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RESEARCH ARTICLE

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Articles and statements

Inequalities versus Utilization: Factors Predicting Access to Healthcare in Ghana

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Abstract

Universal access to health care remains a significant source of inequality especially among vulnerable groups. Challenges such as lack of insurance coverage, absence of certain types of care, as well as high individual financial care cost can be blamed for the growing inequality in the healthcare sector. The concern is worrying especially when people are denied care. It is in this light that the study set to find out what factors are likely to impact the chances of access to health care, so far as the Ghana Demographic and Health Survey Data 2014 data are concerned, particularly to examine the differences in access to healthcare in connection with varying income groups, educational levels and residential locations. The study relied on the logistic regression analysis to establish that people with some level of education have greater chances of accessing health care compared with those without education. Also chances of access to health care in the sample were high for people in the lower quartile and upper quartile of the household wealth index and a local minimum for those in the middle class. It became evident also that increased number of people with NHIS or PHIS or combination of cash with NHIS or PHIS will give rise to a corresponding increment in the probability of gaining access to health care.

Keywords: access, health, insurance, care, utilization, inequality, Ghana.

Introduction

Issues concerning health and diseases have been a major concern for humanity since antiquity. The need for good health is no doubt a necessity for survival because of the nature of the human anatomy and the physiological functioning of its parts. Any malfunctioning of its parts causes pain and suffering and sometimes death. Access to health care services will provide the means for people to have access to primary and secondary care, emergency medicine, preventive care, diagnostics and testing, treatment, surgery, public health and other care. These give sufficient bases to research in to factors that are likely to impact the chances of accessing health care.

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Access to healthcare is fundamental in the whole healthcare service delivery system. Access in this respect, implies the provision of health facilities and equipment, the distance or time travelled to the facility, affordability of the service and availability of qualified personnel (Mckeown, Cross, & Keating, 1971). These factors greatly define a meaningful healthcare service delivery system. Access to healthcare remains a challenge and in most countries and social groups, it is unevenly distributed according to place of residence, ethnic group, gender and socioeconomic status (European Commission Report, 2009).

The disparities in the healthcare access across groups are largely accounted for by socioeconomic factors. For instance, individuals who are in the higher income bracket tend to have better health and care because they are able to afford, especially where there is no health insurance. Income is not the only differentiating factor, others such as education, location, occupation and age groups can also influence households' access to healthcare. Theoretically, a positive relationship is seen between socioeconomic indicators and health. These variables are unique in the manner they explain variations in health, even though among themselves they may be related. Some serve both as a cause and an outcome of health status. For example, income may reduce as a result of poor health and poor health may also result from income constraints. This make income quite unique and more useful for a short run policy instrument compared to education which is generally established relatively early in life and is less likely to be subject to change in health status.

Few studies have shown a relationship between poverty and adverse health outcomes (Braveman, 2007; Cockerham, 1988; Wagstaff, 2002). Poverty generates ill health that keeps the poor in poverty and may lead to diseases, as well as high fertility, that can have major impact on disposable income in households and become factors that can make the difference between being above or below the poverty line. This suggests that the poor need more health care than the rich. According to Whitehead, Dahlgren, and Evans (2001), in all European countries the most disadvantaged groups have the poorest health outcomes and highest mortality. This is reflected in large differences in life expectancy between groups located at both ends of the social scale. Santana (2002) also ascertained that a strong relationship exists between high rates of mortality and morbidity and low educational levels, social class and income and states that the most disadvantaged social groups have weaknesses resulting from economic conditions, which also present additional barriers to health care access, mostly when the care needed is preventive or more specialized.

A World Health Survey report stated that costs related to visiting health care is the most frequent problem in accessing health care. Costs of the visit, inadequate equipment, negative experiences with health care personnel, inadequate skills among health care providers, and direct exclusion (denied care) occur more often among people who are vulnerable and marginalized than those who are not (World Health Organization [WHO], 2010). While as on the international scene, health care is recognized as a universal right that ensures that access does not depend on ones' ability to pay, income or wealth and that the need for care does not lead to poverty and financial dependency (European Commission Report, 2007). This is only observed in few European countries and some other rich nations who provide comprehensive social protection system and health care at the highest standard and easily accessible by everyone (International Labour Organization, 2011). On the flip side, there is a wide gap in social health protection coverage and inequities in access to health services experienced by vulnerable groups (Schell-Adlung, & Kuhl, 2011).

Universal access to health care remains a significant source of inequality. Challenges such as lack of insurance coverage, lack of coverage/provision of certain types of care, as well as high individual financial care cost can be blamed for the growing inequality in the healthcare sector. Research interest is getting high especially in the area of access to health care because of the problems faced by vulnerable and marginalized groups in addressing their health needs. This was evident as the United Nations failed to reach its own targets as enshrined in the Millennium Development Goals [MDGs] {2–4}. In this regard the WHO has raised the need to make access to health services, health care and rehabilitation services as both a human right issue and a key development issue (WHO, 2013).

Evidence from the 2015 Ghana Millennium Development Goals report proved a consequential effect of lack of access. The report showed wide margins across regions for universal access to reproductive health care and maternal mortality trends. A large number of

women die annually as a result of pregnancy related complications, such as severe bleeding (haemorrhage), hypertensive diseases, sepsis infections and unsafe abortions (United Nations Development Programme, 2015). Another effect, according to Craveiro, Ferrinho, de Sousa, and Goncalves (2013) limiting access to pharmaceuticals is a major impact of poverty on women. The incapacity to afford the cost of health care appears as a central aspect of access to health care. Ghana's experience can be attributed to a failing and unsustainable National Health Insurance Scheme (NHIS). A number of media reports in recent past have criticized the government of Ghana for the return of the "cash and carry" health system. People died because they did not have money to pay for their healthcare needs. The health need of an individual was only attended to after initial payment for the service was made, even in emergency cases (Owusu, 2015). The burden of paying for health services is a growing cause of poverty and social inequality especially among vulnerable groups.

The existence of a socioeconomic status-health gradient is present in all countries and across a wide range of ages. However, the source of this gradient and thus the cause of major disparities in health are much less clear. Crespo (2015) revealed that income disparities are associated, in part, with differences in educational level and the number of assets and wealth index also increase significantly across income quartiles. There are evidences that suggest that family income influence health, but the evidence from independent changes in income is far from clear. Importantly, although much work has been done in an attempt to identify the mechanisms behind the change, it is not possible to fully explain observed differences in health by income. Is it that higher incomes are used to purchase more health, yielding inputs such as better nutrition and housing? That better-educated persons use health care more effectively? That those in higher-prestige occupations face less risk? Or is it that stress and anxiety, tied to low incomes and job uncertainty, result in poor health? The concern is worrying especially when the facility is not available to access. In light of this, the study aims to further advance the knowledge about the relationship between socioeconomic variables and access to health care, particularly to examine the differences in access to healthcare in connection with varying income groups, educational levels and residential locations in the Ghana Demographic and Health Survey (GDHS) 2014 data.

Theoretical Framework

The theory of equity is used in this study to explain the concept of access to health care. In this regard, access represents a broad set of concerns that centre on the degree to which individuals and groups are able to obtain needed services from the medical care system. Because of the difficulties in measuring access to health care, Millman (1993) attributed that, most people equate it with insurance coverage and having enough doctors and hospitals in the areas in which they live. But having insurance or nearby health care providers is no guarantee that people who need services will get them. Conversely, many who lack coverage or live in areas that appear to have shortages of health care facilities do, indeed, receive services.

The Andersen's Health Behaviour Model (HBM) (Andersen, 1995) operationalized the definition of access to be used in health services research. It states that access is the actual use of personal health services and everything that facilitates or impedes the use of personal health services. The Canada Health Act (CHA) also defined access as one of its five main tenants stating that "persons must have reasonable and uniform access to insured health services, free of financial or other barriers and also no one may be discriminated against on the basis of such factors as income, age, and health status (Anderson, Aday, & Fleming, 1980).

According to Elinson (1974), equity of access involves determining whether there are systematic differences in use and outcome among groups in society and whether these differences are the result of financial or other barriers to care. Elinson (1974) further made the point that health care services are equitably distributed when health status and demographic indicators of health status are the strongest predictors of who uses health care. Therefore to evaluate the degree of equity, certain indicators of need have to be considered.

As demonstrated in a study by the Employee Benefits Research Institute (1992), in an equitable system, people with equal need will have equal utilization rates and those with less need will have lower utilization rates. Intuitively, it is expected that rural populations have reduced access to health care services compared to urban populations. However, studies comparing access of rural and urban populations have been contradictory and inconclusive. Whether or not

differences between rural and urban populations are observed depends on the measure of access that is assessed, how rural-urban status is classified, and what other factors, such as geographic location beyond rural-urban, are taken into account (Enthoven, 1988).

The gap between vulnerable and marginalized people and those who are not, regarding the socioeconomic status, access to health care and discriminating factors give much concern to worry, about how society's scarce resources can be distributed in an equitable manner. Couple of literatures have debated on these inequalities in access. Discussions on how to define equity in access were based on five key philosophical perspectives: libertarian perspectives, utilitarian approaches, egalitarian theories, communitarian theories and deliberative democratic procedures (Frimpong, 2013). Figure 1 gives the indicators used in modeling access to health care services.

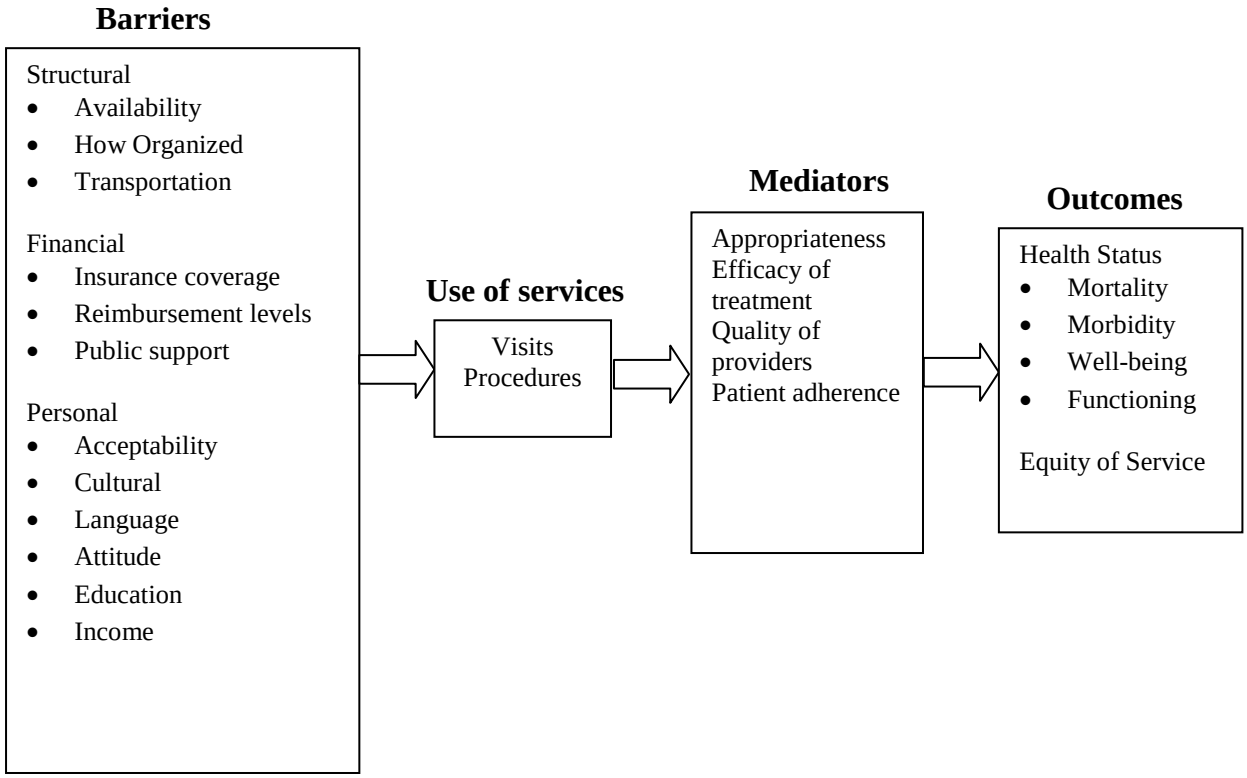

Figure 1. Indicators used in modeling access to health care services. Adapted from Millman (1993)

Libertarian perspective focuses on rights, claiming that if everyone is entitled to the goods they possess, a just distribution is whatever distribution results from people's exchange of those goods. Stated alternately, the society simply has no obligation to address social or health inequalities because any measure to do so would imply redistributive policies that ultimately infringe on individual liberties. This was attributed by Ruger (2006). Hence the provision of one's health is an individual responsibility rather than a societal obligation. The Utilitarian theories of health care judge actions to be right or wrong based on their impact on societal utility. Kymlicka (2002) made the point that, morally correct action is the one which produces the greatest amount of happiness for society. Thus, utilitarian theories of health care justice do not consider individual inequities as long as the entire society is better off. The Communitarian theories according to Frimpong (2013), propose that there exist no universal norms of social justice, but rather those that are constructed by each society through a process of social and political evolution. As a consequence, if achieving higher health status is not a priority of a particular society, then it has no responsibility to secure it for its members.

This perspective is guided by Rawls' theory of social justice (1971, p. 12), which proposes that behind a 'veil of ignorance' where no one knows his/her place in society, rational and self-interested individuals would choose the 'difference principle' to govern distribution in society. This principle requires all inequalities to be judged in terms of securing the benefits for the least

advantaged person in society. 'Equality of opportunity', described as the prevailing justification for economic distribution in our society (Kymlicka, 2002), requires that people should not be 'advantaged or hampered by their social background and that their prospects in life should depend entirely on their own effort and abilities' (Baker, Lynch, Cantillon, & Walsh, 2004, p.25). Inequalities in income, power and other domains are unfair if people are disadvantaged or privileged by arbitrary and undeserved differences in their social circumstances (Kymlicka, 2002).

Finally, the egalitarian theories propose that everyone is entitled to the same level of health achievement and entitled to equal opportunities in achieving good health. Deliberate democratic procedures are defended by those who believe that by espousing the principles of autonomy, political equality and due deliberation within an open public process, justice will prevail. However, they offer little guidance over what principles of justice should take precedence over others, if any (Frimpong, 2013).

Methodology

Population

The study population consisted of all women in the age bracket of 15 - 47 and all men of ages 15 to 59 in households in Ghana of which samples were obtained as reported by the Ghana Demographic and Health Survey (GDHS) 2014. This study relied on data collected from the survey. The GDHS 2014 used an updated sampling frame from the 2010 Ghana Population and Housing Census. A multi stage sample design was used to select respondents for the survey according to the report. The first stage involved the selection of Enumeration Areas (EAs) and in the final stage a systematic sampling approach was used to select households.

The study considered 23,112 responses on key variables. The response variable – health insurance cover was used as a proxy for access to health care. This proxy variable is consistent to the extent that it represents access and utilization of healthcare (Craveiro et al., 2013). This implies that once everyone has insurance there will be some degree of equality in the utilization of health care services (Sibley, & Weiner, 2011). Other variables in the study include – wealth index factor score as a measure of income, highest education level and residential location of households. The wealth index factor is an important measure of household economic status or living standard. It is calculated using Principal Component Analysis (PCA) based on a household's ownership of some selected assets. The wealth index score gives an indication of an increasing quality of each asset, and greater number (either positive or negative) mean that the variable provides more "information" on the household wealth stock. For instance, a greater negative score means a household is deficient or have low number of assets and may be in a relatively lower group compared to a greater positive score implying adequacy in assets and such a household may be in a relatively high group.

Data Analysis

At the preliminary stage, a descriptive analysis was performed on the variables under consideration to understand their relationship and distributions. The Chi Square test of independence was performed to know whether the classification of the variables showed any independence. The following hypotheses were tested:

i. There are differences in household wealth indexes across educational groupings.

ii. People with higher education, better residential location and higher household wealth are able to access health care.

The study further fitted a binary logistic regression model to the data. The model enabled us to estimate the likelihood of gaining access to health care given the impact of some other predictors or factors. The model is specified as:

$$logit(p) = ln\left(\frac{p}{1-p}\right) = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4$$

By taking exponents on both sides of the equation, we can find the odds (i.e. the ratio of the probability of access to health care, i.e. p, to its compliment.

$$\frac{p}{1-p} = \exp(\alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4)$$

Solving for the probability p in the logit model gives

$$p = \frac{\exp(\alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4)}{1 + \exp(\alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4)}$$

Where p is the probability of access to health care (health insurance cover) coded as 1 and $1 - p$ is the probability of the other decision. X_1 is the highest level of education attained, X_2 is the wealth index factor score (in five decimal places), X_3 is the residential location and X_4 is how to pay health services. $\alpha, \beta_1, \beta_2, \beta_3$ *and* β_4 are the parameter estimates, which can be obtained using the maximum likelihood estimation method.

Results

The study analyzed a total of 23,112 complete responses on the variables under consideration. People who were covered by health insurance (access to health care) constitute about 65.1% of the complete responses. Respondents with no education (42.4%) were high compared to those with primary, Middle/JHS/JSS and SHS/ higher education, 20.4%, 30.2% and 6.9% respectively. The wealth index factor score gave an insight to the quality and quantity of assets households' possess. An average score of -28913.63 was estimated. This large negative value suggested that households sampled in Ghana on the average lack some basic household assets such as toilet facility, electricity for lighting, gas, etc. that were used to construct the wealth index. Bounded on this average score are -366973 and 247752, representing the minimum and maximum wealth index factor score respectively.

The GDHS 2014 data on wealth index score for households in Ghana is approximately symmetric with a skewness statistic of 0.168 and a corresponding standard error of 0.016. In addition, the distribution of the data showed light tails with a kurtosis statistic of -0.194 with a standard error of 0.032. Figure 2 shows a histogram exhibiting the shape and form of the wealth index factor score variable. In terms of residential location, responses analyzed showed that 60.3 % of valid responses of 23,118 were located in the rural areas of Ghana.

