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GLOBAL TREND IN TECHNOLOGY: ITS IMPACT IN HEALTHCARE-SEEKING BEHAVIOUR AND HEALTHY LIFE STYLES FOR BETTER PRODUCTIVITY

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ABSTRACT

Healthy life style is a veritable tool in determining the health status of an individual in the society, the capacity to accept or reject a particular health services are dependent on so many variables. The study is centered on the impact of healthcare seeking behavior and healthy lifestyles: the quest for a sustainable national growth. The paper crucially examined the concept of healthcare seeking behavior, the impacts of individuals socio-economic status and influence of cultural affiliation in determining health status. The paper further discussed extensively, individual's healthcare seeking behavior and their healthy lifestyles, development of healthcare seeking behavior in the 21st century and utilization of healthcare services. The paper concluded that individual socio-economic status and cultural affiliation has a significant role to play in the healthcare seeking behaviour of individuals. It is against this backdrop that the paper recommended among others that health providers should be considerate in their medical bills such that health seekers should be able to afford to pay their medical

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bills and also individuals should be encouraged not to allow culture have any significant influence in accepting or rejecting healthcare services.

Keywords: Cultural Affiliation, Health Behaviour, Health Services, Health Status, Socio-Economic.

Introduction

The negative healthy life styles of individual arising from the individual health care seeking behavior has lately become focal point of research by both national and international health stakeholders. This is because health sector alone contributes to about 60% of the individuals health status (WHO, 2015). The health sectors further add that relying in individuals healthcare seeking behavior towards good healthy lifestyles contributes to about 50% of the global concern for individuals health status both in developed and developing nations of the world (James, 2017).

Apparently, the available health services in the developing country such as Nigeria is not left out and when it comes to choosing or rejecting the type of health services available at a particular point in time. Thus, it is necessary for health care seeking behavior of an individual to be adjusted individuals to contribute to the growth and development of a nation (Adams, 2016).

Similarly, Williams (2017), reported that in the North-east zone of Nigeria alone, the available health services made available is grossly inadequate per household. Moreover, the negative attitude of individual in seeking a particular health services in Nigeria is generated through the various attitudes towards accepting or rejecting the available health services in the community.

This is because most developing nations of the world has been experiencing an epileptic supply of health facilities for many years now. Individuals in most nations in sub-saharan African no longer relies on their health sector for the provision of good health condition. Hence, it has resulted to the development of negative attitude towards accepting or rejecting a particular health services and sometimes, individuals has resorted to the use of traditional medicine as alternative healthcare services such as the use of herbal medicine to treat a particular ailment (Akinbode, 2016).

Similarly, the expenditure pattern of obtaining healthcare services for both individuals in developed and developing nations of the world have enormous influence in the individuals health status. Although, individuals health care seeking behavior are viewed as a determinant factors that may motivate individual to accept or reject a particular health care services. Although, individuals health care seeking behavior is determined by so many variables such as, socio-economic, cultural variations, level of awareness and accessibility to healthcare centers, individuals level of awareness to the few available healthcare services, individuals attitude to health personnel and gender variations are all determinants to individual's health seeking behavior. However, the case is different among citizens in developed nations of the world such as Japan, U.S.A., Canada e.t.c where there are high enormous health facilities that can cope with the health status of their citizens.

Therefore, it is important to understand the socio-economic and socio-cultural variations and other variables as major determinants in achieving sustainable national growth. The reason being that Nigeria as one of the country in the Sub-Saharan African and a country in developing nation is a member country still struggling to improve her health profile. In the same vein, earlier studies such as Adams (2017), gave a consideration in the provision of adequate and quality health care services in both rural and urban centres.

Concept of Healthcare Seeking Behaviour

Healthcare seeking behavior is a concept that describes the processes that involves individual in taking personal or accepting decision on the type of healthcare services that is desirable to an individual. Personal decision in choosing a specific health services is mostly determined by a lot of factors in the society such as; culture, attitude, awareness and accessibility to health seeking. Coleman (2012), described decision making phenomenon as an inevitable element in deciding the choice of healthcare services. Health care seeking behavior is however a broad concept that embraces the procedures or steps taking by individuals or patients to seek for healthcare services from a health provider in order to maintain, protect and promote the health of individual. Similarly, Achelu (2014), viewed

healthcare seeking behavior in three perspectives. He maintained that the models of these health services usually form a continuous process of seeking for healthcare. These models of seeking for healthcare services could be in form of traditional basic care, expanded healthcare services from primary health centers, and comprehensive healthcare services from a specific healthcare centre.'

