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INDICATORS OF MODERN HEALTH ATTITUDES IN AN URBAN SETTING: AN EXPLORATION OF THE ATTITUDE — BEHAVIOR RELATIONSHIP*

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ABSTRACT. This paper explores the components and determinants of health attitudes that have accompanied the process of modernization in Accra. Due to the numerous failures to predict behavior from unidimensional measures of attitudes, a multidimensional approach to health attitudes was used. Factor analysis of the components revealed that this multidimensional tripartite structure of health attitudes is theoretically meaningful. Both the simple correlational and multivariate analysis of responses form a sample interview survey of 1000 women show that social, structural and community factors are important determinants of modern health attitudes; and that the influence of modern health attitudes on utilization behavior is independent of the effects of education and general modernity. The implications of these for health care delivery are discussed.

ATTITUDES IN AN URBAN SETTING

Health professionals have been preoccupied with the identification of the factors that influence people's health-related behavior in an attempt to obtain their cooperation and participation in health education programs, especially with the renewed interest in disease prevention and health promotion (Anderson et al., 1988; Becker and Rosenstock, 1989; Glanz et al., 1990; Downie et al., 1990). A basic assumption underlying this emphasis is that the knowledge of attitudes would help to predict behavior. Hence, several attitudinal measures have been developed to predict future health behavior. However, the success of such measures has been generally mixed due to methodological and theoretical problems (Bagozzi and Yi, 1989; Liska, 1984; Ajzen and Fishbein, 1980; Werner, 1977; Jaccard, 1975; Green, 1970). The marked lack of consistency between attitudinal constructs and behavior suggests the

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need to examine new conceptual frameworks for understanding such relationships.

This concern is important especially in developing countries like Ghana where two social systems, traditional and modern, exist simultaneously, and where people may change in some respects and still remain traditional in other dimensions (Goldscheider, 1971; Reuschmeyer, 1976; Inkeles and Smith, 1983). Within this context, the observation that some highly educated persons consult traditional healers has broad and challenging implications for health behavioral research (Twumasi, 1975). Also, it points to the fact that even though formal education may induce significant changes in traditional views, it may be just one of the several "building block" processes through which modernization is both expressed and achieved. In my view, all these "building block" processes may work together to induce significant changes in traditional health attitudes. Hence, the effect of the educational process must be sought not in its direct form, but in an integrated conceptual framework which reflects the other composite factors involved (Leigi, 1983). In the present context, therefore, we are interested in the structure of individual modern health attitudes. An examination of the social-psychological characteristics that distinguish the health attitudes of modern and traditional individuals may provide useful insights into the complex processes that intervene between social change and health behavioral change.

The practical significance of this study stems from the current discussion of health-related behavior (Gochman, 1988; Glanz et al., 1990). Three types of health-related behaviors which indicate the ongoing and continuous striving for increased conceptual refinement are preventive health behavior, utilization behavior and compliance behavior. Studies of individual modern health attitudes can contribute to the knowledge required for designing appropriate strategies for health behavior modification. A better understanding of what modern health attitudes are, their relationship to health-related behavior, and the situational influences on such relationships should inevitably suggest critical points at which accelerated change is most feasible, culturally acceptable, and likely to be effective. This paper, therefore, first examines the components of a modern health attitude index, and then