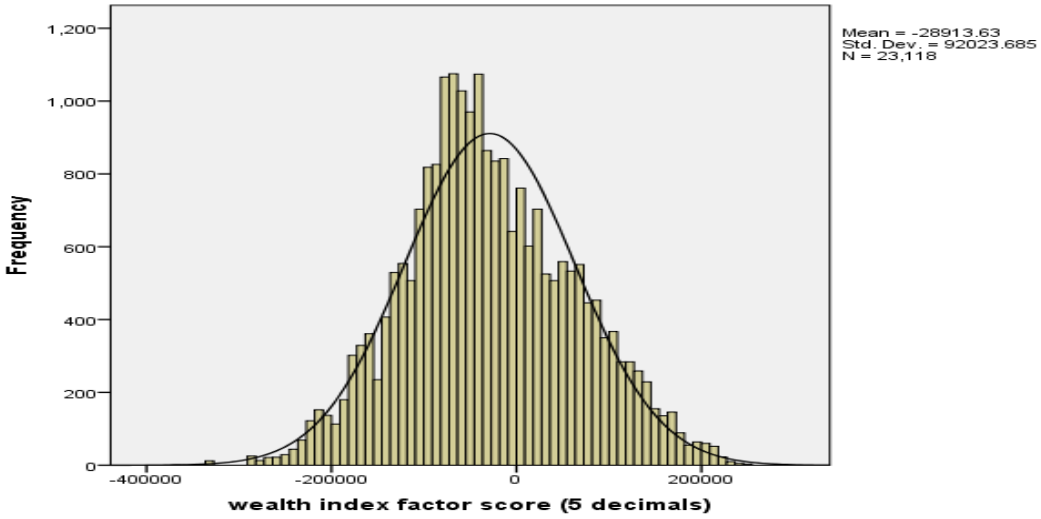

Figure 2. Histogram of the wealth index factor score variable

Further comparison between educational level and health insurance cover showed that of the 34.9 % of those who are not covered by health insurance, 41.1 % and 36.0 % have primary and no education respectively, while those who are covered by health insurance, 86.5 % and 67.9 % respectively have higher and secondary education. It can be inferred from this results that people with some level of education have greater chances of accessing health care compared to those without education. Approximately 35.0% of respondents in this study were identified not to have had access to health care.

The study further shows that an increased number of people with at least JSS/JHS or higher education will increase the probability of having access to health care, according to the GDHS

(2014) data. This conclusion is consistent with a survey conducted in America by (Crabtree, 2010), where people with lower household income and lower education levels are considerably more likely to have health problems because they have had less reliable access to health care, than their counterparts further up the socioeconomic ladder. The research reveals the trade-off between education and access to health care. The implication is that the more we neglect the citizenry's right to education, we are not only infringing on their fundamental human rights but we also denying them of their right of access to health care.

In order to examine the connection between wealth index scores and health insurance coverage, a Lowess curve was fitted on a scatter plot of these two variables. Figure 3 displays the resulting graph.

A cross-tabulation of people covered by health insurance against wealth index score grouped into four quartiles affirmed the earlier relationship. It can be observed from Table 1 that of the 65.1% of people who were covered by health insurance, 68.5% and 68.8% fall in the lowest and upper quartile respectively, confirming the fall and rise of the Lowess graph in Figure 3.

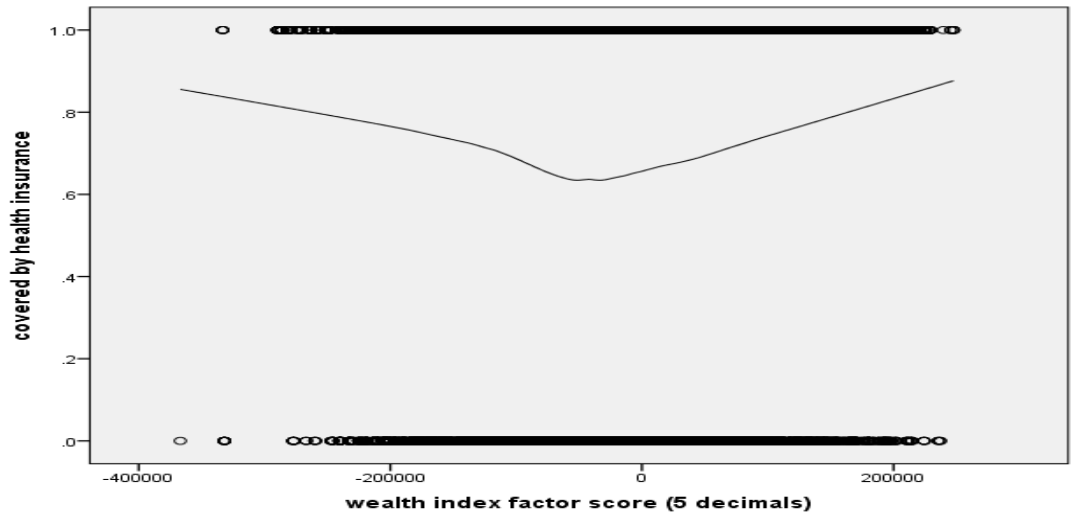

Figure 3. A Lowess Curve fitted to Health Insurance Cover and Wealth Index Factor Score

The study also found that health insurance coverage is both high in the urban and rural areas of Ghana, 68.3 % and 62. 0% respectively for those who are covered and lived in these two locations. However, for those who are not covered, 64.0% are in the rural areas and 35.9% live in urban centers. Table 1 gives a cross tabulation of health insurance cover against residential location.

Table 1. Cross tabulation of Covered by Health Insurance * type of place of residence

Covered by health insurance		**Type of place of residence**		**Total**
		Urban	Rural	
No	Count	2902$_a$	5174$_b$	8076
	% within covered by health insurance	35.9%	64.1%	100.0%
	% within type of place of residence	31.7%	37.1%	34.9%
	% of Total	12.6%	22.4%	34.9%
Yes	Count	6264$_a$	8772$_b$	15036
	% within covered by health insurance	41.7%	58.3%	100.0%
	% within type of place of residence	68.3%	62.9%	65.1%
	% of Total	27.1%	38.0%	65.1%

Total	Count	9166	13946	23112
	% within covered by health insurance	39.7%	60.3%	100.0%
	% within type of place of residence	100.0%	100.0%	100.0%
	% of Total	39.7%	60.3%	100.0%

Each subscript letter denotes a subset of type of place of residence categories whose column proportions do not differ significantly from each other at the .05 level.

In examining the differences between household wealth across educational levels attained, a non-parametric test (Kruskal-Wallis Test) was performed. This test was preferred because assumption of homogeneity of variances was violated in the one way analysis of variance (ANOVA) of wealth index grouped by educational level. A Levene statistic of 44.474 with a p-value of 0.000 and degree of freedom of 3 and 23114 was observed.

The result of the Kruskal-Wallis test showed that there is a statistically significant difference in wealth indexes across the four groups of educational levels. The test indicated a Chi-square value of 7209.362 with 3 degrees of freedom with an asymptotic alpha of 0.000. Inspection of the mean ranks for the groups suggest that people with higher educational level have the highest wealth index score, and those without formal education had the lowest wealth index score. Figure 4 shows the relationship plot.

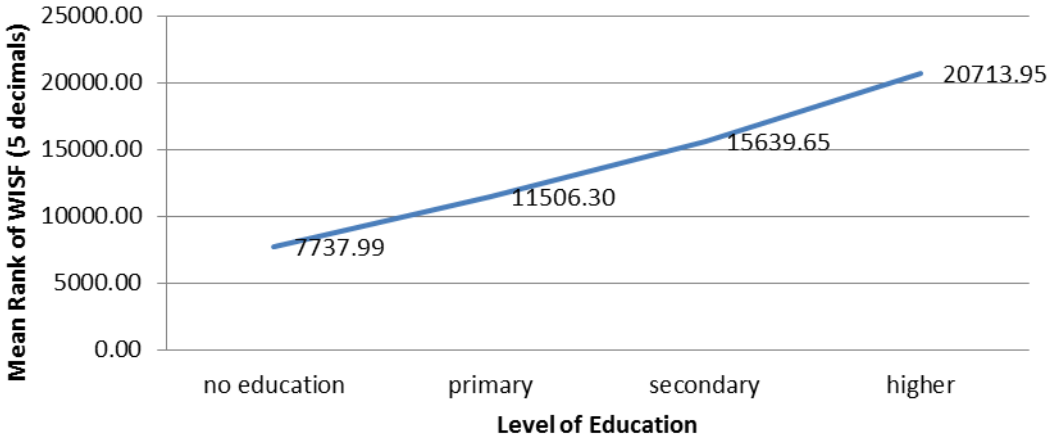

Figure 4. Plot of Mean Ranks of WIFS and Educational Level

A significant positive relationship between educational level and household wealth index was found in this study. Using household wealth index as a proxy for income, the correlation still remains high except that the two factors may independently relate to respondents chances of accessing health care. Within each income category, those with lower education levels are more likely to have less access to health care, and within each education category, those with lower incomes are more likely to do so. The combined effect is sizeable. Table 2 presents the results of the test. It can be deduced from the result that access to health care is not independent of residential location of households. A Pearson Chi Square value of 71.994 with 1 degree of freedom was observed for this relationship at the 0.05 significance level.

Table 2. Results of the Chi Square Test of Independent

Variables	**Chi Square Test**			**Symmetric Measure - Nominal by nominal**	
Health Insurance Cover; against	*Pearson Value*	*df*	*ρ*	*Phi*	*ρ*

Educational Level	187.480a	3	0.001	0.090	0.001
Wealth Index quartile	130.597a	3	0.001	0.075	0.001
Residential location	71.994a	1	0.001	-0.056	0.001

a 0 cells (0.0%) have expected count less than 5. The minimum expected count is 3202.87.
b Computed only for a 2x2 table

What this means is that the proportion of people who have access to health care to those who do not, are not statistically different from urban and rural dwellers at the 0.05 significance level. This proportion can be seen from Table 1. The Phi statistic of -0.05 shows a negatively weak relationship between the two categorical variables. The results also confirmed the relationship between access to health care and household wealth; and the level of education attained and access to health care. These associations are statistically significant with Pearson Chi Square values of 130.597 with 3 degrees of freedom and 192.235 with 3 degrees of freedom respectively. Again, in these two conclusions, the relationships established between access to health care and household wealth; and access to health care and education; are both positively related but weak with Crammer's V values of 0.075 and 0.091 respectively, which are statistically significant at the 0.05 level.

In assessing what factors predict the likelihood of gaining access to health care, a logistic regression analysis was performed. The method enabled us to assess how well the set of predictor variables in this study explained the categorical variable and the relative importance of each predictor variable in the model. The study relied on 5925 complete responses on all the variables used in the logistic regression. The dependent variable "covered by health insurance" as a proxy for access to health care was coded 1 = Yes, meaning a respondent have access to health care and 0 = No, otherwise.

The categorical variables used as predictors include educational level attained, residential location and how to pay for health service. Wealth index score was the only interval scale variable in the analysis. At the baseline level where no independent variable was included in the model, the overall percentage of correctly classified cases was 79.3%. This value suggests that majority of the respondents have access to health care because they answered Yes to the question of whether they are covered by health insurance.

A "goodness of fit test" of the model revealed that overall, the model performed better or more compared to the baseline classification when no predictor variables were added to the model. A Chi-square value of 1190.141 with 11 degrees of freedom with a p-value of 0.000 was observed. The Hosmer and Lemeshow test also support the model as being robust. It gave a Chi-square value of 14.033 with 8 degrees of freedom with a corresponding p-value of 0.081, being less than 0.05, the significant level. This justify that the logistic model was not poorly fitted, an indication that supports the model. The analysis further showed a Cox and Snell R-square and Nagelkerke R-square values of 0.182 and 0.285 respectively, suggesting that 18.2% and 28.5% of variability in access to health care is explained by these set of variables. The variation observed as a result of the inclusion of the predictor variables accounted for the improvement in the logistic model. As a result, the model correctly classified 80.9% of the overall response for Yes (access to health care), an improvement over the 79.3% in the baseline level.

The sensitivity of the model was observed to be 90.3%. This indicates the proportion of people who have access to health care that were accurately identified in the model. However, the model captured 86.21% of those predicted people into the study. Also, the specificity of the model is 44.8%, indicating those who do not have access to health care accurately identified by the model, with a true negative predictive value of 54.67%. These values are displayed in Table 3.

The result explains the contribution of each predictor variable in the model. Educational level was found to be significant (Wald=20.002, p-value = 0.001), specifically those with JSS/JHS and higher education qualification. The parameter estimates of these variables show that an increased number of people with at least JSS/JHS or higher education will increase the probability of having access to health care. The odds for higher education according to the analysis is about three times higher for those with access to health care than those who do not have access to health care, all other things being equal.

How to pay for health services was found to be another significant predictor of access to health care (Wald=1007.173, p-value=0.000), particularly those with NHIS, private health insurance (PHIS) and combination of cash, NHIS and private insurance. The parameter estimate of these variables reveal that, an increased number of people with NHIS or private health insurance or combination of cash, NHIS and private insurance will give rise to a corresponding increment in the probability of gaining access to health care. Noticeable is the odds ratio for NHIS, 12.705 with a confidence interval of (7.561, 21.349). It means that the odds for a person having access to health care is about 13 times higher for those with NHIS than for a person who does not have access to health care, all other factors being equal. The odd ratios for private health insurance and combination of cash, NHIS and private health insurance were also found to be high.

Table 3. Variables in the Equation

Step 1[a]	***B***	***S.E.***	***Wald***	***df***	***ρ***	***Exp (B)***	***95% C.I. for EXP(B)***	
							Lower	Upper
Education			20.002	5	.001			
Middle	.146	.117	1.564	1	.211	1.158	.920	1.456
JSS/JHS	.205	.087	5.490	1	.019	1.227	1.034	1.456
Secondary	.072	.315	.052	1	.820	1.074	.579	1.992
SSS/SHS	.222	.152	2.127	1	.145	1.249	.926	1.683
Higher	1.037	.246	17.760	1	.000	2.821	1.741	4.568
How to Pay			1007.173	4	.000			
Cash	.081	.263	.095	1	.758	1.084	.648	1.814
NHIS	2.542	.265	92.157	1	.000	12.705	7.561	21.349
PHIS	1.718	.370	21.620	1	.000	5.576	2.702	11.505
Combination	1.974	.307	41.365	1	.000	7.197	3.944	13.133
Location - Urban	-.119	.093	1.645	1	.200	.888	.741	1.065
HWIFS	.000	.000	26.735	1	.000	1.000	1.000	1.000
Constant	-.329	.265	1.537	1	.215	.720		

a. Variable(s) entered on step 1: Highest Educational Level, How to pay for health service, Residential location, Household Wealth Index factor Score.

Finally, the result also showed that household wealth (HWIFS) is a determinant of access to health care (Wald=26.735, p-value=0.000). However, household wealth neither increases nor decreases the chances of having access to health care per the result. Plots of log-odds of the access to health care showed a linear relationship with respect to educational level, household wealth and how to pay for health service.

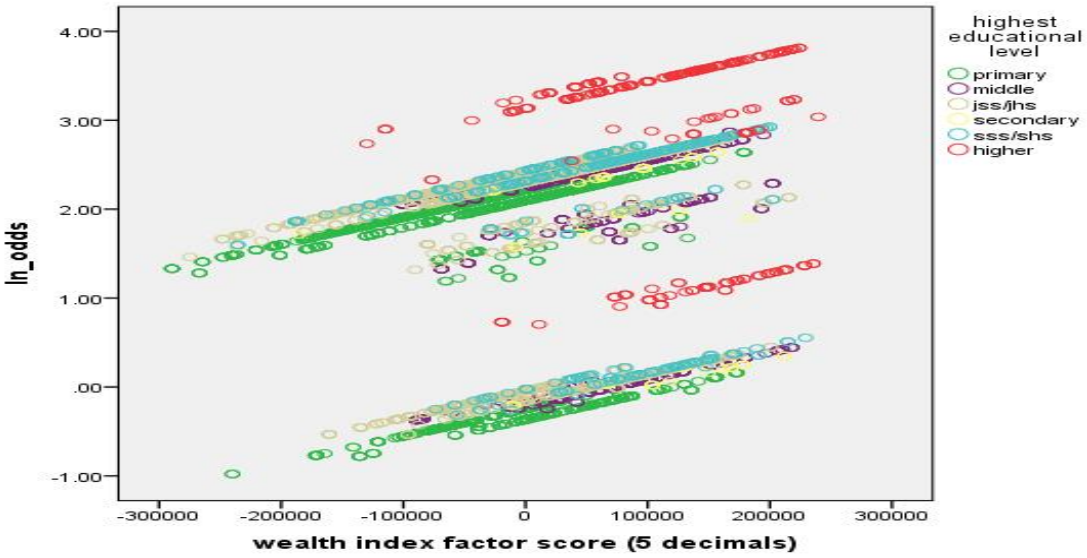

Figure 5. Display of log-odds of access to health care and relationship with education and wealth index

As can be seen from Figure 5 and Figure 6, people with higher education are associated with higher logits of access to health care and it increases with respect to household wealth.

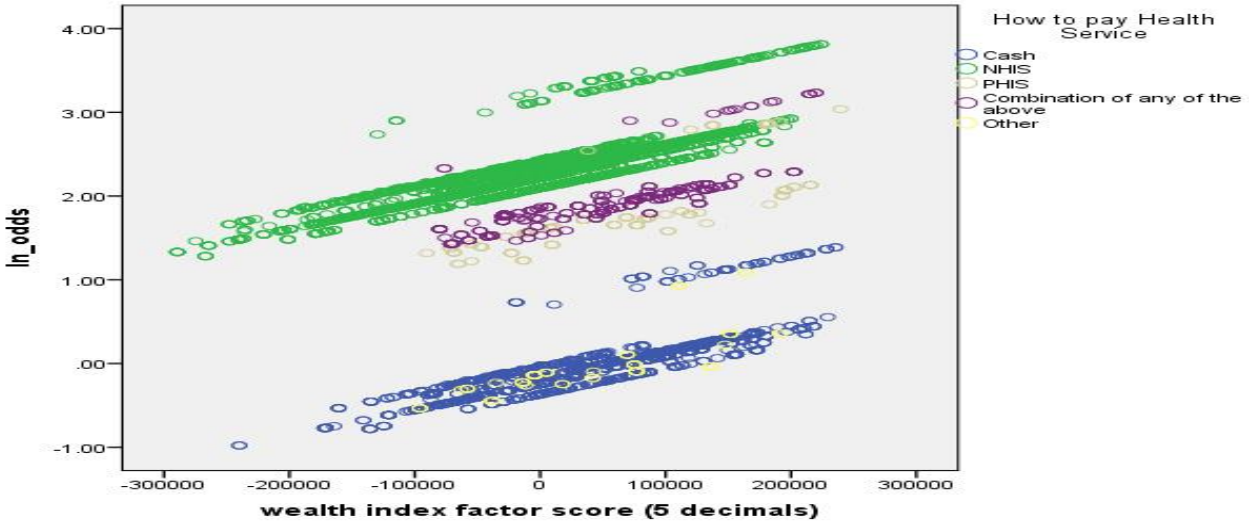

Figure 6. Display of log-odds of access to health care and relationship with how to pay for health service and wealth index

Similarly, those with NHIS showed a higher likelihood of accessing health care, and the chances also increases with respect to household wealth.