However, healthcare services are usually provided to individual in the health centre or in other locations. Healthcare seeking behaviour has been acknowledged for its contribution and the understanding of how and why particular practices are engaged when the need for healthcare is realized. Okon (2016), posited that healthcare seeking behavior is a conditioned or behavior, or circumstances that may prompt people to seek healthcare, it should therefore be noted that only a deeper understanding of the indices determining individuals behavioural practices can be successfully introduced into realities of people's lives and to bring about changes in health behavior. According to the theory of health belief model (HBM) healthcare seeking behavior is a function of the subjective value of an outcome and of the subjective probability on expectation that a particular action could be achieved. This idea of health behavior conceptualized the fact that the health belief model is based on the idea that people are more likely to change their behavior and adhere to medical treatment only if they perceived susceptibility. Also, if they perceive the disease might have an unfavourable outcome (perceived severity), or if the individual is perceived to be the proposed health behavior to both effective and practical (perceived benefits), in a similar situation, if the individual perceived the barriers to adopting the behavior to be minimal (perceive barriers), of if also the individual perceive themselves to have the ability of applying and practicing the specific behavior proposed (perceived self-efficacy) and also, if the individual have the cues for motivating their actions such as internal cues (pain, symptoms, past experiences) or external cues (advise from friends, relatives and mass media campaigns (cues to action).

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Healthy Life Style for National Growth

A healthy life style according to Morokola (2020), is one which enable an individual into improving and maintaining good health status. It also encompasses healthy and adequate diet, physical activity, sleep 6-8 minutes every day. For an individual to maintain healthy life style an individual should avoid use of tobacco and alcohol consumption, enjoy fresh air and self medication. The study of Goring (2014), revealed that literature abounds that cardiovascular diseases is a leading cause of death worldwide. Most relevant lifestyle related risk factors which include tobacco and alcohol consumption, poor physical activity, unhealthy eating habits and a host of others all these significantly contribute to reduction or prevention of cardiovascular diseases. In a related developed, personal health of individuals is also a determining variable of good or poor healthy life style. For instance, individual attitudes and behavior towards self and other members in the society,seriously, impinge a personal wellbeing. This according to Mayer (2016), is an individual level of health knowledge an diverse issues in the society. Community health activities play significant role in individuals healthy life style. Adams (2017) regarded community health as the health condition conceived with the health of the people in a specified community or location. For an individual to participate actively, such individual has to accept or reject the particular health services that can promote, maintain, promotes and completely help to restore poor health practices with specific objectives of preventing diseases in the community.

Impact of Cultural Affiliation and Healthcare System

The concept of Cultural Affiliation according to Anderson(2008), was adopted in the study to make HBM components more relevant in the understanding of the cultural and behavioural aspects in health-seeking behavior for any disease condition. The main proposition of the concept of cultural affiliation and health behaviour is that people's perceptions and decision-making processes are directly linked to their cultural context. That is to say, people's lives exist within the contexts that influence individual behavior and impact their ability to choose or reject what they desire. Anthropologies argue that a cultural

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meaning system of any society is formed by the cultural schemas that motivate people's behavior and the responses they make to their life conditions. Therefore, these schemas form the reality-defining system of the human being and provide information about what states of the world can be and should be, if culture is allowed to dictate health services.

According to Hutter *et al.*, (2006), cultural schemas have four main functions that link directly to the cultural meaning systems. Those functions include: (i) representational functions that define knowledge and beliefs about the world, (ii) constructive functions which create the cultural entities that people adhere to, (iii) the evocative function to evoke certain feelings, and directive functions that are used to direct behavior through social pressure and external sanctions by forming intrinsic motivations to conform. In this study, we propose that communities' cultural meaning system and schemas inform peoples' opinions, beliefs, perceptions and attitudes towards malaria and diabetes, which in turn characterize and motivate individual responses in terms of health-seeking behavior. The concept of Cultural Schemas and the HBM were used to construct the study's conceptual framework with emphasis to healthcare services.

