



The Effect of Provider-Related Factors on Healthcare Utilization in the Upper East Region of Ghana: The Mediating Role of Marketing Strategies

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ABSTRACT

This study investigates the mediating role of marketing strategies on the relationships between healthcare provider-related factors and patients' healthcare utilization. Adopting a descriptive cross-sectional quantitative design, the study utilizes a survey method to collect responses from 322 sampled healthcare professionals, using simple random sampling from a population of 1980 who work in public clinics and Community Health Planning Services (CHPS). The theory underpinning this study is the Andersen Behavioural Model of Health Service Utilization. Structural Equation Modelling technique was adopted to analyze and test the hypotheses. The study revealed that provider-related factors significantly and positively influenced healthcare utilization ($\beta = 0.355$, $t = 3.406$, $p < 0.001$). Furthermore, provider-related factors also had a direct and positive relationship with marketing strategies ($\beta = 0.534$, $t = 7.283$, $p = 0.000$). Marketing strategies also significantly and positively influenced healthcare utilization ($\beta = 0.432$, $t = 5.366$, $p = 0.000$). Conversely, the moderating influence of provider-related factors on the relationship between marketing strategies and healthcare utilization was significant ($\beta = 0.456$, $t = 4.892$, $p = 0.000$). The study concludes that marketing strategies mediate the relationship between provider-related factors and healthcare utilization. Thus, it is recommended that integrating marketing strategies into health planning and healthcare delivery by managers of health institutions can strengthen and facilitate health promotion and education.

Keywords: Healthcare Utilization, Mediation, Marketing Strategy, Provider-Related Factors

I. INTRODUCTION

Ensuring quality healthcare for citizens is a national priority. This priority drives significant expenditures to deliver essential services (Murthy & Okunade, 2009; Papanicolas et al., 2018). Indeed, it cannot be ruled out that customers desire the best services or satisfaction from consuming a good or service. It is against this background that, customer satisfaction should be viewed as a major concern to the service provider. To stress the need, rendering the best service to the patient should be the ultimate aim of the healthcare service provider. The needs of patients should be factored into any decision in the service delivery process. Patients are considered customers who consume the service. Therefore, any decision by the caregiver is to strive to attain higher service quality which will earn it a competitive advantage in the market space (Cowing et al., 2009).

Healthcare delivery is based on the mutual trust between the provider and the recipient (Sutherland et al., 2022). Social marketing employs marketing principles and strategies to modify target audience behaviours to enhance individual well-being as well as society. Marketing is a strategic approach that involves crafting and sharing valuable products or services that bring gains to both patients and society and ultimately drive business success (Lee & Kotler, 2016). As revealed by Morris and Clarkson (2009), in their study, social marketing has a substantial impact on healthcare delivery.

Stakeholders in the healthcare industry generally agree that health misinformation needs to be controlled and combated, but the extent of the issue is yet unknown (Suarez-Lledo & Alvarez-Galvez, 2021). This creates a lacuna, hence, the need for further research to understand the concern of health misinformation and develop effective solutions to combat it. For instance, Suarez-Lledo and Alvarez-Galvez, (2021) contend that it is critical to identify the most important health issues and the best marketing techniques for distributing health information. It is imperative, therefore, to assess the responsiveness of the healthcare users' perspective on the use of healthcare. Similarly, Agyemang-Duah et al. (2019) found that the main factors that facilitate the use of healthcare were acceptance of insurance cards, positive



relationships with healthcare providers, the quality of services provided, professionalism, and accessibility to a health facility.