Discussion

From the results, chances of health insurance coverage in the sample is high for people in the lower quartile of the wealth index and decreases in the middle quartile (with a local minimum) and rises to a high in the upper quartile of the wealth index score. This finding is reasonably so because as rational beings, cost of health care serves as disincentive for people to seek the services of health care providers. A person in the lower quartile of the wealth index will be willing to pay small amount as an insurance premium to access a health care for the entire year than to go and pay huge sums of money for the same service at least once in a year. This is what usually happens to those in the median class of the wealth index. They have less chances of accessing health care because they feel they have the funds to take care of their health needs which usually became too expensive at

the end and therefore may not be able to access the facility. Those in the upper quartile are likely to have high access to health care because they have funds to pay both their health insurance premium and enough cash to pay for any additional health related expenditures. Daly (1992) and Ruspini (2000) projected similar association between extreme poverty and access to social protection which are highly influenced by household characteristics such as size, education level, marital status and income.

As observed from the results, a number of those who do not have access to health care lived in the rural part of the country (64.0%). The finding implies that urban residents have higher chance of getting access to health care. The reason may simply be because health professionals mostly preferred to be stationed at urban centres and cities. This creates distributional problem of health professionals to the disadvantage of residents in must rural communities. This invariably reduces the chances of rural folks from getting regular access to health care. This manifestation is shared by other similar researches also explained that rural residents are more likely to postpone seeking health care until they are economically and socially convenient (Dixon, & Welch, 2000; Elliott-Schmidt, & Strong, 1997; Habicht, & Kunst, 2005).

The absence of health insurance is one of the many hurdles that stand between someone who is sick and needs health care. Just as an ineffective health insurance scheme has the potential to create inequitable circumstances for poor and vulnerable people. The poor and vulnerable people not only do they have much difficulty getting services but also are generally less healthy (Millman, 1993). National health insurance cover may enable them to receive continual, cost effective and quality health care. Equity in access to healthcare is seldom observed in less developed countries where health systems are funded by the state irrespective of the socioeconomic status of the individual. Access to health care which is supposed to be prioritized according to medical needs, where more severely ill patients wait less, both for a given procedure and across procedures with different degrees of severity (Gravelle and Siciliani, 2008), is not the case. The procedure of "first-come, first-served" basis of administering health care irrespective of income and social position is replaced with inequalities such as patient selection, socioeconomic preferences regarding choice of hospital and medical treatment, unconscious bias and "statistical discrimination" by doctors (Balsa, & McGuire, 2001; Van Ryn, & Burke, 2000).

Dozens of literature have proven with empirical evidence that inequalities in the utilization of health care are associated with socioeconomic status of wealthy people (Van Doorslaer, Koolman, & Jones, 2004). There is also well established positive relationship between income and health status in the economic literature (Case, & Deaton, 2006). Studies also suggest that household income has a positive impact on child's health. One of the mechanisms through which income can affect health is the affordability of medical care. In this way, public provision of health care might play an important role in the health status of poorer households. To this end Currie and Stabile (2003) showed that there is a positive relationship between income and access to health care using universal health insurance coverage in Canada. Universal health insurance coverage has eliminated many barriers to receiving appropriate, high quality health care; however, geography remains a potential barrier to access (Sibly, & Weiner, 2011).

Limitations

The use of health insurance cover as a proxy for access to health care is argued as insufficient. There are several factors that determine the access and utilization of health care as discussed in literature. Health insurance cover is identified as a key and necessary factor in modern-day health delivery system.

It may not be sufficient but forms an integral part of the health care system. It is however an adequate measure of access and utilization of healthcare. The choice is based on the difficulties in getting reliable health data in this part of the world.

Conclusion

Numerous researches about inequity in access to health have showed varied outcomes for methodologies and variables that are most robust for the measurement of healthcare utilization and access. In this study, health insurance cover was used as a proxy for access to health care consistent with (Craveiro et al., 2013).

The study relied on the logistic regression analysis to establish that people with some level of education have greater chances of accessing health care compared with those without education. The study further showed that an increasing number of people with at least JSS/JHS or higher education have increase probability of having access to health care, according to the GDHS (2014) data.

Likewise, the chances of access to health care in the sample were high for people in the lower quartile and upper quartile of the household wealth index and a local minimum for those in the middle class. The study further argued that, the proportion of people who have access to health care to those who do not, are not statistically different from urban and rural dwellers at the 0.05 significance level. It became evident also that increased number of people with NHIS or Private Health Insurance Scheme (PHIS) or combination of cash with NHIS or PHIS will give rise to a corresponding increment in the probability of gaining access to health care.

These findings point to the need to formulate health and social protection policies that ease inequities and other barriers to health care.

Recommendation

Based on the findings of this research, educational authorities especially in Ghana are encouraged to implement at least a compulsory and affordable quality basic and secondary education for all school going age. This is vital because a causal relationship is found to exist between educational attainment and access to health care. What it means is that the more people have educational literacy, the more they are able to break the barriers that prevent them from accessing health care. The research further recommends the implementation of sound macroeconomic policies that will boost employment. For instance, giving tax incentives /holidays to private partners to import equipment that will drive the manufacturing industry of the country. Such factories will employ a lot of unemployed youths and may contribute significantly to the country's growth.

One of the reasons why rural folks do not have access to health care is partly due to the refusal of health professionals to accept posting to such locations. The research recommends the provision of incentives such as rural allowance, decent accommodation, vehicles, etc. to motivate health professionals to accept postings to work in rural communities.

Public and private partnership is encouraged to help in the provision of affordable health facilities and care centres. Not only that, but also giving some tax relief to the private sector to partner in the provision of quality education since the two interlink. Such measures will increase access to health care and reduce inequalities in the system. Finally, the study recommends a reduction in the health insurance premium so that more people can subscribe to the NHIS since such a policy foster accessibility of health care. It will bring to an end the "cash and carry" health service delivery. In addition, the populist should be educated on the benefits of getting health insurance cover. Quite a portion of the population is ignorant about the benefits especially those in the middle quarter of the household wealth index scale.

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RESEARCH ARTICLE

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Opportunities for Ghana's Maternal and Child Health Care: A Position Statement

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Abstract

Failure to take Maternal and Child Health Care (MCH) as a crucial issue has affected many developing countries in the world. Though MCH remains a priority for the government of Ghana since independence, there is still more room for improvement. The aim of this paper is to provide a review of the progress made by Ghana in MCH care and the available opportunities for improvement. The paper focuses on issues affecting MCH by providing a brief analysis of some current issues in the area, and the need for an expanded comprehensive coverage. As Ghana works harder to attain national growth and development, the delivery of MCH care as a component of health need to take a more multidisciplinary approach. This review has implications for innovations in MCH, education, research and policy.

Keywords: Ghana, maternal and child health care, review, developing countries.

Introduction

Globally, between 250,000 and 280, 000 women die during pregnancy whilst 6.55 million children under the age of five also die every year. Majority of these maternal deaths occur during or immediately after childbirth, while 43% of childhood deaths occur during the first 28 days of life (Lassi, Salam, Das, & Bhutta, 2014). This case is even worse in the sub-Saharan Africa, where a woman's lifetime risk of dying as result of pregnancy or childbirth is 1 in 39, as compared to 1 in 4,700 in developed countries (World Health Organization, United Nations Children Emergency Fund, United Nations Fund for Population Activities [UNFPA], & The World Bank, 2012).

Children under five are the most vulnerable to illness and death. Morbidity and mortality rates among children remain high, with about 80,000 children dying every year from preventable causes (Ghana Health Service, 2007). The report shows that, the main causes of under-five mortality include early neonatal conditions (27%), malaria (25%), pneumonia (20%), and diarrhoea (17%) with HIV and measles contribution 8% and 3% respectively (Ministry of Health, Ghana Health Service, & UNFPA, 2005). Denno and Stewart (2013) reported that, the underlying determinants of disease and malnutrition among children are poverty, inequality, lack of access to health care, lack of maternal education, armed conflicts, war and disaster. This implies that MCH

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involves a complex interplay of biological, economic, sociocultural factors as well as access to health care.

Consequently, maternal and child health (MCH) is now a growing area of public health concern. Tsawe et al. (2015) indicated that MCH services are very essential for the health outcomes of both mother and child. They reiterated that, in ensuring that both maternal and child deaths are prevented, MCH should be a vital area of concern for every nation. To this end, this position statement offers a review analysis on Ghana's efforts with respect to MCH so far. It also suggests possible opportunities that can enhance the existing progresses made in MCH.

Direct and Indirect Causes of Maternal Mortality

According to Nieburg (2012), "*the direct causes of maternal mortality estimated to be responsible for 75-80 % of all maternal deaths, results directly from complications of pregnancy" (p. 9)*. These direct causes include eclampsia/high blood pressure, postpartum haemorrhage, infection/sepsis, unsafe abortion and prolong/obstructed labour. He noted that indirect causes of maternal mortality are responsible for 20-25% maternal deaths. These determinants include malaria, anaemia, HIV/AIDS, malnutrition, severe anaemia from causes such as hookworm infestation. The rest are vitamin A deficiency, blood loss from prior pregnancies, hepatitis and diabetes. His report also shows that most maternal deaths are caused by conditions that could be treated successfully with access to adequate emergency obstetric care.

The UNFPA (2014) outlined the three delays responsible for maternal death as follows: delay in recognizing an emergency situation and delay in decision by pregnant women, their husband or other family members to seek health care at the community level. The second delay involves delay in arriving at health facilities due to lack of access to transport or lack of resources to pay for transport. The third delay being the delay in receiving appropriate and quality care after arriving at a health facility. The report also outlined cultural, socioeconomic, geographical and health system challenges as the factors influencing women's access to emergency care in pregnancy.

Ghana's progress, Millennium Development Goals and MCH

The Millennium Development Goals [MDGs] target for improving maternal health aims at reducing by three-quarters maternal mortality ratio between 1990 and 2015. When applying this target to Ghana, maternal mortality should fall to 145 cases per 100,000 live births (Commonwealth of Nations, 2015). Though Ghana has made a significant progress towards achieving MDG 5, she still failed to attain the target by the 2015 deadline. The Ghana MDG 2015 Report indicated that, Ghana's MMR has reduced from 760 to 380 maternal deaths per 100,000 live births between 1990 and 2013. The country was able to halve the MMR but projections based on the maternal trends indicated that MMR in Ghana was 358 per 100, 000 lives births by close of 2015. This is still higher than the MMR of 190 deaths per 100, 000 live births of the MDG 5 target. Ironically, a large number of women still die yearly due to preventable pregnancy related complications such as haemorrhage, hypertensive diseases, sepsis and abortions. With reference to the MDG target of reducing infant and child mortality rate by two-thirds ahead of the 2015, the country experienced a continuous decline from 57 in 1993 to reach the target 19 deaths per 1,000 deaths in 2014. The report further indicated that, immunization of children against major vaccine preventable diseases was a key factor in the decline of infant mortality, child mortality and overall under-5 mortality in Ghana.

According to Quansah Asare (2005), Child health has remained a priority for the government of Ghana for decades and several local and internationally recommended programmes and interventions have been implemented by the Ministry of Health, Ghana Health Service and partners to promote child survival and development. A number of initiatives and frameworks have also been developed and implemented to address child health problems. For programme purposes, child health interventions in Ghana have been organized for specific groupings namely, under-fives (birth to 5 years); school health (5 to 15 years); and adolescent health and development (10 to 19 years) are targeted. Integrated Management of Childhood Illnesses (IMCI) for example, is a strategy to decrease under-five mortality and morbidity. The three components of IMCI are: Improvements in the case management skills of first level health staff; improvements in the health system required for effective management of childhood illnesses; and improvements in family and

community practices. Denno and Stewart (2013) stressed that, the IMCI strategy includes both preventive and curative element implemented by families, communities and health facilities.

Opportunities and Strategies for improving MCH

The success of maternal, neonatal and child health (MNCH) interventions and programs is to a large extent determined by the overall performance of the health system. To this end, McDonagh and Goodburn (2001) reported that there is global agreement that well-functioning health systems are needed to reduce maternal, new-born and child mortality and to increase access to quality health. Ghana may increase the level of health promoting activities targeting MCH across the country.

The Centers for Disease Control and Prevention (2013) has also designed a global Maternal and Child Health (MCH) strategy which provides a comprehensive framework for global MCH efforts. This strategy, scheduled to run between 2013 and 2016 promotes an integrated approach to the implementation of interventions that support MOH programs in countries and advance achievement of global MCH goals. Ghana should focus on women's health from preconception through postpartum, and children's health from the perinatal period through the fourth year.

In addition, the country can enhance her MCH outcomes by including preconception care since it is a missing gap in the MCH continuum of care. Since this framework is an integrated service delivery for maternal, new-born and child health throughout the life cycle, it will enhance the success of MCH (Tinker et al., 2005). Although these approaches are not new concepts to health delivery in Ghana, their advancement in innovative ways will promote the effectiveness and successes of MCH and national growth. The limited number of trained and qualified health workers in the area of MCH should also be considered if Ghana is to attain the full benefits of these strategies successfully. As a general problem for most developing countries, inadequate staffing is often as a result of high turnover and migration (Awases, Gbary, Nyoni, & Chatora, 2004).

More so, there should be policy reforms that enhance a multidisciplinary care in MCH. In the development of MCH programmes and services, the professionals on board should not only include medical specialists, pharmacists, midwifes and nurses. Professionals like health educators and promoters, clinical and health psychologists, medical sociologists, biomedical scientists, traditional birth attendants and other local agents like community members should be brought on board. This will offer a more expanded - comprehensive coverage for all mothers and children.

The National Health Insurance System in Ghana should fully absorb all MCH services including preconception care. This will enhance the adherence of all prescribed MCH assessments and management protocols. Once payment for health becomes a challenge, the effectiveness of services become a challenge too. As seen in research, there is a relationship between poverty and right to access health services (Ruspini, 2000). Once some services are not fully covered, some mothers from low socioeconomic background may not be able to afford the services. When given the needed consideration, these opportunities will offer a significant realisation to the targets set by the nation.

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RESEARCH ARTICLE

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A Brush Up on the '2015 Presidential Election of Nigeria': The Chemistry between Religio-Political Manoeuvres and Propaganda Stratagems

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Abstract

Religious bigotry and misinterpretation to serve personal interest in our world today have given birth to incessant wars, lawless and reckless killings, genocides and the birth of dreadful terrorism. Nonetheless, there is a paucity of empirical evidence on the topic in question. The objectives of this paper are to examine: (a) the use of religion as a tool for political propaganda in the 2015 Presidential Election; (b) the reason why politicians make use of religion for propaganda; (c) the effects of using political propaganda. The study employed content, and descriptive analysis to synthesise data from newspapers, books and online works. Findings reveal that some key political parties made use of religion as a tool for political propaganda, at different ranges in print and electronic media. In effect, the use of religion by politicians was mainly due to the country's regional divided front when it comes to religious beliefs; northern Muslims and the southern Christians. This abuse of religious rights breeds pathological hatred among the populace and there is a need to implement the tenets of secularism within the political framework to aid peace building.

Keywords: religio-politics, propaganda, secularism, Nigeria, presidential election.

Introduction

Religion is an indispensable variable within the African cultural frame. This case is not vastly different from Nigeria. A major variable in the Nigerian polity is the relationship between religion and politics. Some people consider this relationship as inseparable, while others support the notion of the separation of religion from politics. Normally, there is a common fallacy that politics and religion are two different fields of social activity. This leads observers sometimes to speak of the politicization of religion and aver that it is against the original intent of the founder of religion, or God himself (van der Veer, 1996).

According to Eso (2003), *"religion, when truly practiced in its truest form and spirit, has been and remain sacred. It plays vital role in purposeful leadership, community building, social justice, law and order, peace-making and reconciliation, forgiveness and the healing of wounds, be it*

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political, family or personal". In a similar vein, Adeleye (1989) also noted that, *"religion breeds an ideal heart in man to be able to be conscious of the need to have a clean heart. By this, he will grow to have a philanthropic or patriotic thought, before venturing to lead or represent his people in government of the state. In other words, religion will prepare the heart of man to be a good politician who will consistently fall upon his religion to guild him. The teaching and threats of religion are expected to guild him to be able to lead his people, aright as a politician with the fear of God in him"* (p.75).

Contrary to these opinions, Salawu (2009) in his work - 'Median Narrative Construction of Ethno-religious Conflicts in Nigeria', mentioned that religion in Nigeria is serving as one of the factors harnessing division and conflict. Thus, the different media houses regularly also contribute to conflicts by sending wrong messages and signals. Different media houses therefore, reports issues with ethnic or religious bias. This was as well made manifest in the 2015 presidential election of Nigeria media houses, print or electronic media were publishing trashes, because they maintained bias to a particular religion or ethnic group. It is therefore, an indispensable fact that religion as well as ethnic jingoism played crucial roles as tools of political propaganda.

Demonstrating how powerful propaganda has become in our world today; political strategists have taken several initiatives to influence voter behaviour. Currently, voters are likely to accept and vote according to political campaigns and media farming (Green, Gerber, & Nickerson, 2003). DellaVigna and Kaplan (2012) for example argue that *"media framing too can exert substantial influence over political outcomes, with voters being more likely to vote for parties aligned with the biases of the media outlets"* (p.1187). Just like other countries globally, political leaders have been involved in different kinds of propaganda to enhance their political career and quest for political office.

Using religion as a tool for political propaganda here means the use of religion as a tool to garner sympathy from practitioners of same religion, seeking for their votes in order to win votes to a particular political office. Religion is therefore, seen as a tool or an instrument of gentle persuasion or deception to achieve an aim. The use of the word 'propaganda' by the Allies during both world wars characterized only the enemy opinion-forming activities as propaganda, and treated these so designated enemy activities as composed mostly of lies. These practices left the world with strong negative connotations. However, "here and there" in the literature on propaganda, one finds voices trying to rehabilitate the word for neutral usage. However, these connotations are so deeply entrenched, and the word 'propaganda' is so emotively charged with negative connotations, that the word itself is frequently used as a verbal weapon to attack the views or arguments one is opposed to, or wishes to condemn as not being rationally compelling. These strong negative connotations attached to the word 'propaganda' imply that such discourse is both unethical and illogical. The ethical aspect implies intentional deception and manipulation of a mass audience. The logical aspect implies that the argumentation used is not based on good evidence of the kind appropriate for a rational discussion, and instead an emotional and crowd pleasing-sort (Marlin, 1989, p.37).