The socio-cultural determinant of health care seeking behaviour includes such factors like individual's belief system and decision in seeking for a particular health care systems in the society. Igwe, (2017), opined that the society is made up of different ethnic groups with various socio-cultural belief system in obtaining health care system. Some culture do not support seeking for Orthodox health care, while some strongly belief that traditional health care are more paramount in term of providing health care system to individual. Decision-making process among people greatly influences their choices of health care. Treatment of ill health is sometimes belief to be possible through divine intervention of traditional healer (Okafor 2014).

The introduction of high cost of medical fee by traditional healers are also major determinants of health care seeking behaviour the indications that introduction of high cost of medical fees in public and private health sectors, have made paradigm shift in the health care system which forms the bedrock of Nigeria's health policy.

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Socio-Economic Status as Determinants of Healthcare Seeking Behaviour

The issues of health care seeking behaviour are very important to all nations in the world with particular emphasis to the pursuit of growth and development of the society (George 2014). It is the ultimate desire of individual to acquire good health in the society only on the fundamental premise that the individual has enough finance to obtain good health care. Health is more than the absence of disease and infirmities (WHO (2009) it includes social, psychological and economic well-being of an individual. Current pattern of health care seeking behaviour is largely determine by the extent of financial status of an individual, in other words, health care services are financial burden, private barriers to assessing health care services in the society.

Adenuwangun (2014), posited that individuals from the poorest household are less likely to seek medical care than people from more affluent households and devote a higher share of household monthly expenditure to health care. However, most individuals have adopted various strategies to overcome these financial barriers, but the strategies are likely to contribute to both declining economic statues and worsening health care outcome.

The extent to which individuals seek health care is largely dependent on the individual socio-demographic statues which include age and gender. The study of Adenuwangun (2014), explored age and gender differences towards seeking professional psychological help and to examine whether attitudes negatively influence intentions to seek help among older adult and men in the society. The socio-demographic status of individuals such as age and gender, male or female are associated with more positive or negative aspect of health care.

According to James (2018), women exhibited more favorable intentions to seek medical help from health professionals than men, this is likely due to their positive attitudes concerning psychological openness. Similarly, older adult exhibited more favourable intentions to seek medical help from primary health physicians than younger adults.

Healthcare Seeking Behaviour for National Development and Healthy Lifestyles

The concept of studying health care seeking behaviours has evolved

with the course of time and has ultimately become a tool for understanding how people utilized the health care systems in their respective socio-cultural, economic and demographic circumstances. All these behaviours actually define social position of health imperative to study the impacts of all the determinants, such as ethnicity, education of the mother, gender of child, lifestyles, or economics of a community. All the same, biomedical knowledge alone cannot guarantee better health. Health practitioners, managers and policy makers ought to reflect on social determinants while delivering services, designing health promotion interventions and developing policies. To build a responsive health system, there is a strong need to understand the health seeking behaviours and that is the only way to expect an improved health outcomes (Ahmed 2014).The determinants of health extend beyond health care and can be attributed to social and economic determinants which most health systems have not been able to link with the health of their populations. The health issues are complex and necessitate systematic knowledge that goes well beyond the health sector to address them. The creation of this knowledge involves a number of social science disciplines working together with the medical professions. For instance, cost of medical care is a real concern to poor people throughout the world. Therefore, poverty and vulnerability of livelihood determines health status and vice versa. Amos (2017), posited that there is little logical information about how people's life styles are affected when an individual hand in a family suffers from a serious health problem, or about how family, community or other social networks help the family to cope up with the hard times. Also, what are the patterns of health care seeking of women in a specific society. Some risks have common social and behavioural determinants. Members of poor households in rural areas are most likely to be undernourished, use unsafe water sources and be exposed to indoor smoke from solid fuels. Due to these epidemiological and social characteristics of risk factor exposure and hazard, policy-relevant analysis should include an assessment of the health benefits of simultaneous reductions in multiple risks.

