ABSTRACT. This paper attempts to estimate a disease specific demand function to study the determinants of utilisation of the services of a health care provider or a treatment regimen for malaria. The study adapts a multinomial logit framework to look at both facility characteristics and individual patient features on demand for malaria care in Ghana. The individual patient characteristics form a set of social indicators which can be used to discriminate or put into groups patients with respect to their choice of provider.

The study confirms the popular use of self-medication as a first choice of action in treating malaria. The choice of malaria care providers is found to be influenced by facility price, travel time, waiting time for treatment, education, age, sex and quality of care measured in terms of drugs availability. We further find that as income increases, the odds are in favour of self-medication when people get malaria.

The paper calls for the intensification of the minimum training given to chemical sellers and the expansion of the paramedical staff training to assist in health care delivery in Ghana. Provision of education would tend to increase utilisation of government health services and thereby improve the quality of life of the people.

KEY WORDS: behaviour, malaria, treatment, quality, characteristics, logit, choice

1. INTRODUCTION

The most endemic disease in Ghana is malaria. The disease can be found in most parts of the country and it afflicts many people several times during their lives. Since malaria has been in the society for long many people have learnt of different treatment regiments and they keep on experimenting with new ones. Because it is very common the disease has induced different behaviours among people with respect to its treatment and control. These behaviours have been dynamic in response to changes that have occurred in the economy and society in general (Asenso Okyere, 1992).

Two latest developments might have affected the behaviour of people with respect to the demand for malaria care. Firstly, the
observed resistance of malaria to chloroquine medication. The emergence of 'go slow' malaria which is nothing else but malaria which is resistant to chloroquine and so takes a long time to treat has resulted in new types of behaviour towards malaria care in the country (Ministry of Health, 1991, pp. 21). Secondly, the health financing reforms that culminated in the introduction of user charges and full cost recovery for drugs in health care facilities. The cost recovery measures have made it difficult for many people to have access to modern health care especially the poor and the vulnerable (Waddington and Enyimayew, 1990). There is often a delay in reporting illnesses to health care providers and during these periods certain unorthodox practices are adopted as cost saving measures.

An effective malaria control programme cannot be put into place unless there is a clear understanding about the malaria care seeking behaviour of households. For instance, the implementation of the current strategy of the Ministry of Health for the control of malaria that is mostly based on prompt diagnosis and treatment using chemotherapy can be facilitated if health workers are aware of the behaviour of people and their households when they contract the disease. It is important to know the factors that determine the utilisation for the services of a health care provider or a treatment regiment for malaria so that an effective strategy can be devised.

Utilisation patterns depend heavily on quality of service offered. Yet the definition of health care quality and measurement of quality indicators are the subject of much debate, with most methods engendering criticism (Alderman and Getler, 1989; Darton et al., 1990; Lavy and Quigley, 1993). In particular, a number of attempts to measure impacts of 'quality' changes on utilisation have been confounded in multivariate statistical studies because different levels of quality of care have been inappropriately represented by the choice of provider (Lavy and Germain, 1996). For example, treatment in a health clinic might be assumed to be inferior to treatment in a hospital, an assumption which may be questionable. It is therefore important to measure quality directly using various characteristics so as to be able to relate the sensitivity of consumer demand to them.

A second requirement in sizing up the impact of quality differences on the use of health care facilities is to simultaneously assess how individual and household characteristics affect utilisation. The