Economic, social, cultural, and institutional factors were found to be the main obstacles to using formal healthcare. Health-related issues that affect patients' long-term relationships with healthcare providers (hospitals, clinics, CHPS) such as staff reception, providers' attitudes, waiting times, competence and expertise, and the facility's ambiance, were found to influence healthcare use (Adomah-Afari et al., 2019). Henshaw and Freedman-Doan (2009) employed the Health Belief Model (HBM) to demonstrate the influence of behaviour toward health utilization which asserts that if an individual believes that a healthcare intervention will be effective and has minimal challenges, they are more likely to take action to initiate treatment. To corroborate the BHM, Bairagdar et al. (2021) found that after implementing marketing strategies, mental health clinical pharmacy services utilization increased significantly. It is interesting to note that this research was done in a foreign setting. Similar research by Tawiah et al. (2015) found that, in Ghana, people with mental challenges were stigmatized, denoting that the element of BHM widely influences health utilization. Additionally, according to Aseweh-Abor et al. (2011), the majority of pregnant women in Ghana received two doses of the tetanus toxoid vaccine as mandated by the World Health Organization in addition to making the necessary prenatal care appointments; however, there was low response regarding the additional services for Maternal Healthcare (MHC). The study by Afful-Mensah et al. (2014) revealed that women who have some autonomy are more likely than their counterparts who lack such autonomy to use maternal healthcare services.

Much attention has been placed on the investigation of the health belief model and its significance in influencing patients' use of healthcare facilities. However, the extant literature has shown that little research has been done on the impact of marketing strategies on health utilization. As a result of this dearth in literature, this current study aims to investigate the extent of healthcare use in Ghana and explore how marketing strategies mediate the relationship between healthcare provider-related characteristics and healthcare utilization.

1.1 Statement of the Problem

Healthcare utilization in Ghana is a significant challenge, with many citizens not accessing necessary services despite considerable investments in healthcare delivery. Various provider-related factors, including staff reception, provider attitudes, waiting times, and facility ambiance, influence patient satisfaction and their perception of healthcare (Adomah-Afari et al., 2019; Cowing et al., 2009). Additionally, health misinformation can discourage care-seeking behaviors (Suarez-Lledo & Alvarez-Galvez, 2021). While the Health Belief Model (HBM) suggests a direct correlation between perceived effectiveness and healthcare utilization (Henshaw & Freedman-Doan, 2009), there is a notable gap in research concerning the mediating role of marketing strategies in this context. This study aims to investigate the extent of healthcare use in Ghana and explore how marketing strategies may mediate the relationship between healthcare provider-related characteristics and healthcare utilization, providing insights for improving patient satisfaction and health outcomes.

1.2 Research Question

Do provider-related factors affect healthcare utilization?

II. LITERATURE REVIEW

2.1 Theoretical Review

Ever since its inception in 1968, the Andersen Behavioural Model has gained widespread use as the conceptual framework for determining the factors that influence healthcare utilization (Lerner & Robles, 2017; Roberts et al., 2018; Travers et al., 2020). These researchers applied the model to test response to healthcare utilization. Lerner and Roble (2017) for instance, utilized a modified version of Anderson's Behavioural model of healthcare utilization on transgender individuals. They discovered identity-related issues, including those specific to transgender individuals.

The Anderson Behavioural model identifies three primary factors that influence an individual's decision to seek medical attention: predisposing factors, enabling factors, and need factors. Enabling factors include income, access to health insurance, neighbourhood characteristics, and waiting times. The model offers a comprehensive knowledge of the factors influencing healthcare utilization. The tool is a good fit for implementation because its functionality supports the aim of this study.

2.2 Empirical Review

2.2.1 Provided-Related Factors and Healthcare Utilization

A crucial quality indicator in healthcare systems and patient experience is influenced by several patient and provider-related factors. While some studies have offered various perspectives on patient experience elements, little



research has examined the relationships between patient experience and provider-related aspects (Al Nuairi et al., 2023). Patients' experiences and opinions of healthcare services are significantly shaped by provider-related elements like responsibility, market orientation, and cordial interactions. When healthcare providers are accountable, market-oriented, and interact with patients in a friendly manner, they build trust and loyalty with their patients (Radulescu & Cetina, 2011). Positive interactions between caregivers and their patients encourage continual patronizing of healthcare services (Maxwell et al., 2018).