Obinna (2017), pointed out that health care seeking behaviour is not merely dependent on individual's choice

or circumstances; it depends largely upon the dynamics of communities that influence the well-being of the inhabitants. The concept of studying health care seeking behaviour has ultimately become a tool for understanding how people utilize health care systems in their respective socio-cultural, economic and demographic circumstances.

Health care seeking behaviours can be classified at various institutional levels: family, community, health care services and the state. One of the essential functions of public health is to use the applications of social and behavioural sciences for better understanding of the disease process. Social position of health has been studied taking socio-economic status as an indicator in determining healthcare services. It is therefore imperative to study the impacts of all these allied determinants, such as ethnicity, education of mother, gender of people, lifestyles, or economics of a community. Unfortunately, policy makers and health practitioners do not have enough time to reflect on social determinants while developing policies. All the same, biomedical knowledge alone cannot guarantee better health (Thompson 2016).

The determinants of health extend beyond health care and can be attributed to social and economic determinants which most health systems have not been able to link with the health of their populations. The health issues are complex and necessitate systematic knowledge that goes well beyond the health sector. The creation of this knowledge involves a number of social science disciplines working together with the medical professions. Keith (2018) maintained that cost of medical care is a major concern to poor people throughout the world. Therefore, poverty and vulnerability of livelihood determines health status and vice versa.

Abel (2016), revealed that iimprovement in healthcare services requires a secure foundation in the basic prerequisites such as peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. In Adelaide, all the member states recognized that in the pursuit of healthy public policy, government sectors concerned with agriculture, trade, education, industry and communications need to take into account the health as an essential factor when formulating policy. Furthermore, Sundsvall statement on health in Sweden pointed out poverty and

deprivation affecting millions of people who are living in extremely degraded environment threatens their health condition. Another reaffirmation was witnessed in Jakarta where once again poverty, low status of women, civil and domestic violence are the major threats to healthcare system.

Development of Healthcare Seeking Behaviour in the 21st Century

Numerous public health initiatives have promoted the development of healthcare delivery system since the American era. In fact, Benjamin Frank (2007), advocated 'a "healthful situation" that promoted physical exercise as one of the primary subject in the offices were developing during the office activities. However, prior to the mid-180s, efforts to introduced healthcare and other physical activity programme into the office were isolated. It was not until 1840 Rhode Island passed the first legislation to make health care mandatory for public officers and other states soon adopted this concept of comprehensive health care services.

This background led to public health program receiving major attention as a means to promote public health care and prevent disease. In 1970's, most government in developed countries started implementing' health care delivery programmes in most public offices. One of the earliest health care programs was in Asia which was established at Kalatura Ceylon in 1926; the main focus of the establishment was the care of public servants control of communicable diseases' and health education. These services were not without the support of the Rock feller foundation. According to Agbeko (2015), in 1975 precisely, there was a great nutritional and health status of individuals in Nigerian society, maps out some action plans in solving and managing the health problem of people. However, health care is aimed at covering community health problem, health education strategies, socio-religious aspect of health, mother and child health first aid, nutritional and identification and treatment of communicable diseases.

In Africa, the failure of health care services to meet up with the health status of people is a major problem; this phenomena is sequel to various determining ideas. However, the quantity and quality of the health personnel in relation to the existing health situation in most offices is very poor. Most African countries, have not been able to provide adequate health

care environment and assistance in varying degrees in solving problems such as: food, housing, recreation, and personal problems. A successful health care programme is considered in a three dimensional perspectives viz: health service, health instruction, and relationship in the community setting these three dimensional ways was opined by Norman (2004), Adegbite (1990). Against this background however, it has become very essential to consider the Health Care Services as a very important tool in promoting the health of the individuals and to achieve this target, it is the major responsibility of the health agencies within the community and in an office environment to promote the health status of individual this assertion was made by Kelvin (2010). The process of providing working experiences which favourably influence understanding, attitudes and conducts with regards to choice of healthcare to individual's and community health is regarded as determination of Health care system is opined by Stone (2011).

The World Health Organization WHO (2004), views Health Care of individuals as that part of health programmes which consists of planned attempts to change individual's groups and community behaviours with the aim of helping to achieve curative, preventive rehabilitative and promotion of health. Health Care for individuals should provide a systematic programme for the development of desirable habits, attitudes, concepts, and knowledge of individual and community health; Health care provide a variety of learning experiences ranging from discussion, problem solving activities, direct first-hand experiences.