Considering the above issues, this paper seeks to examine: (a) the use of religion as a tool for political propaganda in the 2015 Presidential Election; (b) the reason why politicians make use of religion for propaganda; (c) the effects of using political propaganda.

Method

Data Sources

The study synthesised data from available secondary sources. These resources included some selected newspapers, books and online works.

Data Analysis

Media Content Analysis was used to analyse the data collected through newspapers, as well as descriptive technique, which involves the description of the role religion played in political propaganda.

Results

This section examines extract analysis from the national dailies reportage on how the political parties (APC and PDP) made use of religion as a tool for political propaganda. Three themes were yielded after the Media Content Analysis. Additional descriptive analysis were added to provide various interpretations to the selected media extracts.

Theme 1: Propaganda of unfair opponents' associations

Unfair association of candidates' religious backgrounds and sensitive national issues was used by opponents. In an advert sponsored by the New Nigeria Group (A Pro Jonathan's Group) titled "Facts are Sacred", they stated that;

"Buhari is not fit to fight Boko-Haram insurgency, because He is … a Muslim…therefore, Nigerians should vote for Jonathan" (The Guardian, Wednesday, February 11, 2015, p. 41).

In another advertisement, a Pro-APC Group called 'The Valour Group' titled their message as; "Who is allowing Islamization of Nigeria, Buhari or Jonathan"?

"Mohammadu Buhari will not have the power to Islamize Nigeria under a democratic regime. It is Jonathan's failure in governance that has led to the Islamization of some parts of northern Nigeria" (The Punch News, Sunday January 25, 2015, p. 49).

Theme 2: Propaganda of personal connexions

In some cases, politicians offered a positive outlook in their usage of religion. They voiced their good intentions even at religious functions. It is possible through politics to identify Christians attending Muslim functions and vice versa. This on the outside is good only if the sole intention of the politician is to build peaceful inter-religious coexistence. However, if such affiliations are intended to win the hearts of members of the other faith, then, it is a silent form of deception. People must vote on issues regarding their capacities to govern and not mere affiliations to any group like ethnicity, race, religious group or class. An extract from the APC Campaign Team highlighted Buhari, Osinbajo, and Amaechi attendance of thanksgiving service at the Redeemed Christians church of God, Lagos, Nigeria. It was there that General Muhammadu declared that;

"The job of the state is to provide security for all Nigerians, regardless of tribe or religion is our commitment on this day of thanksgiving…".- Buhari (Daily Independent, Monday, January 5, 2015, p. 11).

In a related development, another form of propaganda was made manifest by a member of the Goodluck Jonathan's cabinet, the then minister of Police Affairs, Alhaji Abduljelili Oyewole, making reference to the quote of Chief Obafemi Awololwoin. He stated that, "*one day an Ijaw man will become the President of this country".* It is on this premise, that the Minister made the following statement;

You are planted by God, and watered by God, Nobody can uproot you. He who fights you, fights God (The Nigerian Tribune, Tuesday 13th, January 2015, p.45).

Such statements by politicians define a sense of obligation to voters. This obligation is enforced by defining the role of a supernatural endorsement for candidates. As a form of propaganda, religious messages are used as a frame to appeal to voters of similar affiliation.

Theme 3: propaganda of inapt opponents' allegations

In a different Pro-PDP propaganda, the running mate of the All Progressive Congress [APC] was accused in a Pro PDP propaganda of making Professor Yemi Osibanjo swear to an oath to resign six months after the election, so that Asiwaju Tinubu, who was at the time the National chairman of the APC to take over the position of the Vice President;

"Osibanjo swore to resign after six months for Tinubu, alleges …PDP" (This day Newspaper, Saturday, February 28, 2015, p.20).

Similarly, an advertisement by the Directorate of Media and Publicity of the PDP Presidential Campaign Organization, stated that General Buhari's promised to turn Nigeria to a sharia nation in a speech he delivered at a seminar organized by the Supreme Council of Sharia in Nigeria, in August 2010; see also, Concerned (Nigerians on the Guardian, Friday, January 9, 2015, p.49);

"I will continue to show openly and inside me, the total commitment to the Sharia Movement that is sweeping all over Nigeria, God willing, we will not stop the agitation for the total implementation of the Sharia in the country…."- Muhammadu Buhari (as quoted by the PDP Presidential Organization in the Guardian, Tuesday, January 27, 2015, p.64).

Sequel to the above statement by General Buhari, which was also advertised in The Guardian, February 2, 2015,p. 72 and The Guardian, August 27,2001,p. 1. The Nigeria's Christian Network made another publication on (The Guardian, Thursday, February 12, 2015, p.57), making reference to an

advertisement by The Southern Nigeria Al-Hikmah Generation, (The Guardian, August 27,2001,p.1) in which they stated that they are endorsing Buhari as a result of his intention to Islamize Nigeria. This is in relation to his speech in the seminar organized by the Supreme Council of Sharia in Nigeria, in August 2010; they captioned it as "Why we endorse Buhari" in the following words;

"Dear People's General,

Assalaama 'Alaikun Wa Rahmatullahi Barakatuh. As you well know, millions of Muslims in Southern Nigeria have for long being denied the right to practice Islam in its truest form, in accordance with Shari'ah, especially regarding marital jurisprudence, economic laws, dietary laws, theological obligations, dress code(hijab) criminal jurisprudence (including Hudud, Tazir, Qisos, Diyya) and apostacy lirtidad). Only Governor Rauf Aresgbesola of Osun State has been fighting our cause, but other so called Muslim governors are looking for the way because of political correctness.

General Buhari, may the Almighty Allah (SWT) grant you success in the presidential election, and may He give you the courage to fulfil your promise of total implementation of Shari'ah in Nigeria.

Be assured we are praying for you…"

The advert of the Nigeria Christian Network ended by the mocking of Professor Yemi Osinbajo, the running mate of General Muhammadu Buhari of the All Progressive Congress with the words *"Pastor Osinbajo, show me your friend and I will….Ride on Prof and Pastor, You are in good company"* (The Guardian, Thursday, February 12, 2015, p.57).

Discussion

One big rhetoric question is, *'why do politicians resort to using religion as a tool for political propaganda?'* Nigeria is one of the most religious nations on earth; hence, politicians feel they need to use it to their advantage, since that is the wind that pushes everyone. The three dominant religions in Nigeria are Christianity, Islam, and African Traditional Religion (ATR). A politician therefore, tilts to the one that will serve him more, once it is time for election. In Nigeria, in times of election, people are usually divided between ethnic and religious lines. Taking the issue further, the problem is compounded by the fact that while the majority of Northerners are Muslims, a large number of the Southerners are Christians. This ensures that practically all conflicts between any of these groups of people could easily degenerate into religious or sectarian conflicts. This has led to several kinds of propaganda across the media; both written and electronic inclusive (Odiase-Alegimenlen, 2001).

Although, all political parties in Nigeria are secular, some of these major political parties have religious undertones which are not pronounced. From the newspapers and its advertisements, it could be deduced that religious propaganda is not healthy for any multi-religious state, as it could lead to pathological hatred and intolerance between people of different religious faiths. In addition, it could empower religious extremist or fundamentalist to begin to take such opportunities to unleash mayhem on ordinary citizens of other faith. Lessons from the Rwandan genocide of 1994, saw how the media served as a powerful tool of propaganda to create hatred between the Hutu's and the Tutsi's. Tension between the groups existed for several years, and even amidst the tension, they enjoyed some level of peace as they do inter-marry. But the tension grew and became inordinate hatred as a result of the activities of the media, which concentrated in broadcasting hate speeches (Lower, & Hauschildt, 2014).

In a similar perspective, other citizens of the state may feel that they are not getting what they deserve, because they do not belong to a particular religion. Such individuals may be forced to take up arms against the state, as a means of getting their own needs satisfied. An example is the case of the Lord Resistant Army in Uganda who went about carrying out all kinds of atrocities in the name of religion. It is undisputable that a religiously biased person will always see others from other religious affiliations as the enemy of his government. Automatically, this can lead to enormous conflicts in the society (Schomerus, 2007).

Limitation

The scope of this study is restricted to the use of religion, as a tool for political propaganda between the "People's Democratic Party" [PDP] and the "All Progressive Congress" [APC] political parties in the 2015 Presidential election of Nigeria. This therefore, limits the study to two presidential aspirants, Goodluck Ebele Jonathan / Namadi Sambo [PDP] and General

Muhammadu Buhari / Yemi Osibanjo [APC]. Although, many other political parties existed at about the time of the election, these two parties form the major political parties. Hence, justifying the basis for selecting them for this study.

Conclusion

Technological and industrial advancement as well as economic growth and sustainability which, Africa is currently in dire need of, are never dependent on religion; our politicians are yet to understand this fact. Hence the enormous religious conflicts ravaging nations and thereby threatening the collective existence of people. Politicians should know that religion should be used as a tool for peace building rather than setting people against themselves. Thus, creating room for pathological hatred and eventual religious crisis or even the birth of terrorist groups. The election of political leaders should be based on their tested and trusted ability to deliver good governance, maintain rule of law, develop structures to enhance development, and peace building. Consequently, religion should never be used by politicians as a tool for political propaganda. This disposition by political leaders pose great danger to the corporate existence of Nigeria as a nation.

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An Investigation into the Methods of Teaching Creative English Writing

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Abstract

The article is devoted to the actual problem of teaching creative writing at the English lessons. The value of writing in the process of teaching English language is revealed. The principles and peculiarities of evaluation of creative writing are analyzed. The strategy of choosing methods in teaching creative writing is identified. The benefits of creative writing for learner and teachers are considered.

Keywords: writing, english writing, english creative writing, approaches in teaching written language.

Introduction

Writing has always been one of the most powerful forms of communication. However, even expert writers will struggle with effectively expressing their ideas. Zimmerman and Reisemberg (1997) explain that many students struggle with the writing process as it is oftentimes difficult to correctly plan, compose, evaluate, and revise their compositions.

It is imperative for students to understand how to brainstorm and organize ideas in order to successfully create. In addition, they must be confident editors and revisers as they learn to become self-regulated writers. Many students who struggle with writing believe that good writing is related to form and mechanics only (Santangelo, 2008).

The role of a teacher is vital to successful methods of teaching creative writing. There is a need for teachers to be actively involved in the writing process. Regular conference times, reflection periods, etc. must be an integral part of the student's writing experience. One of the major keys to student success is for the teacher to provide clear expectations. Norman (2005) believes creative writing to be a formable art in which all students are capable of participating rather than a talent that only a select few possess. Consistent guidance and encouragement from the teacher will provide all students with the confidence they need to succeed.

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Writing process and skills

Writing is one of the significant skills in people expressing their views and their effective communication. Writing is an activity including cognitive, affective, social, and psychomotor processes. In the writing process, writer needs to realize various cognitive processes coordinately in order to express feelings and ideas effectively and to convey meaningful messages to the readers. Writing is getting more into interpersonal and professional intercultural communication, in the process of teaching foreign languages. This can also be explained by the increasing role of information and communication technologies in all spheres of human activity.

We can distinguish the key definitions of writing, which are similar to expression of thoughts with purpose of communicating information to other people in written form. According to Parrott (1993), the effective writing involves conveying a message in such a way as to affect the audience as the writer intends. However, Byrne (1988) claims that any piece of writing is an attempt to communicate something: that the writer has a goal or purpose in mind; that he has to establish and maintain contact with his reader; that he has to organise his material and that he does this through the use of certain logical and grammatical devices.

Significance of writing

Without doubt, there is a fact that writing is getting more significance. This can be seen in the role of writing communication these days. There is an increase in getting and transference of information, which comes out in acquiring skills of expressing one's own thoughts in written form. The main methodical object is elaboration of programs' contents, education guidance in the sphere of foreign written language with the aim of observance of didactic continuity of teaching between school and university, strengthening of communicative function of this kind of activity, reduction in compliance of the purposes of teaching foreign language in written form in modern international requirements.

There are at least two approaches in teaching written language:

1) Concentration on process of generation of the written text (writing-for-learning);

2) Concentration on result of written activity (writing-for-writing).

We always have to realize that we focus attention on: training in process of the writing or at writing product whether we want to teach students in various genres of written messages or to teach them creative writing. Anyway we have to build a writing habit.

When we concentrate attention on a product of writing, we are interested more in the purpose of writing and the end of the result, and it is connected with the choice of a genre of the written message. The second approach assumes emphasis at various stages of process of writing: pre-writing phases, editing, re-drafting, and producing a finished version. Such approach demands from students to consider writing as serious laborious work.

Activities for putting together a good piece of work in writing:

a) Check language use;

b) Check layout and punctuation;

c) Check spelling;

d) Check for unnecessary repetition;

e) Decide on the information for each paragraph;

f) Note down various ideas;

g) Select the best ideas for inclusion;

h) Write a clean copy of the corrected version.

Rationale and relevance of creative writing

In comparing writing and, for example, reading as two fundamental language abilities, it is necessary to notice that the comparison of writing and, for example, reading as two fundamental language abilities are quite difficult to reach. However, as approved by Kuzmina (1998), if we first of all expect pleasure from reading, then writing is rather accompanied by big diligence and efforts. To motivate students to make these efforts and to give them joy of creativity in the course of writing, it is possible to use the potential of creative writing.

Creative writing – a form of writing focused on students' self-expression; an artistic form which draws on the imagination to convey meaning through the use of imagery, narrative, and drama (Duke University, n.d.). While most educators would agree that reading and writing go hand-in-hand, it is clear that the art of writing often falls to the wayside as it pertains to writing instruction within the classroom. It has been suggested that, there are seven reasons why children should write:

1. To entertain;
2. To foster artistic expression;
3. To explore the functions and values of writing;
4. To stimulate imagination;
5. To clarify thinking;
6. To search for identity;
7. To learn to read and write.

These reasons clearly suggest the importance of incorporating creative writing into the regular classroom routine.

Schrecengost (2001) describes creative writing as a "craft" and encourages teachers to impart skills and techniques for students to learn and practice in order for them to become writing whizzes. Time is required. Consistent practice over long periods of time is absolutely necessary in order for students to develop as writers.

Limitations and challenges concerning the teaching of creative writing

Most teachers would agree that one of the greatest limitations pertaining to teach creative writing is that of time. It is often difficult for educators to keep up with their curriculum demands much less include any additional creative writing periods. However, teaching creative writing must not only be included in the day-to-day classroom routine, but ample time must be provided as students learn to reflect, edit, and review their publications.

Unfortunately, many teachers feel as if they do not have the time to include creative writing as they find their regular curriculum to be burdensome as it is. Manning (1995) encourages teachers to place writing at the top of their daily priority list. He promotes a regularly scheduled block of time for writing workshop [*interdisciplinary writing strategy which promotes student fluency in writing; includes continuous, repeated exposure to the writing process*] and discourages changes in such a schedule. Schrecengost (2001) would argue that teachers do not have time to teach writing and expresses the concern that in some classrooms, writing is treated as an "extra" – as something to fit in if time permits or as a 'fill-in' activity when there's time left over.

Dealing with creative writing issues from the teacher-student perspectives

It is imperative for teachers to understand that creative writing is not an extra subject to be tackled on at the end of the day. On the contrary, it is an art form that should be integrated across the curriculum. In addition, it is important to connect creative writing to all other disciplines (Marlow, 1995).

Students must be able to transfer learned information from one situation to another. Creative English writing is assigned to enable a student to learn three things:

- How to write creatively and effectively in a variety of contemporary literary modes;
- How to express themselves in accessible, meaningful ways;
- How to produce, write, polish and publish an interesting and well organized works.

In addition, expert writers must first become expert readers. Students must become aware of the basic techniques of literary expression, including narrative strategies, genres, and aesthetics. Creative writers must become self-aware, craft conscious, and self-critical. The students must learn to revise. As important as learning how to write is the ability to evaluate and rewrite. Students must recognize that creative writing is never simply descriptive or imaginative. Creative writing also involves ideas, themes, questions, and arguments.

The initial step is to spend a vast amount of time researching / gathering numerous creative writing strategies, methods, ideas. After doing so, you should spend several weeks attempting to incorporate the found methods in your own creative writing instruction. After some weeks, you will organize your successes into a creative writing lesson.

Walker (1996) provides carefully thought out guidelines for teachers who desire to present beneficial creative writing lesson that stay on course. There are as many ways to teach writing as there are writers, but if we are not careful, some practices may dissuade young writers and devalue writing classes. We must be ever mindful to present clear expectations for students as we guide them through their writing experiences. Without such guidance from the teacher, students will struggle with gaining confidence as a writer.

Teachers must consider the importance of establishing and maintaining consistent classroom management strategies in order for collaborative "writing workshops" (interdisciplinary writing strategy which promotes student fluency in writing; includes continuous, repeated exposure to the writing process) to truly be a success (Teachers First, 2008).

In Graham's (2001) article concerning teachers' theoretical orientations about writing, he explains that if teachers possess a passion for creative writing, the evidence will show forth in their practices as well as in student outcomes. This means that such a passion would prove beneficial within the writing classroom or if such passion is absent or lacking, the results would, in turn, be negative. Classroom environments that are supportive, pleasant, and non-threatening develop students' passion for writing and increase the likelihood that students will apply the strategies they have learned. This is particularly important for students who struggle with writing as many of them must overcome the lingering effects of previous experiences where they felt unsuccessful and frustrated throughout the writing process.

It must be understood that creativity is not dependent on personality types – even though certain personalities are more prone to use such methods with ease. If creativity can be studied and better understood, if its guiding principles can be identified, duplicated and then taught to others, then all teachers can be given an invaluable tool that will bring their classrooms to life. Simplicio (1999) encourages teachers to, first of all, exhibit willingness for change and then spend their time looking for and utilizing any and all sources that will assist them in imparting knowledge to their students. The sobering aspect of Graham's (2001) findings is that teachers' perceptions directly affect students' perceptions. Therefore, careful consideration must be given to this – as well as all – methods of teaching creative writing as the perspective of the child is, to a certain extent, "controlled" by the teacher.

Dealing with creative writing issues from the educational setting perspective

To sum up, it became increasingly clear that creativity does not lie solely on the teacher or on the students' perceptions, but on the interaction between the two. In the educational setting, Fleith (2000) observed an environment that fosters creativity to include the following components:

- allowing time for creative thinking;
- rewarding creative ideas and products;
- encouraging sensible risks;
- allowing mistakes;
- imagining other viewpoints;
- exploring the environment;
- thinking about the thinking process.

