. The current study established that delay in seeking healthcare can reduce the chance of cure or survival. These findings confirm the findings of a similar study which indicated that when patients delay in seeking heal care, they increase the cost of their treatment and reduce their chance of cure or survival. In addition, the current study affirms that late detection of certain communicable diseases will increase the risk that the disease has been spread to loved ones and other people.

## **Interventions that can be used to Reduce the Issue of Delay in Seeking Healthcare**

From this study vast majority of the respondents answered that education and awareness on the need for early treatment, education about the importance of seeking preventive health care and regular checkups is critical. Public health efforts might include telephone or printed client reminders that medical visits are vital to health maintenance, that regular checkups can identify risk factors and problems before they become serious, and that treatments are often more effective when disease is detected early (Tarber, 2014) in another study it was also found that conducting awareness campaigns about the importance of seeking medical care when needed without delaying and showing the risks of delaying in seeking medical care and addressing fears of medical care (Alharbi, 2018).

Another outcome of this study is that making healthcare accessible to all through outreach programs can help prevent delay in seeking healthcare. According to the study, reducing the cost of medical care through the NHIS can help prevent delay in receiving healthcare and 89% said healthcare providers should try to improve patient satisfaction. This is because the cost to be bond by the care recipient would be made affordable.

## **Conclusion**

This study showed that among Banda Ahenkro community population, there was a high prevalence of delay in seeking medical care. Economic factors and lack of access to health facilities as well as treatment received from health professionals are among the main obstacles in seeking medical care. This high prevalence in delay in seeking healthcare can lead to aggravation of medical condition, increased cost of treatment and lower chances of cure.

## **Recommendations**

Based on the findings from this study, the following recommendations were made to address the issues of delay in seeking healthcare among the populace;

1. Public health nurses of Banda Ahenkro should create awareness on the need for seeking early treatment.
2. Public health nurses should intensify education on the need to register with NHIS to reduce cost of medical care.
3. Healthcare providers should try to improve patient satisfaction when ever they seek their service.

## References

- Anelechi, O. C. A. (2019). Factors associated with delay in seeking medical care among educated nigerians. *asian journal of medical sciences*, 1(2), 30-32.
- Bynum, S. A., Davis, J. L., Green, B.L., & Katz, R. V. (2015). Unwillingness to participate in colorectal cancer screening: examining fears, attitudes, and medical mistrust in an ethnically diverse sample of adults 50 years and older. *Am J Health Promote*.
- Byrne, S. K. (2018). Healthcare avoidance: a critical review. *Holist Nurse Practice*, 22(2), 280–92.
- Channamma, R. (2017). Health care-seeking behavior. A theoretical perspective. *Indian Journal of Research*, 6(1), 790-792.
- Jim, A. (2015). Health seeking behaviours in South Africa: a household perspective using the general households survey of 2007. Cape Town: (Doctoral dissertation, University of the Western Cape).
- Latunji, O. O., & Akinyemi, O. O. (2018). Factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria. *Annals of Ibadan Postgraduate Medicine*, 16(1), 52-60
- Lund-Nielsen, B., Midtgaard, J., Rorth, M., & Gottrup, F. (2015). An avalanche of ignoring—a qualitative study of health care avoidance in women with malignant breast cancer wounds. *Cancer Nurs*, 4(3), 277–85.
- National Department of Health, D. (2019). *Fast Track to Quality, the six most areas of patient-centered care*. Tshwane: Department of Health.

- Reynolds, L. M., Consedine, N. S., Pizarro, D.A., & Bissett, I. P. (2018). Disgust and behavioral avoidance in colorectal cancer screening and treatment: a systematic review and research agenda. *Cancer Nurs.*
- Ristvedt, S. L., & Trinkaus, K. M. (2015). Psychological factors related to delay in consultation for cancer symptoms. *Psychooncology*, 4(1), 339–50.
- Scott, S., & Walter, F. (2017). Studying help-seeking for symptoms: The challenges of methods and models. *Soc Personal Psychol Compass*.
- Smith, L. K., Pope, C., & Botha, J. L. (2015). Patients' help-seeking experiences and delay in cancer presentation: a qualitative synthesis. *Lancet*, (36)6, 825–31.
- Vanderpool, R. C., & Huang, B. (2018). Cancer risk perceptions, beliefs, and physician avoidance in Appalachia: results from the 2008 HINTS Survey. *J Health Community*, 15(3), 78–91.
- Yousaf, O., Grunfeld, E., & Hunter, M. (2018). A systematic review of the factors associated with delays in medical and psychological helps seeking among men. *Health Psychology Review*, 9(2), 264-276.

## Appendix

### Questionnaires

#### Part One: Sociodemographic Information

1. Age

- a. 18-27
- b. 28-37
- c. 38-47
- d. 58 and above

2. Gender

- a. Male
- b. Female

3. Educational Level

- a. No School
- b. Primary/ Basic school
- c. JHS/JHS
- d. SHS/SSS/ Vocational/ Technical
- e. Tertiary (polytechnic, University, Post-Secondary)

4. What is your marital status?

- a. Not married, Not in a union
- b. Married

- c. Separated
- e. Divorced
- f. Widowed

5. Religion

- a. Christianity
- b. Islam
- c. Traditional
- d. Other (Specify).....

6. Do you delay in seeking healthcare?

- a. Yes
- b. No

**Part Two: Factors Associated with Delay in Seeking Healthcare.**

Statements	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Lack of accessibility to healthcare facility IS the reason why you delay in seeking health care					
Your trust in health workers affect your decision to seek healthcare					
Your fear of knowing your diagnosis affect your decision to get vaccinated					

Cost of medical treatment is the reason why you delay in seeking healthcare					
You are concerned about the news about the news around medical negligence/malpractice					
You are concerned about a treatment you received from a health care professional on your previous visits					
Financial impediment is what delays you from visiting the Doctor					
Your religious belief is the reason why you do not seek healthcare early					
You do not seek healthcare when you think your medical condition is not serious					

**Part Three: Knowledge of Respondents on Implications Associated with Delay in Seeking Healthcare**

STATEMENT	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree	Strongly Agree
Delay in seeking healthcare can aggravate patient condition						
The outcome of medical care is based solely on the degree of promptness in seeking for medical care						
Delay in seeking healthcare will increase the cost of treatment when condition worsens						
Delay in seeking healthcare can reduce the chance of cure or survival.						
Late detection of certain communicable diseases will increase the risk that the disease has been spread to loved ones and other people.						

**Part Four: Interventions that can be used to Reduce the Issue of Delay in Seeking Healthcare**

STATEMENT	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Education and awareness on the need for early treatment					
Making healthcare accessible to all through outreach programs					
Reduce the cost of medical care through the NHIS					
Healthcare providers should try to improve patient satisfaction					

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  
HFNMT/C/GC/011/01302023



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

Our Ref. ....

Your Ref. ....

January 30, 2023

Date .....

To Whom It May Concern

**PERMISSION TO CONDUCT RESEARCH**

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


1. Afrah Victoria
2. Adwubi Slaw Mariam

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic 'Factors Contributing to Delay in Seeking Medical Care. A Study at Banda Ahenkrom.'

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

  
Eric Obeng  
Supervisor.

For: Principal