According to Carrasquillo (2013), healthcare utilization refers to the study of how individuals access and use healthcare services to manage their health, prevent illness, and receive information about their condition and prognosis, thereby promoting their overall well-being. The need for services to maintain or improve health and one's current state of health are important factors that impact the utilization of healthcare. In areas where patients face various obstacles to accessing healthcare, such as structural limitations, environmental factors, and consumer-related barriers, there is a probability of a decrease in accessing healthcare services, resulting in a significant amount of unmet healthcare needs (Corscadden et al., 2017). We must comprehend the challenges and enablers of healthcare access in remote, rural, and regional locations if we wish to make available healthcare services to impoverished groups (Leach et al., 2022). For example, increasing equity in the use of maternal healthcare (MHC) in remote and rural communities is crucial to achieving the Sustainable Development Goals targets for maternal and child health (Kanmiki et al., 2023).

Achieving universal healthcare is workable by ensuring access to and utilization of healthcare services (Peltzer et al., 2014). Findings from emerging economies like China, Ghana, India, Mexico, the Russian Federation, and South Africa have shown that healthcare utilization by adult women was more likely to use outpatient care than inpatient care than men (Peltzer et al., 2014). Awoke et al. (2017) found that there was a linkage between having health insurance and using public outpatient care facilities. Also, private for-profit healthcare facilities were perceived as being more responsive to patient needs than public and private not-for-profit facilities. An assessment of men's involvement in family planning services use and associated factors in rural Ghana has shown that, notwithstanding the high approval from men to get involved in family planning, there was virtually no desire to use contraceptives for fear of health risks, side effects, and cultural norms (Kwawukume et al., 2022). Based on the discussions and arguments from the extant literature, this research hypothesized that:

H1: There is a significant and positive relationship between provider-related factors and healthcare utilization.

2.2.2 Provided-Related Factor and Marketing Strategies

The quality of services is a fundamental component of marketing strategy in the healthcare industry (Purcarea, 2019). The changing dynamics of the business environment necessitate the application of strategies that keep firms in business. Due to the intangible nature of services, patients' choice of health facilities is dictated by the quality of service and the service scape model which takes into account the organization's exterior and interior design, atmosphere, waiting times, staff conduct, and dress code, tools and promotional items used, and price (Booms, 1981). Managers of health facilities (hospitals and clinics) need to employ marketing strategies that will make them remain competitive and profitable. Patients prefer service providers who are accountable, market-oriented, and interact in a friendly manner (Radulescu & Cetina, 2011).

Word-of-mouth (WOM) remains one of the best strategies for spreading information and knowledge (Kotler, 2002). Online WOM has proven to be one of the available technologies or media used to learn about a company's goods or services (Barreto, 2014). Research findings have shown that customers association with brands along with their interactions with the brand, build an emotional bond and relationship between the customer and the brand (Kemp et al., 2014). Thus, customers who connect with a healthcare provider's brand form a bond with it. Customers become brand advocates by aggressively spreading WOM advertising when such an event occurs (Kemp et al., 2014).

The global healthcare revolution has not only resulted in improved medical equipment but also in raising global patient consciousness and enlightenment regarding the significance and requirements of healthcare (Grover, 2016). The evolving technology has given marketing new dimensions, and therefore, effective marketing tools must be used more effectively to educate people and help them make healthcare decisions (Kay, 2007). One such strategy to reach and persuade people to utilize healthcare is marketing communication. Effective communication with both existing and potential clients is crucial for health institutions (Berkowitz, 2021). Health and medical providers can increase performance and increase the possibility of accomplishing communicative goals by combining marketing communications and creating synergy between and among chosen conveyance channels (Elrod & Fortenberry, 2020). Given the significance of interacting with both existing and potential patients, healthcare facilities must take action to guarantee outstanding proficiency, with communication skills and abilities being of utmost importance (Elrod & Fortenberry, 2020).