Fleith (2000) describes that, the common misconception concerning young children's inability to think productively has led to an overemphasis upon recall and reproduction to the neglect of creative thinking. Effective writing requires the activation of prior knowledge on writing and the preparation for the process of writing. Creative writing activities are also used to experience and effectively use the language, develop skills of organizing feelings and opinions in a text, explore information, expand imagination, gain a critical perspective, develop analysis and synthesis skills, and use basic grammar and punctuation rules.

Teaching creative writing is about teaching the writer methodologies and practices that enable them to criticize and edit themselves. Creative writing truly is an art form that teachers must whole-heartedly seek to impart to their students. It plays an important role in a child's development. The writing process includes basic steps that students are expected to carry out in order to have successful written work: plan, compose, evaluate and revise. In addition to a list of basic tasks, students must also learn the world of creativity in which they understand the art of elaborating through language / vocabulary, content, theme, imagery.

All human beings desire a sense of ownership when it comes to their creative work. Therefore, writing can be one of the most deeply satisfying acts as it gives the author the opportunity to exhibit such ownership. It also provides the author with an outlet for creativity and personal expression – a chance to learn about who he or she is as an individual (Urquhart, 2005). Writing can be described as an activity that is both exciting as well as enriching (Martin, 2001).

Writing teaches kids critical thinking and organizational skills that carry over to every other subject. Planning is a key component in the writing process. As the students learn to organize their thoughts carefully, and then elaborate creatively, they embark on an incredible adventure known as the writing process. Writing can also be described as a communicational vehicle, an assessment tool, and an intellectual exercise that benefits both the teacher and the student.

Teaching of creative writing is a way of development of communicative competence. It is a special type of the composition which assumes a non-standard of thinking of the author. Scientists consider that the most common forms of creative writing are autobiography, memoirs, essay, novel, drama compositions, poetic compositions, lyrics. Teaching of creative writing is carried out in three stages. At the initial stage, preparatory exercises where students learn to write small creative texts are used. At this stage the majority of exercises are used in the mode of oral speech.

For example, conduct survey and write the report on its results. At the stage of introducing the material, such tasks are used:

1. Pick up associations (Associative chain) with words.
2. Give versions of a solution. What can you personally make for its decision?
3. Construct a logical cause and effect chain and formulate consecutive judgments.

At the final stage, reproductive and productive exercises are used:

1. Listen to the text and write your own version of the ending of the text.
2. Read the text and write the second part of the story, imitating style of the author.

Productive exercises assume writing fairy tales, short stories, poems which basis is visual materials or problem situations.

1. Write the composition on behalf of a wedding bouquet.
2. Use a plot in the short story: “Your roommate did not pay for the Internet”.

When we teach creative English writing, the following most important stages are used:

i. To express the purpose of writing of the message;
ii. To consider the potential recipient of the message;
iii. To organize material;
iv. To transfer information;
v. To exchange ideas, thoughts;
vi. To inform the meaning for the reader;
vii. To observe sequence of a statement of thoughts;
viii. To use semantic chords;
ix. To use various grammar and lexical structures;
x. To avoid spelling and punctuation mistakes;
xi. To conform to the rules of etiquette of the written message in English-speaking culture.

As a general education classroom teacher, it can be difficult to manage students as they each tend to be at different levels in their writing development. It is helpful to understand what students mastered in the previous years as well as what they will be expected to do the following years. Closing the achievement gap in this area is difficult, but it can be done (Seban, 2008).

Relevance of creative writing

Creative writing can be used at any grade level. At first it is possible to offer students different types of support in the form of visual and acoustical presentation: objects, pictures, photos, audio texts, songs, tool pieces of music, movies, video, and also graphic presentation: instructions, poems, stories, ready models of written language. It is gradually possible to accustom them to write letters, stories on behalf of any hero or any subject about history of his life, written continuation of any interrupted history or the famous literary work, to write mini-compositions or essay according to the chosen quote or article.

Also for creative written works, business texts of information character are given for students, for example: What does this information mean to me? How does this situation differ from the situation in my country (family, school)? What would I do if I were him? Why?

Written creative tasks have the huge learning potential and can be used in each class in a foreign language. The teacher selects and applies them in educational process, proceeding from the purposes of teaching and level of the communicative abilities, which are trained. It is worth to remember three major conditions at introduction on lessons of creative writing: teaching purposes, principles, methods of teaching and also educational control that is assessment of level of proficiency in this speech ability.

Under the reaching proficiency level of foreign written language, L.G. Kuzmina implies its compliance not only to standard language and stylistic and speech arguments, but also the ethical, communicative and sociocultural requirements, necessary and sufficient for realization of effective communication on writing (Kuzmina, 1999).

Writing is a powerful tool for thinking and learning – so powerful that it should not be limited to the writing workshop. Students must have opportunities throughout the day to engage in writing. Improving writing is not the major purpose for incorporating writing in various curriculum areas. M. Manning believes that the major purpose is to help students clarify and extend their knowledge in specific content areas, and explains two general ways in which writing can be integrated into various content areas. She describes a "Content Journal" as an opportunity for students to review or interpret learned information. Questions such as, "What did you learn today?" or "What did we discuss in class today that you would like to understand better?" can be used to build upon content knowledge. She has also found that "Written Conversations" between / among students are beneficial in the sense that students are given the opportunity to answer each other's content questions in the form of written communication. It is as if a classroom discussion were taking place on paper. These types of activities take time, but time must be allotted if successful integration is to take place "across the curriculum". Being able to process information in print, reorganize information, and express understandings with clarity in one's own language is a necessary skill in all subject areas.

Many teachers feel that the evaluation of creative writing is subjective. However, it is possible to fairly judge students' progress based on practical criteria for assessment. Such criteria should be based on students' writing skills – focusing on organization, punctuation, etc. Tompkins (1982) includes the explanation that it can be tailored to specific student's strength and weakness, and should be modified for the individual child as their abilities develop.

Creative writing aids language development at all levels: grammar, vocabulary, phonology and discourse. It requires learners to manipulate the language in interesting and demanding ways in attempting to express uniquely personal meanings. In doing so, they necessarily engage with the language at a deeper level of processing than with most expository texts (Craik, & Lockhart, 1972). The gains in grammatical accuracy and range, in the appropriacy and originality of lexical choice, in sensitivity to rhyme, rhythm, stress and intonation, and in the way texts hang together are significant.

A key characteristic of creative writing is a willingness to play with the language. In recent years there has been a resurgence of interest in the role of play in language acquisition (Carter, 2004; Cook, 2000). In some ways, the Communicative Approach has done a disservice to language teaching by its insistence on the purely communicative functions of a language. Proponents of 'play' point out, rightly, that in L1 acquisition, much of the language encountered by and used by children is in the form of rhythmical chants and rhymes, word games, jokes and the like. Furthermore, such playfulness survives into adulthood, so that many social encounters are characterized by language play punning, spontaneous jokes, 'funny voices', metathesis, and a discourse which is shaped by quasi-poetic repetition (Tannen, 1989). These are precisely the kind of things L2 learners are encouraged to do in creative writing activities. This playful element encourages them to play creatively with the language and in so doing, to take the risks without which learning cannot take place in any profound sense.

Much of the teaching we do tends to focus on the left side of the brain, where our logical faculties are said to reside. Creative writing puts the emphasis on the right side of the brain, with a focus on feelings, physical sensations, intuition and musicality. This is a healthy restoration of the balance between logical and intuitive faculties. It also affords scope for learners whose hemisphere dominance or learning-style preferences may not be intellectual or left brain dominant, and who, in the normal process of teaching are therefore at a disadvantage.

Creative writing:

- creates a pleasant and supportive atmosphere;
- promotes the development of group cohesiveness;
- increases the students' expectation of success in particular tasks and in learning in general;
- makes learning more stimulating and enjoyable by breaking the monotony of classroom events;
- makes learning stimulating and enjoyable by increasing the attractiveness of tasks;
- makes learning stimulating and enjoyable for learners by enlisting them as active task participants;
- presents and administers tasks in a motivating way;
- provides students with regular experiences of success;
- builds learners' confidence by providing regular encouragement;
- increases student motivation by promoting cooperation among the learners;
- increases student motivation by actively promoting learner autonomy;
- increases learner satisfaction;
- offers rewards in a motivating manner.

All these conditions are met in a well-run creative writing class.

There is little point in exhorting learners to engage in creative writing unless we do so too. The power of the teacher as model, and as cowriter is inestimable.

Creative writing is one way of keeping teachers' English fresh and vibrant.

Creative writing seems to have an effect on the writer's level of energy in general. This tends to make teachers who use creative writing more interesting to be around, and this inevitably impacts on their relationships with students. Teachers of creative writing also tend to be better teachers of writing in general.

Conclusion

Love of writing and writing habits develop at earlier ages of childhood. For that reason, teachers need to use creative writing activities as of the start of teaching education. Resources that teachers can use in teaching writing should be created. Creative writing activities should be emphasized in the writing skills area of course books.

The teachers think that the creative writing method would be more effective with practices such as changing the prejudices of students against writing, making them like writing, improving writing skills and preparing materials interesting to them. In addition, the teachers pointed out that there should be an in-service training and a course at undergraduate level regarding the creative writing method. Creative writing activities have positive impacts on the students writing skills at all grade levels.

Creative writing does not develop only the skills connected with the language and understanding of the literary text, but it should be considered also as a very effective method of working on the students' abilities to express their thoughts and ideas. Various methods and techniques should be employed to make the students develop positive attitudes towards writing. Such methods and techniques are student-centered, creative and enjoying.

To sum up with, mastering methods of teaching creative writing increases the level of speech consciousness and culture of students, their motivations and positively influences process of teaching of a foreign language.

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Innovative Forms of Educational Activities and Contemporary Teacher Training in Ukraine and Germany: Comparative Analysis

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Abstract

The essential characteristics of innovative forms of educational activities in general and their importance in training future teachers are revealed in the article. The authors say; in order for Ukraine to confidently enter the European educational space, it is necessary to take into account the world experience and the tasks of integration of science and technology achievements in education of leading European countries and conduct a comparative analysis of the educational process between Ukraine and the EU countries. So, the comparative characteristics of the usage of innovative forms of the educational activity in the preparation of future teachers in higher educational establishments of Ukraine and Germany, which, according to the authors, is very important for the formation of the modern pedagogical science, are presented in the article.

Keywords: future teacher, training, innovation, educational activity, Germany, Ukraine.

Introduction

The entry of Ukraine into European and world educational space is an important social problem that requires a serious and multi-faceted theoretical and practical work, a comparative study of models of higher education in foreign countries. The conformity with the intellectual and technological resource of Ukraine to the requirements of economic reforms and tasks of European integration, the development trends in the XXI century and the humanistic perspectives of a teacher personality can be ensured only by taking into account international experience and tasks of integrating achievements of science and technology in education (Ashley, 2005).

In today's rapidly changing requirements to the quality of a future specialist training, the level of education and its influence on personal and professional development of a student largely depends on the effectiveness of implementing innovative forms that shall be justified as appropriate and effective (Sarfo, & Adusei, 2015). The selection of a certain set of learning activities should be based on the standards of the updated educational paradigm in the context of the

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implementation of competence-based and other methodological approaches to integration basis, as well as with a focus on delivering results, the level of functionality which can be measured as the level of the development of professionally significant competences and related competences (Ashley, 2005; Sarfo, & Adusei, 2015).

All these stimulate teachers to search new forms of educational activity and to improve the existing ones that would provide the improvement of the quality of education and guarantee professional growth and constant self-improvement of future teachers.

Innovative forms of educational activities

Innovative forms of studying are non-traditional organization of educational process in class that is characterized by purposeful, systematic and consistent implementation in practice of the original innovative ways, methods, pedagogical techniques and means. The analysis of scientific literature gives reasons to claim that new approaches in pedagogy is not only ideas, approaches, methods, technologies, in which such combinations have not been nominated or have not been used yet, but the set of elements or individual elements of the pedagogical process that have a progressive beginning that can effectively solve the tasks of upbringing and education. Innovative educational technologies which are based on activation and intensification of educational activities. The selection of innovative forms of educational activity is based on the thesis of updated educational paradigm in the context of competence approach (Dychkivska, 2004; Khutorskoy, 2002; Pometun, 2005; Raven, 2002; Rubin, 2005; Shishov, 1999).

Thus, Khutorskoy (2002) identifies competence as a combination of appropriate knowledge and abilities that allow a reasonable examination of this sphere and effectively act on it. It is the result of the acquisition of competencies, including a readiness of a person to mobilize knowledge, skills and external resources for the effective action in a particular situation. Shishov (1999) understands competence as the ability to act on the basis of acquired knowledge. F. Sharipov understands competence as a set of traits (characteristics) of the personality that allow him to fulfill a certain activity directed on the decision of problems (tasks) in any sphere efficiently. According to his point of view, this is what a particular specialist has gained, which characterizes a measure of the development of a competence and is determined by the opportunity to solve problems that were set (Sharipov, 2010).

Rubin (2005) by this term covers a set of competencies. According to Raven (2002), to be competent means to have a set of specific competences of different levels, and the ability and willingness to apply obtained knowledge and skills in solving professional problems become more similar to the meaning of the concept "competence". Concerning educational activity, it is a specific form of transferring and assimilation of social and historical experiences that were acquired over the centuries, a form of human activity (Arydin, & Atanov, 2000). Malafiik (2006) scrutinize the educational process as the close correlation of teaching and learning that is aimed at developing a harmonious personality, with a student and his active educational-cognitive activity in its centre. It can occur provided its organization has well-defined forms.

We believe that according to the form of its proceeding training is a process that occurs as an interaction of "teacher-student", i.e. as a subject-subject interaction. Its peculiarity is that it occurs in the space of the didactic system. According to Malafiik (2006), organizational forms of learning is one of the five elements of this system. The training is aimed at the achievement of certain results, the obtaining of which requires students' active thinking, the demonstration of some efforts and overcoming certain difficulties. At the same time mental activity, independence, persistence, organization and discipline are developed. So training as management of the process of students' learning of social values that were generated by previous generations, have to proceed from a proper understanding of the process of assimilation, which have to include the perception, understanding, memorizing and application.

At the core of the educational process is students' active educational activity, that is, an active and consciously regulated process of human interaction with the world around them. Students' educational activity is closely linked to the teacher's activity and cannot be considered separately from it. In this article, the problem of use of innovative forms of educational activity of students is examined in the correlation of teaching and learning. In our opinion, it is appropriate to concurrently use the concept of "educational activity" with another concept called "educational cognitive activity" since education is a specific learning process. In every lesson, a teacher organizes

students' educational activity according to their degree of involvement in the communication both with a teacher and with each other. External display of such communication and cooperation of subjects of educational process are the forms of students' learning activities: pair work; team work; collective work in the lessons (lectures, seminars, practical work); individual work (individual consultations); self-work that combines individual and collective activities that are carried out both in the lessons and extracurricular.

Based on interpretations of the terms "form", "educational activities" and "organization", for the sort of external expression of the orderly process of transmission of social and historical experience from a teacher to students, we consider that it is reasonable to use in the paper the concept "educational activities", provided that the emphasis will be shifted from the algorithmized use of traditional forms and methods to an elaborate teacher's improvisation – "innovative forms of educational activity". In present conditions of modernization of educational process and updated requirements, the learning outcomes will be revealed through the prism of contiguous concepts: "innovative forms of learning" and "forms of lessons".

Unfortunately, there is not a single and clear interpretation of the definition of the term "innovative forms of educational activities" as a didactic category in modern didactics. It is clear that they are means of implementing of active and conscious interaction of students and teachers, within the framework of which the content and methods of educational process are implemented. The forms of educational activities define how the educational interaction taking into account who, where, when and for what purpose its training should be organized.

The analysis of existing classifications of all "forms" can help to understand the issue of the content of the essence of innovative forms of educational activities in detail. According to one of the most common classifications by Trebyk (2013), the following forms of students' educational activities can be singled out:

1. Individual lessons (tutoring, mentoring, governess, family education, self-education);
2. Collective-group (lessons, lectures, seminars, conferences, competitions, business games, excursions);
3. Individually-collective (immersion, creative weeks, science weeks, projects).

These forms of organization of educational activity, in our view, most accurately determine how the organization of educational activity of future teachers in the class is carried out.

Innovative Forms of Educational Activities in Teachers' Training in Ukraine

The basic innovative forms of educational activities and the forms of their realization in the classrooms in Higher Educational Establishments of Ukraine are discussed below. It is well known that one of the most common forms of educational activities used in Higher Educational Establishments when training future teachers is a game. In the psychological dictionary, game is a form of activity in conventional situations, aimed at restoration and the assimilation of social experience. In the educational process of pedagogical Higher Educational Establishments, the game implements several functions:

- Educational (the development of skills activity);
- Communicative (mastering of communicative skills and culture of communication);
- Psychological (training of physiological and emotional states for more effective activity);
- Developmental (activation of reserve possibilities of harmonious personality development);
- Upbringing (psycho-training and psycho-correction in game models of real-life situations);
- Relaxation (eliminating of emotional stress);
- Entertainment (creation of a positive atmosphere in the classroom).

There are several types of games: active, role-playing, business, computer, didactic. The game, as innovative form of educational activity or as a method of work in class, is especially valuable in the conditions of pedagogical higher educational establishments where future teachers study. This kind of work can help them to adapt more quickly to training and to make the educational process interesting and exciting. A variety of topics can be submitted in the form of a game.

The most popular games that are used in Kharkiv Humanitarian Pedagogical Academy in the process of future teachers training are role-playing games. The mentioned games involve the distribution of roles, processing of information and preparation of material according to the

proposed scenario. It becomes more popular because it produces skills of interpersonal communication (Osova, 2009). Role playing allows participants to understand better the motives of the person whose role is performed, helps to see common mistakes and to choose the right model of behavior in the proposed situation. Role-play intensifies mental work, promotes quick and deep absorption of educational material. The intelligence of the student is revealed, the psychological barrier of communication is overcome in the process of this game. The business (simulation) game that is a simulation of professional practice is rarely used. It serves as a form and method of studying, in which the subject and social content of professional activities are modelled. According to a psychological entity and organization, a business game should be double-natured because it motivates the desire of participants to achieve two types of goals – playing and pedagogical but education role is the leading one. Training is especially popular today in the practice of higher educational establishments in Kharkiv, Kyiv and Poltava. This is a form of active learning, aimed at the assimilation of theoretical knowledge and practical skills, development of necessary skills, identification and proposing ways to overcome typical difficulties through the analysis of particular examples and carrying out group discussion. The term "training" in the English language means studying, upbringing, training, drilling.