Stone (2018) remarked that "Most of the morbidity and mortality in our community are due to communicable diseases, most of which can be prevented or readily treated such as malaria, dysentery, pneumonia, tetanus, tuberculosis, cholera and others" and with the active involvement of health personnel in a well-planned health care services, which will eventually lead to improvement in personal hygiene among civil servant and subsequent reduction in related morbidities, Journal of Community Medicine (2007). According to Park (2000), most of our environments are plagued with infections and parasitic diseases due to poor health habits, poor sanitation system which usually are course of morbidity and mortality in many developing countries, most of the

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individuals are usually affected with environmentally related disease such as malaria, typhoid, diarrhea and dysentery are constant threat to life Lucas and Glues, (1990). Lack of good portable drinking water supply and poor environmental sanitation in the environment are the reasons why diseases associated with un-hygiene disposal of faces and refuse due to lack of good health education program in the society are very common in environment. The most important incidence of disease as a result of poor environment and lack of good health awareness include, diarrhea and intestinal worm infections which account for over 10% of the total disease in most of our environment (WHO, 2005). More importantly, inadequate supply of portable water increases the risk of schistosomiasis, guinea worm and skin infections Park, (2000). The environmentally related diseases can be controlled and prevented through good health behaviour in seeking medical attention and improved environmental sanitation in the society Ugbonnaya (2013) remarked proper and well planned health care promotion/heath education programme is usually aimed at increasing the individual's ability to withstand any stress in any environment especially through good nutrition and health education programme.

An improved health standard of individual through positive health determination strategies should not base entirely on curative services but also acquiring scientific facts hence Turner et al (2014), opined that in any health scheme, there should be provision of social and basic knowledge of science of hygiene, which would enable people to live in harmony with their environments, this could be accomplished through health education. In other words, with series of health care services, individuals will learn the good habit of keeping their environment clean and tidy and also observed some good health rules of preventive medicine.

Utilization of Healthcare Services for National Growth

Generally speaking, three sets of factors affect the level of health utilization; in the community or society, they are:

(a) Societal values to health care services
(b) The availability of human and financial resources in providing health care and

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(c) The systems of health care a society establishes demographic variables.

Societal Values

A 1990 World Health Organization report maintains that a society's values play a significant role in the development and utilization of health care services within the society. It is certainly very important to know how a society views health care services. If a community is actually concerned about the health of individuals, the welfare of the disadvantaged and the overall health conditions of the staff should be considered, these are values that are attached to the health of an individual in the society. by implication, health sectors are responsible for the value they place on health services of their staff. In other words, the quality of the health care services provided for their staff depends on the values and priority attached to it by the health provider (Igwe 2010).

Availability of Human and Financial Resources as Catalyst for Healthy Life Style

The availability of both human and financial resources in the health care centre determines the full its full utilization of health services. According to Emiola (2017), health services cannot be offered by health care providers and utilized by users unless there are trained health personnel. Similarly, finances should also be available to maintain the few available facilities and to pay for the services of the health personnel. The college community who desires to provide health care for their staff should also make it a priority to provide the financial support for its full utilization. Extra incentives should also be provided for the construction of clinics and the payment of health workers in the health centres. The higher the value placed on health care services, the greater the resources and its utilization.

Conclusions

Based on the findings from the study, the following basic conclusions could be deduced. Economic status has huge influence on the health seeking behavior of individual in the society. Individual inability to afford medical care due to their poor financial status and that the level of monthly income determinestheir level of healthy lifestyles. Culture play a significant role determine on the health seeking behavior of individuals in the global world also most people believe that personnel in my college clinic

believe on modern health care services, some attested that their culture does not encourage them to go for orthodox health care.

Recommendations

The following recommendations are made;

1. that health providers should be considerate in their medical bills such that health seekers should be able to afford to pay their medical bills
2. Individuals should be encouraged not to allow culture have any signify influence in accepting or rejecting healthcare services.
3. Relevant stakeholders should integrate all other health policies that will promote, protect and improve healthy life styles for global competiveness

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