Social media use as a marketing strategy has had an impact on the lifestyle of people, more especially, during and after the Covid-19 pandemic (Palupi & Slavov, 2020). It has created a platform for educating as well as a means of promoting patient safety and happiness (Saleh et al., 2012). The use of computers, the internet, and social media have brought a major development in human communication (Ryan, 2010). Though data regarding the effectiveness and efficiency of social media is limited, social media use by patients appears to be rising in the healthcare industry (Househ et al., 2014).

Wang et al. (2021) demonstrate the role mass media play in disseminating health information toward encouraging health utilization. Results from empirical research show that there is a positive relationship between media coverage of family planning and the use of maternal healthcare services. Zamawe et al. (2015) posit that the use of mass media in promoting men's involvement in prenatal, postnatal, and delivery care has been successful.

Target advertisement (TA) is a medium through which a particular group of the same characteristics can be conveniently reached. TA involves delivering personalized adverts tailored to users' specific interests, behaviors, and characteristics, such as the website they are on, their location, search history, and demographic information (Farahat & Bailey, 2012). Advertising via social media has led to the spread of negative lifestyles. However, healthcare advisors believe the same media is appropriate to use to educate and inform the populace about healthcare issues (Nadarzynski et al., 2019). These researchers described features of sexual health communication on social media and demonstrated a correlation between advertising and the increase in the use of chlamydia screening. The strategic application of social media to reach specific audience groups using social marketing strategies has been found to have a positive impact on the consumption of healthcare products (Goossens et al., 2006). Based on the above discussions it is hypothesized that:

H2: There is a significant and positive relationship between provider-related factors and marketing strategies

2.2.3 Marketing Strategies and Healthcare Utilization

Marketing strategies in the form of social media, targeted advertising, and mass media are techniques that have proven to affect health utilization. A study by Saleh et al. (2012) found that social media use can be a platform for educating patients and promoting patient safety and happiness. Moreover, targeted advertising on social media has been shown to have a positive effect on healthcare product utilization (Goossens et al., 2006). Mass media has also been found to play a crucial role in disseminating health information and promoting healthcare utilization. Studies have shown that media coverage of family planning and maternal healthcare services is positively correlated with the use of these services (Wang et al., 2021). Additionally, there has been a tremendous success in the use of mass media in promoting men's involvement in prenatal, postnatal, and delivery (Zamawe et al., 2015). Schwartz and Woloshin (2019) posit that the use of marketing techniques and healthcare utilization are strongly and positively correlated. These findings as discussed above demonstrate that marketing strategies have a significant and positive impact on healthcare utilization and that their effective use can lead to improved health outcomes. Based on this assertion it is hypothesized that:

H3: There is a significant and positive relationship between marketing strategies and healthcare utilization.

2.2.4 Mediation Role of Marketing Strategies

According to Andersen's Behavioural Model of Health Service Utilization, patient experiences and perceptions of healthcare services are significantly shaped by provider-related factors like accountability, market orientation, and cordial interactions (Andersen, 1968). Marketing strategies used by healthcare providers can significantly impact patients' experiences and perceptions of healthcare services, particularly regarding factors such as quality of care, accessibility, and communication. This is in line with Andersen's Behavioural Model of Health Service Utilization, which suggests that provider-related factors like accountability, market orientation, and friendly interactions play a crucial role in shaping patients' attitudes toward healthcare services. These characteristics increase the likelihood of healthcare providers employing marketing techniques that encourage patient involvement and raise knowledge of available services (Radulescu & Cetina, 2011).