Yu. Emelyanov calls it a complex of skills development methods to learning and mastering any kind of activity. S. Makshanov defines training as a multi-purpose method of the persons' psychological phenomena changes for the purpose of harmonization of professional and personal level of a person (Izotova, 2001). The training as a form of active learning is a collective work on a particular subject. It is led, as a rule, by one or two coaches that perform a modulating function in a group process. As practice shows, the issues of personal and professional development are solved more effectively and professional skills are successfully formed in the course of the training. The training allows participants to review previously existing stereotypes consciously and to solve problems successfully.

As a rule, the majority of participants reconsiders or changes their internal settings. They complement their psychological knowledge; they get certain experience of positive attitudes towards themselves, the immediate environment and the world in general. The object of trainings is not physical properties of the person. The aim of trainings is to create new mental structures, motivation and capacity for social interactions that are distinct from the established traditional for the individual. The purpose of training is to solve real problems. It is also directly associated with situations of their future use (mastering, comprehension, analysis, evaluation, comparison with own experience). Training also provides mastering of a new formation or improvement of competence as a means of solving educational tasks, thereby making possible personal and professional creative development of a student.

The discussion of problems and exchange of experiences are implemented in Higher Educational Establishments of Ukraine by holding a "round-table discussions", as a form of public debate or coverage of any questions, when the participants speak in a certain order. In the course of such work, the previously gained knowledge is consolidated, new information is acquired, the skills of solving problems are developed, and a participant acquires skills of culture of leading discussion. Along with this, the professional skills of giving, arguing and defending their beliefs are developed. Review lessons are held, as evidenced by the research, in the form of debates, quizzes, courts, tournaments, conferences, press conferences, auctions, reports, interviews, competitions, presentations, trips etc.

The project that stands both the form and method at the same time takes a special place in the organization of innovative educational activity of students of Higher Educational Establishments of Ukraine (Kharkiv National Pedagogical University named after G. S. Skovoroda, Kharkiv Humanitarian-Pedagogical Academy). It is a set of specific actions, aimed at the creation of the real object, informational product and so on. This is a unique activity that has a beginning and ending and aimed at the creation of a particular special product or service having certain limitations in time and resources, and also taking into account the quality requirements and risk tolerance. A teacher must determine the purpose of the project and to show its relevance. A common task for all participants in the project activity is to prepare a general algorithm of actions, the formulation of conclusions, a description of benchmarks and the determination of the final results. In this case, students collect information, carry out analysis and synthesis, nominate hypotheses, draw conclusions and present them in the public. The projects can be creative, playing,

informational, research. The latter give the opportunity to obtain knowledge, critically evaluate information, to hypothesize, to prove its correctness (Osova, 2012; Zhernovnykova, 2012).

Creative discussion and solution of a particular problem can be embodied in the form of conferences that require the presence of students in the same classroom that are united by a common goal to solve specific theoretical or practical problems. A characteristic feature of a conference is a discussion, and its result is the understanding of the problem. The students' conference aims to develop the knowledge, skills and competences their reinforcement and improvement, deepening and systematization. This is a complex form of generalization of the results of independent educational-cognitive activity of students under the guidance of a teacher. The main objective of educational conferences that are held in Higher Educational Establishments of Ukraine is to cultivate in students the interest to work with additional literature and to develop the ability to work independently with additional sources (articles from newspapers, popular science magazines, books, pamphlets, Internet resources).

The innovative trend of teachers' activity that includes the creation, development and use of pedagogical innovations, is one of the main areas of modern educational policy of Ukraine. It should be mentioned that the strengthening of humanization of educational content, continuous changes in the volume, composition, and introduction of new academic disciplines require the renewal of forms of educational activity. Today, innovation becomes research.

Innovative Forms of Educational Activities in Teachers' Training in Germany

In the context of our study, it was found that, according to German scientists the training of future teachers should be focused on building competence (Germ. kompetenzorientierter Unterricht), namely the activity-based competence (Germ. Handlungskompetenz). Modern scholars of Germany single out the following structural components of the activity-based competence of a future teacher: professional competence, methodological competence, social competence, intercultural competence, media competence and personal competence (Mohsen, 2002).

The use of individual teaching methods is typical for each of the mentioned above structural components. Thus, the methodological competence is developed while using the project method, the method of managing text, presentations, interviews; social competence – group and partner work, during the role-playing or business games, doing self-work; media competence – by means of the use of modern technical means (computer, Internet technologies, hypermedia systems); intercultural competence – verbal, visual, practical methods, using audio-visual means of education and the aforementioned modern technical means. The moments of happiness and joyful experiences, as well as approval and praise promote the development of personal competence. The following teaching methods: a frontal lesson, a partner work, a group work, a role-playing/business game, discussion, student's report, teacher's report are identified. The most effective teaching methods, from the point of view of development of the structural components of activity-based competence, are group work and a role-playing or business game. It should be noted that active learning methods are often used in the preparation of future teachers in Germany. The method of the business game performs the extremely important role in the development of active-based competence of future teachers in the educational process. As Ulrich Blötz notes "the didactic advantage of this method is that the players become part of the educational process, having proper motivation support and showing interest in the game" (Blotz, 2001, p.13).

The use of Internet technologies promotes the development of media competence during the business game. Business games are used as an additional form of traditional educational methods (lecture, seminar), in the context of experimental research methods (the study of the participants' behavior in certain circumstances, analysis of the impact of made decisions on all participants in the game), as well as a planning method in the future teachers training. Other innovative methods of organization of learning activities, oriented towards the development of activity-based competence include: role-playing game, brainstorming, group work, moderation, method of managing text, experiment, project and training.

From the point of view of the Federal Institute for Vocational Education staff, the principle of absolute action is realized while using the method of managing text. It consists of the following six steps:

1. Information – processing of test questions;

2. Planning – development of written work plans;
3. Making a decision – the discussion of the working plan with a teacher and answer the main questions;
4. Execution – implementation of practical tasks;
5. Control – self-control, outside control with the help of checklists;
6. Summing up – discussion of the results and opportunities to avoid mistakes in the future (Koch, & Selka, 1991, p. 43).

While using this method, the teacher's role focuses on activity that stimulates students, namely on test questions and discussion of intermediate results, as well as support throughout the whole educational process. For the purpose of enhancing students' learning and cognitive activity in class, teachers of Higher Educational Establishments in Germany use the method of "moderation". It can be used when solving problems in the group. Each group member can contribute to problem solving, expressing ideas and demonstrating knowledge. Thus, students develop competence in solving problems and at the same time learn to take responsibility for the results.

You need to have a pin board, markers, cards, magnetic buttons or ribbon for carrying out the method. Colours and shapes of cards reflect structural elements: stripes are always used for headings and key questions/tasks, cards in the shape of clouds are used for spontaneous ideas or provocative assertions, the oval cards are used for subheadings. The results of the solution of a problem/task are attached to a separate pin board, which remains in the class up to the end of the lesson, and which can be accessed every time. While using this method, the teacher performs the role of an advisor, who does not comment on the students' responses but interferes in the work of the team in case of any obstacles during the exercise. The educational process can be easily traced thanks to visualization of all results. Thus, this method is interactive and process-oriented due to:

- Visualization / recording of results on a pinboard;
- Separate boards for each topic/task;
- Flexibility because of the ability to change the location of the cards/inputs.

The method of moderation is usually used when presenting a new topic and the results of a team work. Also, this method can be a part of the preparation of written presentations because it helps to find the structure, arguments "for" and "against", makes vocabulary technical terms and idioms available for each participant, and encourages students to participate in discussions.

The experience of Higher Educational Establishments of Germany shows that the advantages of this method are the following:

- Students who are shy participate in class, having the time to record their opinions on the card, thus making a contribution to the educational process;
- The attention focuses on students and their educational process.

One of the interesting innovative methods used by teachers in Germany is a "mind map". It is a so-called chart which is used to represent words, ideas, tasks that are interconnected and arranged radially around a key word or idea. It is used both to generate, visualize, structure, classify ideas and as an aid in studying and organizing material, while solving problems, making decisions. The chart represents semantic or other connections between portions of information. The chart elements are arranged intuitively according to the importance of the concept and organized in groups, divisions and zones.

The teachers use this method to explain concepts in innovative way. Students also use this method frequently to record lectures. Mind maps are made quickly and are easy to remember because of their visual quality.

Conclusion

Based on the comparative analysis of the experience of implementing innovative forms of educational activity in the preparation of future teachers in Ukraine and Germany, the following conclusions can be drawn:

A variety of innovative educational activities in both countries in all its manifestations is multiplied and grows. However, it should be noted that the role of educational cooperation, which is based on such forms of work as brainstorming, role play and so forth grows.

Scientists of Ukraine and Germany agree that the selection of innovative forms of educational activity in the preparation of future teachers is based on competence approach, but the German teachers single out professional competence, methodical competence, social competence, intercultural competence, media competence and personal competence.

After analyzing innovative forms of learning that are used in the preparation of future teachers in both countries, we can note that they have a positive impact on the ability of future teachers to generate, structure and classify ideas, to collect and analyze information, prepare alternative solutions, to communicate effectively with partners to solve problems. That is, it can be concluded that the presented methods of learning are the reasons of the development of professional competence of future teachers.

In our opinion, the research of German teachers' experiences of use of innovative forms of learning with the aim of developing activity-based competence of future teachers is very useful and can be applied in the preparation of native specialists.

There is a focus on subject learning, personal and practice-oriented approaches to the organization of professional training of teachers in the system of professional training of future teachers in Germany. These approaches provide an opportunity to create the most favourable conditions for the development and disclosure of student's abilities, taking into account his psychophysiological peculiarities. Active, creative teaching methods, research, problem and project methods, discussions, business games, providing free, independent educational-research work of students have the particular importance from the point of view of the personal and practice-oriented approaches.

In this context, the experience of German colleagues in the organization of educational-cognitive activity of students, the main priorities which are based on the principles of personal and practice-oriented approaches is of a great interest to the Ukrainian system of future teachers' training, where a student often stands as a passive product of the pedagogical influences, and traditional methods of organization of educational process are dominated.

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RESEARCH ARTICLE

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Theoretical Modelling of Intercultural Communication Process

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Abstract

The definition of the concepts of "communication", "intercultural communication", "model of communication" are analyzed in the article. The basic components of the communication process are singled out. The model of intercultural communication is developed. Communicative, behavioral and complex skills for optimal organization of intercultural communication, establishment of productive contact with a foreign partner to achieve mutual understanding, searching for acceptable ways of organizing interaction and cooperation for both communicants are highlighted in the article. It is noted that intercultural communication through interaction between people affects the development of different cultures' aspects.

Keywords: communication, communicator, culture, intercultural communication, model of communication, model of intercultural communication.

Introduction

The integration tendencies caused by the effect of modern society globalization process cover all aspects of human society activities and cardinally transform stated ideals, perceptions and views into realities of coexistence. The fundamental research issues related to intercultural interaction are becoming more urgent global development priority; thus, there is a necessity of training a multicultural personality ready for intercultural cooperation and intercultural communication. Therefore, the productive intercultural dialogue is fundamentally defined as a new education system task, also mentioned in UNESCO strategy (2014-2021). It is noted that convergence has never been so relevant as today. It is becoming increasingly necessary for social integration, mutual understanding and lasting peace.

Now, the problem of intercultural communication is represented by many Ukrainian researchers (Batsevych, 2007; Batsevych, 2004), as well as foreign scientists (Sadokhin, 2014). The results of modern scientific researches aimed at resolving main issues of intercultural communication indicated that the concept of "intercultural communication" is quite difficult, comprehensive and complicated. It was also found out that, the concept of "intercultural communication" was directly connected to the description of its basic concepts: thus culture and

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communication. Furthermore, the scientists point out the lack of general methodological fundamental principle of analysis and common conceptual approaches concerning its interpretation.

Thus, there is a need to create a model of intercultural communication for (1) highlighting main components of intercultural communication and presenting their interconnection; (2) identifying the nature of intercultural interaction, necessary communicative and behavioral skills/competencies toward effective/productive intercultural communication. Therefore, it should be underlined that, the above-mentioned components of the intercultural communication model can be exploited for understanding substantive and procedural characterization of the whole intercultural communication process. Thus, the purpose of the article is to develop a model of intercultural communication.

First of all, it is necessary to examine the concept of "communication" in general and find out its most characteristic features as the term "communication" is directly connected with the process of intercultural communication. This concept is used by many sciences such as philosophy, psychology, sociology, political science, computer science, linguistics and others.

The analysis of scientists' views concerning the interpretation of the concept "communication" helps to explain that, in spite of the multiple approaches of its definitions, most of them are relied on the definition of "communication" as a process of exchange/transfer information (facts, ideas, views, emotions, images, attitudes) from one person to another; therefore, it can be highlighted that, communication is a process of exchange/transfer information with the help of various kinds of verbal or non-verbal signs.

Communication Process through Basic Communication Models

Only the analysis of the concept of "communication", in our view, is not enough for understanding the essence of this process, consequently, the process of intercultural communication. Thus, it is important to study models of communication, as modeling of the communication process is a basic form of its cognition from inner side.

The model of communication is a diagram for understanding this process (Kunitsyna, 2001, p. 8). Batsevych (2007) notes that, a model of communication contains *"the representation of generalized process of communication"* (p. 115). According to Yashenkova (2010), communication model reproduces *"the main elements and functional characteristics of the communicative processes"* (p. 40). Semeniuk (2010) describe the model of communication as *"generalized theoretical concepts for presenting the structure and functions of the object"* (p. 32). It is necessary to summarize that, the model of communication is used for a substantial studying of the process of communication as it provides the reflection of simplified structure, properties and connections between elements of the communication process.

It is important to underline that the questions of communication are discussed in many sciences such as biology, psychology, sociology, philosophy, cultural studies, linguistics, technical and many others. Moreover, each of the sciences develops its model of communication (in some cases more than one) taking as a basis the most relevant particular features and mechanisms of this process. Even more, specific characteristics of each particular model are dependent on belonging of its author to a particular scientific school, his/her attitudes and interests. Therefore, speaking about the communicative model, we propose to take into account a multidisciplinary approach. It is known that the process of communication can obtain a variety of forms depending on the number of participants, objectives, channels, means and strategies of communicants.

There are a lot of communication models through the complexity of this concept in scientific literature. The most known and fundamental of them are the model of Aristotle [about 355 BC] (Jakobson, 1960; Lasswell, 1948; Shannon, & Weaver, 1980). It is important to identify the main components of above-mentioned communication models for developing our own model of intercultural communication.

So, it is a fact that the first of known models was the model proposed by Aristotle. The ancient Greek philosopher in his scientific research "Rhetoric" noted that, speech consists of three things: the speaker, the subject that is treated in the speech, and the listener to whom the speech is addressed (Aristotle, 2000, p. 14). Aristotle identified three basic elements of communication: speaker-talk-listener. These elements are reproduced in the subsequent models of communication. We can confirm that this model is universal, as it reflects the act of

communication both in oral and in written forms. The essential contribution was made by Harold Dwight Lasswell (an American Psychologist and a Political Scientist), who developed simple model of communication in his research "The Structure and Function of Communication in society. The Communication of Ideas" was also developed in 1948 (Lasswell, 1948, p. 37). The scientist noticed that, five questions must be answered in order to understand the process of communication: *"Who says what to whom in which channel with what effect?"* Thus, the answers to these five questions give an opportunity to describe the process of any communication. Moreover, each elements of the model represents an independent field of analysis of communicative interaction.

It should be noted that the model of Lasswell (1948) was improved in the work of R. Braddock. The scientist added to H. D. Lasswell's model two other components: conditions of communication and goal of communicator (Braddock, 1958). The more advanced model of communication was Shannon-Weaver model, which moved from mathematics and cybernetics to communication, proposed by the American mathematician Warren Weaver and improved by American researcher of communication Claude E. Shannon. Shannon-Weaver model consists of five elements: information source, transmitter, channel, information receiver and ultimate goal (Shannon, & Weaver, 1980).

Jakobson's (1960) communication model is an important model for the theoretical understanding of the communication process developed by an American linguist, literary critic. The scientist in the study of "Linguistics and poetics" presented a model of communication which consisted of six elements: recipient, sender, message, code, context and contact. Given above-mentioned models of communication, we can conclude that the main elements of the communication process are the participants of interaction – communicators (sender and receiver), who create and interpret messages, which consists of various kinds of codes/signs (verbal and nonverbal) which are encoded or decoded by communicators.

O. Semeniuk notes that *"a verbal code is a set of language means, which is used by communicators for creation and exchange of messages during verbal interaction (communication)"*, whereas *"a non-verbal code is a set of extralinguistic means (gestures, movements, vocal effects), which is used to create messages and exchange them"* (Semeniuk, 2010, p. 226, 230). We should emphasize that the process of encoding messages is *"the process of transformation of information into a message using words, intonation, voice, images, gestures, facial expressions"*, whereas the decoding process comprises *"passing the received message to a form that is understandable to the holder"* (Avramenko, 2015, p. 155, 156).

The Theoretical Model of Intercultural Communication Process

For creating our own model of intercultural communication, we examine the main interpretation of the concept of "intercultural communication" (Batsevych, 2007; Sadokhin, 2007). Generalizing interpretations, we came to the conclusion that intercultural communication should be seen as a combination of diverse forms of relationship, interaction and communication between individuals and groups belonging to different cultures. Thus, taking into account modern scientific researches, we conclude that a model of intercultural communication (Figure 1) should include such fundamental components as: the subjects of intercultural communication – communicators; interacting cultures; the processes of encoding and decoding information; the nature of the interaction between people (3); key skills (1) communicative and behavioral abilities (2) of communicants for interaction with other cultures' representatives.