Market-driven and accountable healthcare providers may be more inclined to use social media campaigns and targeted advertising to advertise their services (Elrod & Fortenberry, 2020). There is a tendency, therefore, of an increase in the use of healthcare services. Goossens et al. (2006) found that targeted advertising on social media has a positive effect on healthcare product utilization. Similarly, Wang et al. (2021) found that media coverage of family planning and maternal healthcare services is positively correlated with the use of these services. Based on the above discussions, it is predicted that:

H4: Marketing strategies mediate the relationship between provider-related factors and healthcare utilization

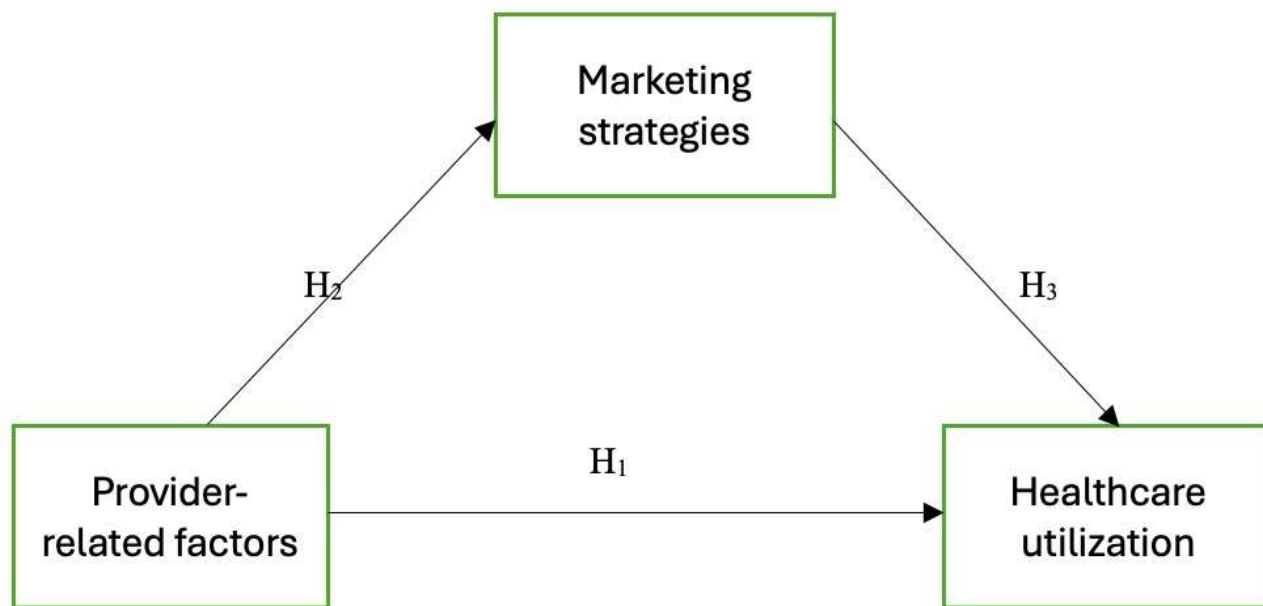


Figure 1
Conceptual Framework

III. METHODOLOGY

This study employed a cross-sectional survey quantitative approach. The quantitative research method is suitable for a larger sample and does not require relatively a longer time for data collection. It can be used to generalize sub-populations since it draws a relatively large sample (Carr, 1994). A simple random sampling technique was used to select 322 respondents from a population of 1980 based on Krejcie and Morgan's formula (1970) table for sample size determination. Respondents were selected from the database of six districts in the Upper East region of Ghana. A structured questionnaire in the form of a Likert scale was the main instrument employed to collect the data. The scale ranged from 1 to 5: (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree. Respondents were requested to indicate the extent to which they agreed with the statements made.

3.1 Study variables

Three variables were considered in this research. They are provider-related factors, marketing strategies, and healthcare utilization factors. Provider-related attributes include elements such as clinical expertise, reputation, clarity of information given, and interaction with patients (customers). These define the extent to which the provider influences patients regarding their health issues. Factors considered under marketing strategies include social media, advertising, and mass media.

3.2 Common Method Bias

To avoid any bias that can affect the reliability and validity of the data, a test for common method bias (CMB) also called common method variance was tested. Common method variance indicates the bias seen in the estimation of the relationship between two variables when there is a variance from common methods. When it is not checked, common method variance might jeopardize a study's findings and prospective contributions to knowledge. Harman's one-factor test was employed to forestall any anomaly. Per the application of the Harman one-factor test, all the items (observed variables) are loaded onto a single common factor using the principal component extraction method (Podsakoff et al., 2012). A value of 50% or less of a single factor indicates a non-existence of common method bias. Thus, if all variables collectively account for more than 50% of the total variation explained, then, there is no course for CMB. In this paper, the analysis indicates that the total variance explained by a cumulative of 16 items (independent and dependent) is 69.9%, an indication that there is no CMB.



IV. FINDINGS & DISCUSSION

4.1 Measurement Model

SmartPLS (SEM) version three was employed for measuring Goodness of Fit (GoF) indices. The accepted value of SRMR ranges from 0 to 1. A smaller value of SRMR indicates a good prediction of the model (Lacobucci, 2009). According to Hu and Bentler (1999), SRMR values less than 0.08 indicates that both the model and the fit are good. In some studies, however, it is suggested that values of SRMR ranging between 0.05 and 0.1 are adequate in meeting the threshold (Senel, 2011; Dede & Ayranci, 2014). As seen in Table 1, an SRMR of 0.076 satisfies the accepted requirement. NFI value greater than 0.9 demonstrates a good fit. However, Ghozali (2011) posits that NFI values greater than 0.5 but less than 0.8 indicate an adequate or marginal fit. In this paper, the NFI value was recorded at 0.813, reflecting a slight decline from 0.9.

Table 1
Model Fit

	Saturated Model	Estimated Model
SRMR	0.076	0.076
d_UIS	0.525	0.525
d_G	0.157	0.157
Chi-Square	441.783	441.783
NFI	0.813	0.813

4.2 Reliability and Validity

Testing for reliability ensures accurate levels of the latent variable. Cronbach's alpha (CA) is the most widely reliability coefficient used and indicates a generalized internal consistency of a unidimensional, multi-item scale (Cronbach 1951; Peterson, 1994). In this regard, the CA technique was utilized to assess the reliability of the formulated hypotheses. The accepted value for Cronbach's alpha is 0.70 (Hair et al., 2017). For sufficiency, Hair et al. (2006) suggest that Cronbach's alpha is 0.6. Hulland (1999), however, posits that a CA value of 0.4 or above is considered acceptable, especially, in exploratory research. In this research, CA values ranged between 0.654 and 0.825.

A typical and adequate cutoff point for acceptable Cronbach's alpha readings is 0.6 (Hair et al., 2006). Factor loading and composite reliability are also critical in determining evidence of convergent validity (Bagozzi & Yi, 1988). As indicated in Table 2, the factor loading ranges between 0.674 and 0.809. The requirement for average variance extracted (AVE) is met when the values exceed 0.5 (Fornell & Larcker, 1981; Sarstedt et al., 2014). The AVE values in this study exceed the minimum cut-off of 0.5 (see Table 2). Composite reliability (CR) values usually range between 0 and 1. Thus, values greater than 0.6 are deemed sufficient and acceptable (Bagozzi & Yi, 1988). In this text, all the CR values are above the minimum threshold, ranging from 0.814 to 0.884.