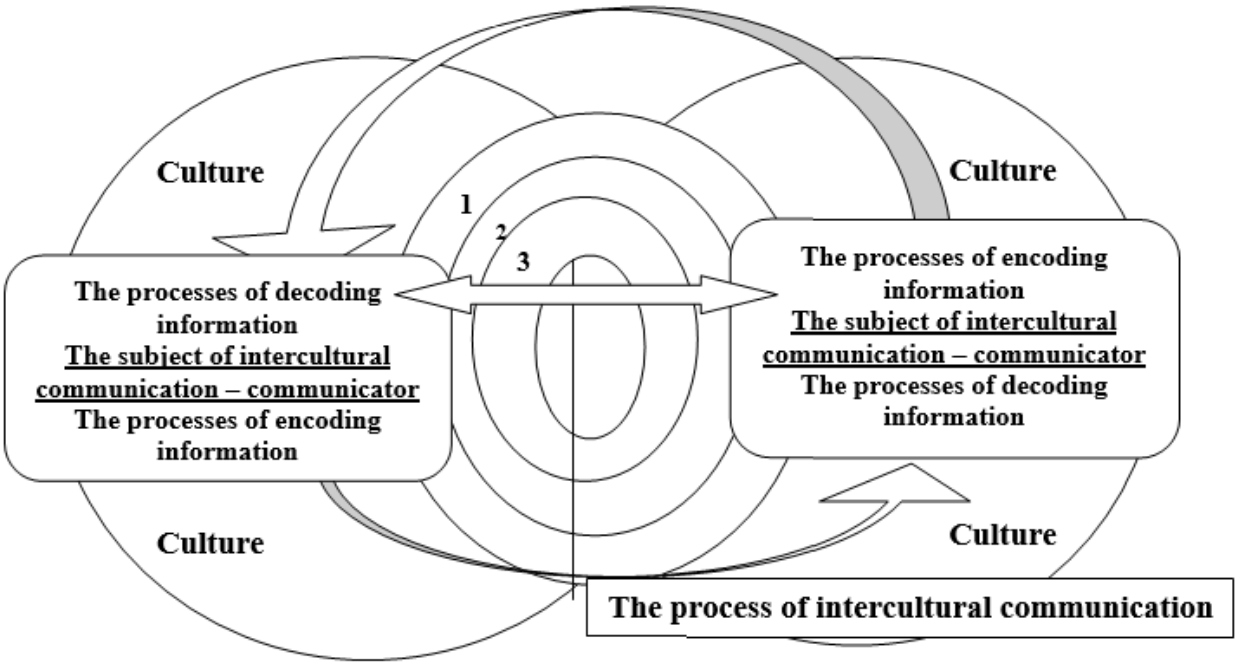

Figure 1. The model of intercultural communication

The first component of the model of intercultural communication is the subjects of intercultural communication – communicators. We should consider the concept of "communicator" in a general sense. Communicators are *"persons who are involved in the process of communication"* (Semeniuk, 2010, p. 228). According to F. Batsevych, there are such communicators as addresser [speaker, author] and addressee [listener, someone who takes the message] in the process of communication (Batsevych, 2007, p. 81). A. Sadokhin emphasizes that communicator in the process of intercultural communication is the language personality, who is regarded as a specific type of communicator possessing cultural identity, adhering to the linguistic, behavioral and communicative norms of his/her cultureand capable of effective intercultural interaction (Sadokhin, 2014, p. 104).

Therefore, in the model of intercultural communication, we use the name of "communicator – the subject of intercultural communication" as a participant of intercultural communication, who has a certain skill, communicative and behavioral abilities for interaction with the partner from other culture. Based on the fact of belonging communicators entering into intercultural communication to different cultures, we should try to find out the essence of the concept "culture", which is defined in a broad sense as *"the totality of material and spiritual values created by human community, which characterizes a certain level of society development"*, in narrow – *"the spiritual level of people's life"* (Batsevych, 2007, p. 92).

Following A. Sadokhin, we understand the concept of "culture" as the world of material and spiritual products of human activity (artifacts), a set of norms, values, beliefs shared by members of cultural groups and communities' interaction (Sadokhin, 2014, p. 22, 23). Thus, culture includes everything that is created by people and describes their daily life considering certain historical conditions.

The Above-mentioned understanding of the concept of "culture" allows us to fully comprehend the process of intercultural communication because it covers not only the external (objective), but also internal (subjective) side of each individual culture, determined by values, value orientations, specific ways of perception and thinking, norms of behavior and morality. It also gives us the right to say that, the process of intercultural communication takes place not only with the interaction of people, but also with cultures. We consider that the main communicative and behavioral abilities for effective intercultural communication include: tolerance, empathy, mobility of behavior, stability of personality, reflection, intercultural activity and responsibility. We propose to review in detail each selected communicative and behavioral abilities.

Thus, the interpretation of the concept of "tolerance" is associated with tolerant, intelligent attitude towards anyone or anything (Lehin, & Petrova, 1949, p. 645). P. Valitova argues that, tolerance involves the interest in others, the desire to feel his/her own feeling (Valitova, 1996, p. 34). O. Heffe notes that, the notion "tolerance" is connected with providing mutual respect for different cultures and traditions (Heffe, 1991, p. 17). According to F. Batsevych, intercultural tolerance is a *"tolerance, respect, understanding of differences in the communicative behavior of intercultural communication participants"* (Batsevych, 2007, p. 147). Therefore, we regard that, tolerance is a mutual respect. Thus, the ability to tolerate perception of other way of thinking, lifestyle, customs, traditions, beliefs, opinions, ideas, positions. Such communicative and behavioral ability is an integral part, a major one in the process of intercultural communication.

The next ability represented in our model of intercultural communication is empathy which involves understanding the emotional state of other person, the ability to understand other people's psychological state (Gurevich, 2007). A. Sadokhin underlines that empathy is the ability to understand and share the feelings of other people (Sadokhin, 2014, p. 249). The communicative empathy is characterized as *"a complex concept which has provided the ability to understand other peoples' feelings, emotions, used for getting effective/productive communication and the formation of a favorable atmosphere of communication"* (Batsevych, 2007, p. 324).

Sharing the views of scientists, we understand that empathy is an ability to feel the partner of communication, to empathize in the process of communicative interaction. In our view, that is an integral component of communication, including intercultural communication. The next highlighted communicative and behavioral ability is mobility of behavior. So, according to the new dictionary of Ukrainian language "mobile" means *"capable of rapid movement, changeable"* (Yaremenko, 2001, p. 209). R. Nemov mentions that, the concept of "mobility" includes such characteristics as the ability to rapid reaction and rapid change (Nemov, 2007). Thus, we understand "the mobility of behavior" as such ability, which comprises the lack of tension and anxiety in behavior, sociability, the ability to quickly find a way out of a difficult situation, the ability to easily overcome the conflicts, barriers and the ability to come to a common consensus.

The stability of personality is the next ability in our model of intercultural communication. Emotional stability is manifested in the fact that a person normally responds to emotional situation, controls his/her emotional state and reactions (Nemov, 2007, p. 450). Thus, the stability of personality can be viewed as a complex quality of personality, a synthesis of qualities and abilities providing self-development, formation of his/her own personality, which also includes tact, patience and emotional stability.

We want to underline that, the concept of "reflection" has several meanings. The first one is connected with the orientation of human consciousness to the knowledge of him/herself. The second one which is also used as a synonym for introspection involves the analysis of his/her own life experiences, feelings and actions (Lehin, & Petrova, 1949). In the aspect of intercultural communication, a person's ability to realize his/herself in different positions is very important.

We also highlight such an ability as an intercultural activity and liability, which is recognized by researchers as *"an activity, vigor"* (Lehin, & Petrova, 1949, p. 31), and responsibility as *"person's ability and willingness to take responsibility for his/her own life, actions"* (Nemov, 2007, p. 262). Hence, the ability of intercultural activity and responsibility can be considered as the ability that promotes the initiative in communication with foreign partners and gives possibility to adapt quickly to the new conditions of communication interaction.

According to the analysis of Ukrainian and foreign scientists' researches (Avramenko, 2015; Batsevych, 2007; Sadokhin, 2014; Semeniuk, 2010), we can single out such key skills for effective intercultural communication as: cognitive skills (the ability to use intercultural knowledge to different situations); practical skills (the ability to carry out the basic functions of speech; the ability to successfully engage in dialogue with other cultures; ability to translate from one language to another; ability to be a mediator of cultures); orientation-evaluative skills (ability to explain behaviors in other cultures; finding the causes of intercultural misunderstandings; ability to make a contact with a foreign partner); prognostic-regulatory skills (ability to analyze cultural differences; ability to be tolerant with other person). Therefore, an important component of effective intercultural communication is the nature of the interaction between the communicators. We can underline that, the interaction between the communicators in the process of intercultural

communication must be based on cooperation, subject-to-subject interaction between participants of intercultural communication and keeping the principle of dialogue between them.

Conclusion

The above-mentioned communicative and behavioral abilities, complex of skills, which are presented in the model of intercultural communication, in our opinion should help to organize the process of intercultural communication, to establish productive contact with a foreign partner, to achieve mutual understanding, to find acceptable ways of organizing interaction and cooperation.

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RESEARCH ARTICLE

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Implementing Hebert's Multimodal Approach to Improve Hand Hygiene Quality: A Position Statement

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Abstract

The health care field is ever growing and changing at rapid speeds. One consistent and important issue in the field circles around infection prevention and control. The paper seeks to highlight issues and trends pertaining to hand hygiene quality improvement. Hand hygiene is key in ensuring the safety and health of both personnel and clients. In addition, it is a key in health promotion and cost saving. The paper advocates for Hebert's Multimodal Approach to improve hand hygiene. This approach will promote good patient care outcomes and quality of work life of health care personnel.

Keywords: hand hygiene, Hebert's multimodal approach, quality improvement, infection prevention, health care.

Introduction

Health care workers know and understand the high relevance of maintaining and promoting hand hygiene as the leading measure to prevent the spread of antimicrobial resistance and prevent the spread of health care-associated infections (Allegranzi, & Pittet, 2009). Lack of hand hygiene creates a dilemma in the health care field in that, an estimated 1.7 million hospital-acquired infections (HAIs) occur annually in the United States, leading to about 99,000 deaths and a financial cost of $28.4 to $33.8 billion in direct medical cost to American hospitals (Scott II, 2009). Within this analysis is an examination of the problem posed by lack of proper hand hygiene and implications that failure to complete can have on patients, an assessment of pertinent data and contributions to the noncompliance of hand hygiene, a plan with various interventions for process improvement, and finally, evaluations for measurable outcomes.

Although health care workers help patients heal through caring hands, it is often these same hands have become the major source for transmitting health care-associated pathogens. Researchers estimate that if all clinicians routinely washed their hands, a million patient deaths in a year could be prevented (Allegranzi, & Pittet, 2009). Appropriate hand washing with soap and water could also reduce diarrheal disease-associated deaths, such as clostridium difficile, by up to

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fifty percent, and can also reduce the risk of respiratory infections by sixteen percent (Allegranzi, & Pittet, 2009). Alongside health care statistics, the use of an alcohol gel hand sanitizer in the classroom provided an overall reduction in student absenteeism due to infection by 19.8% among 16 elementary schools and 6,000 students (Scott II, 2009).

The relevance of this problem lies in that; pathogens on a patient's skin are shed onto surfaces in their surrounding environment. The consequence is that in turn, health care workers then contaminate their hands by touching the environment or patient's skin during routine care, despite glove use. These organisms are able to remain on the health care workers hands for at least several minutes following contamination (Allegranzi, & Pittet, 2009). The problem with lack of suboptimal hand hygiene practices in turn, leads to microbial colonization, thus contributing to unnecessary health care acquired infections. Challenges also remain with hand hygiene compliance, implementation, and adoption of this practice as a standard of care.

Hand hygiene practices and transmission of pathogens

Hand hygiene practices are considered to be the cornerstone of preventing health care associated infections. The importance of these hygiene practices can be found in current health care acquired infections. These potentially life threatening infections include central line associated bloodstream infections (CLABSI), catheter associated urinary tract infections (CAUTI), surgical site infections (SSI), and ventilator-associated pneumonia (VAP). Proper hand hygiene is considered a key element in the recent prevention 'bundle' approaches for these types of infections. There is a relationship between hand hygiene and transmission of these pathogens leading to the infection of the patient. The process of transmission of pathogens from health care workers to patients occurs in five stages as described by the World Health Organization on Hand Hygiene in health care (World Health Organization [WHO], 2009).

The first stage includes the presence of organisms on the patient's skin and surrounding environment. For example, a patient can be colonized with gram–positive cocci in the nasal, perineal and inguinal areas. "Some of the environmental surfaces close to the patient are contaminated with the gram-positive cocci, which have most likely been shed by the patient." The second stage details that organisms must be transferred to the hands of health care workers. Contact between the health care worker and the patient then results in a cross-contamination of the microorganism. For example, the gram-positive cocci from the patient's own flora are transferred to the health care workers hands. The third stage entails that these transmitted organisms are then capable of surviving for at least several minutes on health care workers' hands. The microorganisms then continue to grow due to optimal growing conditions such as temperature, humidity, absence of hand hygiene, or lack of proper friction. The fourth stage states that, incorrect or lack of hand washing results in the continuation of contamination. This leads to the fifth stage, which includes cross-contamination. For example, a doctor has prolonged contact with the patient colonized with gram-positive cocci and has now contaminated his hands. The same doctor now moves on to see the next patient without proper hand hygiene, thus resulting in a cross-contamination and new case of health care acquired infection (WHO, 2009).

One may argue that intervention costs precede the costs of acquired infections, however, it is assumed that intervention costs will actually reduce the magnitude of the direct medical cost savings and must be considered in any cost-effective, cost-benefit analysis of infection control (WHO, 2009). One can see the implications regarding health-acquired infections in terms of cost relevance and importance. One may also question as to why hand hygiene practices are such a widely dominant topic in health care and why health care workers do not adhere to proper infection prevention practices. One thought process lies in that various health care systems lack the appropriate infrastructure and equipment needed to enable hand hygiene performance. Other influencing factors include cultural backgrounds and religious beliefs, as well as personal attitudes relating to hand hygiene. Other common factors influencing hand hygiene compliance include belonging to a particular professional category such as doctor, nursing assistant or technician, working in specific care areas, understaffing and overcrowding, and finally, wearing gowns and gloves.

Hebert's Multimodal Approach and Process Improvement Planning

Creating change in relation to process improvement can present new challenges and adversities in the health care system. Prevention of health care acquired infections begins from the

very moment the patient steps foot into a health care setting. Each care area can affect the patient in either a positive or negative way. Improvement planning revolves around proper hand hygiene technique and the overall compliance by workers. If everyone is complying in these areas, the health care system can be affected for the positive.

Primarily this includes better patient outcomes, and in turn, hospitals can begin to see cost savings. One improvement framework for cultivating hand hygiene compliance and thus, decreasing health care acquired infections includes a multimodal approach. A study was conducted through the Chesapeake Regional Medical Center alongside the Virginia Department of Health in order to improve hygiene compliance rates. Various audits were conducted in the study concluded that, offering a multimodal approach to hand hygiene creates higher levels of employee compliance. The study also demonstrated that one single approach such as offering a team huddle was not successful (Hebert, 2015).

Utilization of Hebert's (2015) Multimodal Approach includes theoretical framework, and interventions such as: education, visual cues, campaign slogan usage and direct observation. A total of twenty seconds will be needed in order to complete effective hand hygiene, thus allowing the health care provider, time to focus him or herself to be genuinely present when caring for the patient. Practitioners can employ various educational teachings to staff regarding proper hand hygiene performance, proven study outcomes, and statistical facts for patient safety implications.

Visual cues for compliance can be provided. A video instructing health care workers how to perform hand hygiene properly for ultimate effectiveness can be used. Once the clinician has viewed the video demonstration, they will be required to read and electronically sign an agreement. This is an indication that, they will participate in shared governance and comply with quality and safety measures relating to hand hygiene.

These may include, for example, posters reminding employees to perform hand hygiene upon entry and exit from patient care areas. Campaign slogan usage can be utilized within the health care setting. These slogans will serve as reminders to everyone in the hospital to wash their hands when entering and exiting the patient room. Visual posters can also be utilized for the implementation of hand hygiene practices. Within each unit of the hospital, posters demonstrating proper hand hygiene as well as various reminders can be placed outside of each patient care area (hospital room).

A quality campaign can be implemented by the team of health care workers as a reminder to comply with hand hygiene performance. In addition, the charge nurse should provide quality and safety reminders for staff including briefings on proper hand hygiene and reminders to be sure that staff are practicing this when caring for patients. Various individuals including hospital volunteer service members, unit managers, and infection prevention team members should be involved when conducting these audits.

Finally, direct observation, through the nursing manager direct observation of employees' in-patient care areas and their adherence to perform hand hygiene can be implemented. Each patient can receive a guidebook upon admission that provides information on holding staff accountable. These efforts will allow patients and their families, the right to play an important role in their health care by enabling others to be mindful. Any non-compliant employee should be held accountable.

Steps for implementation of process improvement can include the use of a hand hygiene monitoring system called Biovigil. Biovigil boasts in the fact that, the system yields results greater than 95% (Biovigil, 2015). Employees will have an opportunity to demonstrate hand hygiene compliance through the use of an accountability system that involves four simple steps; reminding, recording, reassuring, and reporting.

Hospital team members will wear a badge that will provide visual and audible alerts to wash hands when entering and exiting a patient room. Hospitals would no longer need to provide designated individuals to conduct direct observation audits, thus providing a significant cost savings.

Conclusion

When a patient comes into a health care setting, the expectation is to receive help and treatment for the better. Through the implementation and overall compliance of Hebert's (2015)

Multimodal Approach to hand hygiene, a million patient deaths per year could be prevented. Better patient outcomes leads to an average hospital cost savings of $35 billion. It is important to recognize what this kind of cost saving could do for the health care field as a whole (WHO, 2009).

Changes should be made to hand hygiene process improvement throughout hospitals across the world. These changes and modifications should focus more on employee audits, visual cue suggestions, shift huddle message reminders, active patient participation, and electronic learnings through employee engagement sites such as health stream. Each of these entities will allow for the continuation of process improvement and compliance.

One final important implementation for hospital compliance with hand hygiene includes the use of Biovigil. Accountability takes place through the non-invasive method of badge wearing by employees. Patients will be able to see their health care worker comply with hand hygiene and can be confident, that the provider is providing the safest care possible. Although health care is moving and changing at rapid speeds, some of these changes may take time to be seen statistically.

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RESEARCH ARTICLE

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Health Locus of Control and Health Seeking Behaviour. The Ghanaian Experience

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Abstract

This study sought to examine the relationship between health locus of control orientation and health seeking behaviour, using the Ghanaian experience as a case in point. The study used the general population in the new Juaben Municipality as respondents based on their multiethnic backgrounds. Findings revealed that health locus of control did not mediate significantly between their illnesses and respective health seeking behaviour. There were various sociocultural factors like the collectivist cultural system that made a categorization of locus of control of any individual quite difficult. It was concluded that the cultural practices of respondents were the major determinant of individual's behavior. In addition, the health system as practiced over a long period of time did not allow enough room for patients to make choices in terms of illness behaviour, a situation that affected their health locus of control behaviour.

Keywords: locus of control, beliefs, utilisation, self-efficacy, culture, health system, Ghana.

Introduction

Health Locus of Control (HLC) is defined as one's belief that the state of one's health is determined by internal or external factors, as well as, the level of perceived control over desired outcomes (Bane, Hughes, & McElnay, 2006; Takaki & Yano, 2006; McDonald-Miszczak, Maki, & Gould, 2000; Howat, Veitch, & Cairns, 2006; Sarkar, Fisher & Schillinger, 2006). HLC theory consists of three dimensions: 1) Internal HLC, 2) Powerful Others HLC, and 3) Chance HLC (Wallston, Wallston, & DeVellis, 1978). Internal versus external locus of control is the generalized orientation that has received the most attention.