Table 2
Reliability of Constructs

	Cronbach's Alpha	Rho A	Composite Reliability	Average Variance Extracted (AVE)
HU	0.654	0.662	0.814	0.595
MT	0.844	0.845	0.885	0.562
PF	0.825	0.834	0.884	0.656

* HU: Healthcare utilization, MT: Marketing strategies, PF: Provider-related factors

4.3 Discriminant Validity

The square root of the AVE factors must be greater than the inter-factor correlation to satisfy the requirements for discriminant validity (Fornell & Lacker, 1981). Thus, discriminant validity is proven when the variance shared by the latent variable and its indicators is larger than the variance shared by other latent variables. The values as shown in Table 3 indicate that the AVE square root exceeded the correlation coefficients. This implies that there is evidence of discriminant validity.



Table 3
Discriminant Validity

	HU	MT	PF
HU	0.771		
MT	0.464	0.749	
PF	0.435	0.448	0.81

*HU = health utilization, MT = Marketing strategies, PF = Provider-related factors

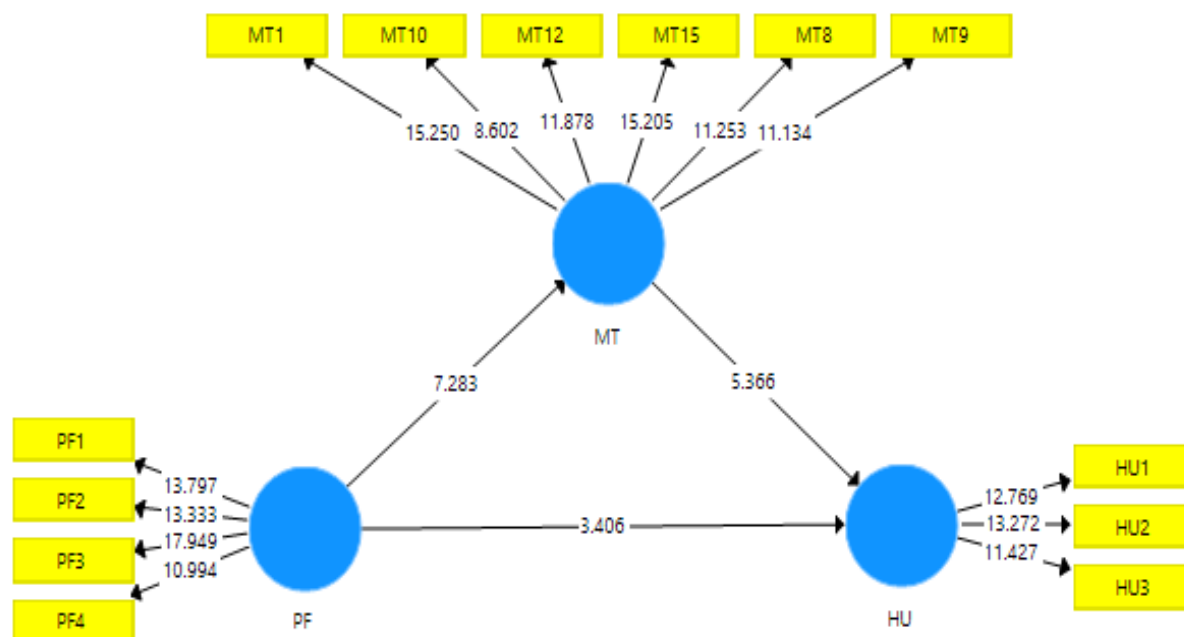


Figure 3
Structural Model

The study hypotheses some relationships and results have been summarized in Table 4.

Table 4
Path Coefficient

	Beta	Standard Deviation	t- Statistics	P Values	Decision
PF -> HU	0.355	0.104	3.406	0.001	Supported
PF -> MT	0.534	0.073	7.283	0.000	Supported
MT -> HU	0.432	0.08	5.366	0.000	Supported

The test for the predicted hypotheses (see Table 4) revealed the following:

H₀₁: Provider-related factors have a significant effect on healthcare utilization. PF was found to significantly and positively influence HU ($\beta = 0.355$, $t = 3.406$, $p < 0.001$), thus supporting H1.

H₀₂: Provider-related factors have a direct and positive relationship with marketing strategies. The results showed that PF has a direct and positive relationship with marketing strategies ($\beta = 0.534$, $t = 7.283$, $t = 0.000$), supporting H2.

H₀₃: Marketing strategies significantly and positively influence healthcare utilization. The results revealed that MT has a significant positive relationship with HU ($\beta = 0.432$, $t = 5.366$, $p = 0.000$), thus supporting H3.

4.4 Mediation Analysis

Mediation analysis was performed to assess the mediating role of MT in the relationship between PF and HU (see Table 5). The results revealed that there exists a significant indirect effect of PF on HU ($\beta = 0.231$, $t = 0.057$, $p = 0.000$). The total effect of PF on HU was ($\beta = 0.585$, $t = 7.562$, $p = 0.000$). After including the mediator, the effect of PF on HU was still found to be significant ($\beta = 0.355$, $t = 3.406$, $p < 0.001$). This implies a partial mediation.



Table 5
Mediation Results

	Beta	T Statistics	P Values
Indirect effect (PF -> MT -> HU)	0.231	4.071	0.000
Direct Effect (PF ->HU)	0.355	3.406	0.001
Total Effect	0.585	7.562	0.000
Percentile bootstrap 95% confidence interval	Lower	Upper	
	0.133	0.353	

This research investigated the effect of provider-related factors on healthcare utilization. A quantitative cross-sectional survey was employed to collect data for the study. The emphasis put on by many research works on healthcare utilization has been skewed at factors that hinder access by the end user (patient). This study, however, has a new dimension. The study revealed that marketing strategies have a significant and positive influence on health utilization ($\beta = 0.432$, $t = 5.366$, $p = 0.000$), thus, supporting H1. This resonates well with the view of (Kemp et al., 2014) who asserts that customers association with brands creates a bond and good relationships with the brand. The study revealed further, a significant and positive effect of provider-related issues (PF) on health utilization (HU) ($\beta = 0.355$, $t = 4.97$, $p = 0.000$). It was found also that provider-related factors had a significant and positive relationship with healthcare utilization ($\beta = 0.355$, $t = 3.406$, $p < 0.000$). Yet still, provider-related factors also had a significant and positive relationship with health utilization ($\beta = 0.534$, $t = 7.283$, $p = 0.000$). These findings align with the works of (Elrod & Fortenberry, 2020), who argue that given the importance of interacting with both existing and potential patients, healthcare facilities should put in place measures that will ensure outstanding proficiency, with effective communication skills and abilities to impact customers. Finally, the mediation role of marketing strategies in the relationship between provider-related factors and healthcare utilization was found to be significant, though, partially mediated ($\beta = 0.355$, $t = 3.406$, $p < 0.001$). This is in line with Addo et al.'s (2020) study which revealed how physicians' performance quality affects patients' satisfaction and further gains their loyalty.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusions

This survey study looked into the mediating role that marketing strategies play in the relationship between provider-related items and healthcare utilization. The theory of Anderson's health belief model of healthcare utilization has proved the interaction between predisposing factors, enabling factors, need factors, and the role marketing plays in facilitating healthcare utilization. The study concludes that marketing strategies mediate the relationship between provider-related factors and health utilization. Much as the health system seeks to improve healthcare for the benefit of the consumer (patient), emphasis should be placed on creating a congenial atmosphere that will create a positive feeling that will enthruse patients to visit the health facilities for healthcare. The caregiver should incorporate marketing strategies to convince the patient of the need for healthcare utilization.

5.2 Recommendations

The study has unraveled the degree to which marketing strategies contribute to promoting healthcare utilization. Healthcare managers should embrace the role of marketing in advancing healthcare delivery. Integrating marketing strategies in health planning in healthcare delivery by managers of health institutions will strengthen and facilitate health promotion and education. The State which is the main actor in providing healthcare services to the people should adopt the findings as a guide to policy-making and strategy for the health sector.

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