Historically, health researchers and health care providers, have long recognized that individual beliefs and values about maintaining or regaining health as evidenced by one's behavior falls under the theoretical domain of locus of control (LOC) as defined by J.B. Rotter's social learning theory (Rotter, 1954). After decades and many empirical studies, this psychological construct was generally accepted as having a three-dimensional structure: Internal LOC, Powerful

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Others LOC, and Chance LOC (Wallston et al., 1978). Studies have shown positive correlations between internal locus of control and health information seeking behavior (Wallston, Maides, & Wallston, 1976) as well as compliance behavior with recommended medical regimens such as encountered in hypertension (Norman, Bennett, Smith, Murphy, 2008) and weight reduction (Colditz, Willett, Stampfer, Manson, Hennekens, Arky, & Speizer, 1990) programmes.

However, other studies have shown positive correlations between internal locus of control and smoking (Schnoll, Rothman, Newman, Lerman, Miller, & Movsas, 2004), an association that is inconsistent with other health and risk behavioural theories (Hashimoto, & Fukuhara 2004). The results and conclusions of this study were however limited to the utilization of the classification approach. The analysis calls for identifying individuals as oriented toward internal, powerful others, or chance as the agent of control, either with high or low health values, and as belonging to different levels of experience groups.

In a study to establish the Locus of control and health behaviour Steptoe and Wardle (2001) concluded that high chance locus scores were associated with more than 20% reductions in the likelihood of healthy options for six behaviours, while powerful others scores showed more variable associations with healthy actions. Inclusion of health value within the analyses did not change the nature of the relationships observed between variables. People with external locus of control were less likely to engage in healthy behaviours and this was no different from those that were in the powerful others category. Most of the original research using HLC and MHLC tended to ignore situational factors and showed that internals were more proactive and thus, more likely to take charge of their health and change undesirable situations.

Bairan (1985) found that people who valued health highly exhibited more health seeking behaviours and tended to take matters in their own hands concerning their medication regimen. Bairan (1985) also found that internals were more noncompliant compared to other groups. These studies were all done among people with western and individualistic orientation whose culture is very different from the collectivist cultures like that of Africa and Asia and may not necessarily be applicable. Furthermore, the role played by significant others in the health seeking behaviour in Africa, and for that matter Ghana, is very prominent and this cannot be easily discounted. This was not touched on by the researchers.

Molassiotis' (2002) findings showed that HLC was a factor associated with compliance to medication regimens. People with internal locus of control were more compliant and responded to treatment better than those with external locus of control. Those with chance locus of control were more unresponsive to treatment. They believed that getting treatment is a matter of luck but not by taking responsibility of one's health related issues. Takaki and Yano (2006) found that individuals with higher self-efficacy scored highest on attributing their health outcomes to their personal control and reported more health seeking behaviours. However, Snyder (2006) and Banes et al. (2006) found that individuals who attributed their health status to internal factors were more noncompliant in medication taking.

Howat et al. (2006) found that people who scored highly on Powerful Others generally believed that health professionals could control one's health outcomes. Therefore those with high Powerful Others HLC scores were more compliant with medication instructions (Howat et al., 2006). O'Hea (2005) also found that individuals who believe their health control lies with their physicians will be more likely to follow their physicians' instructions and turn decisions over to those they think control their health. Much as various behaviours of locus of control have been documented, the extent to which chance LOC and powerful others' LOC have received very little attention, especially in Africa and particularly in Ghana, where religiosity plays a major role in people's lives. Furthermore, very little research has been undertaken in chance locus of control as compared to internal and external locus of control.

Murphy (2006) undertook a study which measured health locus of control, health value and a number of health behaviours as part of the Health in Wales Survey. Measures of smoking, alcohol consumption, exercise and diet were combined to form a health behaviour index, representing key 'lifestyle' indicators. In line with predictions, scores on this measure were positively associated with internal health locus of control scores, and negatively associated with scores on the chance and powerful others dimensions. Classifying respondents according to Wallston and Wallston's (1981) by health locus of control typology revealed that 'pure internals' performed the most health behaviours. Much as some evidence was found to suggest that health value moderates the

relationship between health locus of control and health behaviour, although overall the health locus of control construct was found to be a weak predictor of health behaviour.

Steptoe and Wardle (2001) found an inconsistent and small association between health locus of control and health behaviour compared to what was found in previous studies and concluded that this may be due to the use of small samples, and an overreliance on correlations as measures of association. The study was strictly quantitative, which was able to identify significance levels of analyses but failed to provide answers to the why, how and to what extent of the behaviours of participants, which could better be dealt with when qualitative methods are rather employed.

Norman et al. (2008) hypothesized that those who perceive the cause and course of their illness to lie beyond their personal influence may adhere poorly to treatment, and the theory was tested cross-culturally in the areas of hypertension and diabetes with inconclusive results (Wallace, Rogers, Roskos, Holiday & Weiss, 2006). This notion of 'locus of control' has been applied in clinical anthropology and in cross-cultural research on both diabetes and hypertension (Sturmer, Hasselbach, & Amelang, 2006). A group in Yugoslavia, for example, worked to strengthen the sense of social support for elderly people with hypertension. They identified culturally relevant institutions upon which to style their efforts, and the resulting self-help groups met with some success and were not necessarily based on locus of control (Graham, 2006).

A study of Hindus in 1997, who regularly prayed, showed 70% of immunity to coronary heart disease (Cohen, 2007). Webb and Sheeran (2006) stated in their research on locus of control and spiritual healing that having faith benefits physical and mental health related to thoughts of hope, optimism, and positive expectation; and when persons who are prayed for by prayer groups are compared with persons not prayed for, there is indication of a positive relationship in health improvement due to perceived divine intervention. This is more applicable to those with external locus of control. For this reason, none of the respondents had ready medicine in their homes although taking medicines is not prohibited by the church. The researcher failed to extend to how such belief systems could impact on the lives of the respondents. The questions is, is the sole reliance on faith enough to solve all their health problems. What about when surgery is involved? These questions went unanswered.

Examining the relationship between health locus of control and helpfulness of prayer, Saudia, Kinney, Brown and Young-Ward (2001) issued out the Multidimensional Health Locus of Control Scales and the investigator-developed Helpfulness of Prayer Scale to 100 subjects, a day before their cardiac surgeries. Ninety-six subjects indicated that prayer was used as a coping mechanism in dealing with the stress of cardiac surgery, and 70 of these subjects gave it the highest possible rating on the Helpfulness of Prayer Scale. No relationship was found between health locus of control and helpfulness of prayer. Individuals of each locus orientation perceived prayer to be helpful.

Findings suggest that prayer is perceived as a helpful, direct-action coping mechanism and warrants support by health personnel. It is recommended that further research explore the effect of prayer on patients' ability to cope with stressful situations. Burish (2004) investigated the relationship between locus of control and health seeking behaviour and suggested a positive relationship between health locus of control and participation in health related behaviour. He asserted that engaging in positive health behaviours will likely result in positive health benefits for individuals. The study however, failed to indicate how the various loci of control orientations influence health seeking behaviour. Furthermore, it could not determine the extent to which locus of control affect behaviour. The study concluded that empirically evaluating the relationship between spirituality, health locus of control and participation in health/wellness behaviours is currently limited.

Gary (2000) examined health locus of control and helpfulness of prayer in preoperative cardiac surgery patients and found that gaining knowledge about the individual's use of prayer as a coping mechanism in dealing with stressful situations can facilitate incorporating support of this mechanism into a plan of care for the patient. He found that those who scored high on powerful other LOC and chance LOC were more reliant on prayer for successful surgery as compared to those who scored high on internal LOC. Findings suggested that while prayer is perceived as a helpful direct action coping mechanism and warrants support by health personnel, others also believed that it is their will power that sustains them. The study was however silent on the effect of the various orientations on the overall health of respondents. That is while some overly rely on external forces, others rely on their own strength, both of which could have negative repercussions on them.

Methods

Study Design

This study employed a cross-sectional descriptive design for data collection and analysis. Data was mainly collected using questionnaires.

Setting

This study was conducted in the New Juaben Municipality of Ghana. The Municipality has 52 communities. The municipality has a fine combination of people with diverse cultural and ethnic backgrounds that provides a multiplicity of beliefs among those participants in relation to health locus of control. These include Akans, Guans, Ewes, Ga-Adangbes, Gruma, Mole-Dagbani and Grusi.

Participants

Participants for the study involved a sample selected from a cross section of the population in the New Juaben Municipality, Eastern Region-Ghana. The Municipality has a population of 147, 528 residents who qualified for this purpose. The Epi Info version 3.5.1 StatCalc was used for the computation. The Estimated Representative Sample was 550 participants. Based on this calculation, six hundred [600] copies of questionnaires were given out to respondents in order to cater for attrition. Five hundred and eighty [580] questionnaires, representing approximately 97% were finally retrieved. Of the 580 questionnaires retrieved, 560 [96.55%] were used for the final analysis after data cleaning.

Respondents for the study had diverse demographic backgrounds. Female participants were dominant in the sample, 296 (53%) compared to their males 264 (47%). The population composition consisted of 35% of people aged below 15 years, 60% for those between 15-64 years, and 5% above 65 years.

Measures

The Multidimensional Health Locus of Control Form C (MHLC – C) is an 18 item scale developed by Wallston, Stein and Smith (1994). It measures five main domains; Internal Health Locus of Control, Powerful Others Health Locus of Control, and Chance Health Locus of Control, Other People Health Locus of Control, Doctor's Health Locus of Control. Other tools assessed development of illnesses and health seeking behaviour.

Results

The study explored the health locus of control will have a mediating effect on the relationship between the development of illnesses and health seeking behaviour. To test if health locus of control orientation will have a mediating effect on relationship between illness development and health seeking behaviour, the study used three regression equations to examine the statistical significance of the mediator effect in line with the method specified by Baron and Kenny (1986) of health locus of control orientation. The categorical multiple regression analysis (optimal scaling method) was conducted. In the first set of regression equations, the mediator – health locus of control orientations – was regressed on the independent variable which is illness development. The results are shown in Table 1.

Table 1. Categorical Multiple Regression of Health Locus of Control Orientations on Ill-health Condition

	Ill-health Condition z-scores			
Mediating Categorical Variables	**R-square**	**Standardised Beta (β)**	**$F_{(1,554)}$**	***ρ***
Internal Health locus of control orientation	.004	-.060 ^{ns}	1.975	.160
Chance Health locus of control orientation	.005	-.072 ^{ns}	2.924	.088
Powerful others Health locus of control orientation	.001	.028 ^{ns}	.428	.153

Notes: ns = not significant

From Table 2, the development of illness was not a significant predictor of Internal Health locus of control orientation [β = -.060, ρ = .160], Chance Health locus of control orientation [β = -.072, ρ =.088] and Powerful others Health locus of control orientation [β = .028, ρ =.153]; that is, there is no significant relationship between illness and any of the health locus of control orientations.

Health seeking behaviour – the study's dependent variable – was regressed on ill-health condition in the second regression equation. This was followed by a third regression equation where health seeking behaviour was regressed on both illness and health locus of control orientation simultaneously [see Table 2].

Table 2. Categorical Multiple Regression of Health Seeking Behaviour on Health Seeking and Health Locus of Control Orientations

Variables	**R-square**	**Changed R-square**	***β***	***F***
Independent Variables	.282**	.282**		216.58**
All Variables	.284**	.003^{ns}		54.53**
Internal Health locus of control orientation			-.051^{ns}	
Chance Health locus of control orientation			-.014^{ns}	
Powerful others Health locus of control orientation			.001^{ns}	

**p<.01; ns=not significant

When Health Seeking Behaviour was regressed on health seeking, a significant model emerged [$F_{(1,553)}$= 216.583, ρ<.01] where R^2 is .282, that is, Health seeking behaviour accounted for 28.2% variance in health seeking behaviour. Health seeking and Health Locus of Control Orientations were simultaneously introduced into the model with a significant model emerging [$F_{(4,549)}$ = 54.530, ρ<.01]. The R^2 was .284 indicating that the model as a whole explained 28.4% of the variance in Health Seeking Behaviour, however the Health Locus of Control Orientations just explained additional 0.3% [Changed R^2 = .003] of the variance in Health Seeking Behaviour. The contribution of the Health Locus of Control Orientations [Changed R^2 = .003] was statistically insignificant, [Changed $F_{(3,549)}$ = .650, ρ=.589].

In line with two conditions proposed by Baron and Kenny (1986) that must be met for a mediator effect to be present: (a) the mediator is a significant predictor of the outcome variable and (b) the direct relationship of the independent variable to the outcome variable is less significant than it was in the second equation, the present study's analysis showed that Internal Health locus of control orientation [β = -.051, ρ=ns], Chance Health locus of control orientation [β = -.014, ρ=ns] and Powerful others Health locus of control orientation [β = .001, ρ=ns] did not have significant mediating effects on relationship between health locus of control and health seeking behaviour. Thus Health locus of control orientation will have a mediating effect on relationship between the development of illnesses and health seeking behaviour was not supported by the results.

Discussion

Although there were no significant results showing whether participants' health seeking behaviours were influenced by their LC, qualitative analysis revealed that people social network did influence them. Focus group discussions and interviews showed that among participants of the study, illness and consequent treatment is not always an individual or familial affair. At times the whole village or the community may be perceived as affected by such diseases and healing must be done at community level. In this case various suggestions are put up by family and community members as to when to start treatment outside the usual home remedies, where to get the best form of treatment and how to go about the treatment regime.

The study showed that it is the cultural values that dictate how a patient's ailment must be treated (Saudia et al., 2001). This involvement of family and the community is likened to powerful others

orientation but has more to do with ingrained cultural orientation and belief systems that influence the health seeking behaviours of respondents. In this case the power of the sick person is devolved to other people, which make them dependent on others for health enhancing behaviours.This finding suggests that in order to increase risk awareness and proper education among individuals who are generally influenced by cultural practices there is the need to explore interventions that involve the family and other community members (Helman, 1990; Nagda, 2004).

A major reason why the health locus of control did not significantly influence health seeking behaviour for could be due to the reciprocal attitudes of health professionals toward their patients and the perception of patients of health professionals. This study found that, there is a subculture in the health system in Ghana, whether orthodox or traditional, where healthcare professionals have generally built a kind of "informational flow wall" and a "barrier of disclosure" between themselves and patients and their caregivers and that makes it difficult for patients and clients to ask questions about their own state of health, despite their awareness of the patient charter that requires that a patient has the right to know their true state of health.

These health professionals, as found in this study have over the years tried to keep the true state of health conditions of their patients as professional secrets and diagnoses of patients as sacred which must be concealed from everybody, including the patients and their caregivers. For instance, some health professionals in the study maintain that it is in the best interest of a patient not to know what they suffer from. They further maintain that even if patients are aware of their diagnoses, they would not understand, and for that reason there is no need to tell them anything. This attitude of healthcare givers have gradually turned patients into passive receivers of healthcare who may be erroneously construed as having powerful others locus of control but are rather constrained by societal, cultural and systemic barriers which prevent them from acting out their true behaviours (AbuSabha, & Achterberg, 2007; Graham, 2006).

Another reason why the health locus of control did not significantly influence health seeking behaviour could further be due to perceptual differences between healthcare givers on one hand and patients on the other hand (Howat et al., 2006). This study found that, there is a subculture in the Ghanaian health system, whether orthodox or traditional, where healthcare professionals have generally built a kind of "informational flow wall" and a "barrier of disclosure" between themselves and patients and their caregivers and that makes it difficult for patients and clients to ask questions about their own state of health, despite their awareness of the patient charter that requires that a patient has the right to know their true state of health. Health professionals, as found in this study have over the years kept diagnoses and the true state of health conditions of their patients as professional secrets.

This attitude of healthcare givers have gradually turned patients into passive receivers of healthcare who may be erroneously construed as having powerful others locus of control but are rather constrained by societal, cultural and systemic barriers which prevent them from being their true selves. Patients, on the other hand have regarded health professionals as people to be feared and therefore found it difficult to ask questions even if they did not understand instructions given to them. This could explain why patients who insist on their rights in order to get a better understanding of their state of health at the health facilities are regarded as rebellious and are therefore treated with contempt and in some situations not given the necessary care they deserve. In this instance, even those who hold internal orientation could not have exhibited these characteristics for fear of being verbally abused or neglected by health professionals.

These attitudes of health professionals found in this study may have turned patients who would otherwise have fit into any of the locus of control orientations, into docile receivers of healthcare. This reception by healthcare providers towards people for being assertive could be a direct result of sociocultural practices where assertiveness is frowned upon as a sign of arrogance. Some researchers have reported that there are inconsistencies in the impact of health locus of control and its ability to distinguish participation in health behaviors due to the factors explained above (AbuSabha, & Achterberg, 2007; Cappucio et al., 2004; Wurtele, Britcher, & Saslawsky, 2007).

Limitations

Though this study sought to fill some research gaps, especially with the Ghanaian experience, there were a few limitations worthy of mentioning. First, the study was undertaken in an

environment where the collectivist family system is strong with very little independence for an individual to operate on his or her own. This study site is in contrast to the urban environment where formal education has led to people being more independent-minded and could therefore take independent decisions.

Further, though the scale for the measurement of health locus of control was adapted, it has not been standardized, using Ghanaian norms, and could therefore not necessarily be completely applicable to the Ghanaian situation.

Notwithstanding these limitations, findings of this study may serve as a good basis for future studies in relation to health locus of control.

Conclusion

The Ghanaian cultural situation provides a unique case where locus of control orientations have not been able to fit well in terms of health seeking behaviours. This is evident in terms of situations where an individual finds himself or herself in an extended family setting where cultural practices defines a person's actions in terms of illness. This makes the role of the person very insignificant, and therefore cannot be categorically referred to as having an external locus of control. The health system also plays a paternalistic role, where patients who attend hospitals to not appear to have any significant role to play in their own healthcare but rather become passive recipients of healthcare. This is as a result of long standing practices in the Ghanaian health system where healthcare givers appear to have an absolute control over the sick person. Due to such factors, categorizing someone as having a particular health locus on control orientation becomes quite problematic.

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Body Type, Self-Esteem and Assertiveness among High School Students in Ghana

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Abstract

The aim of this study was to examine the relationship between body type, self-esteem and assertiveness among adolescents of ages between 13 and 19 years. To achieve this aim, the study sampled 56 male and 94 female adolescents of the Senior High School in Accra, Ghana. Results showed that, higher self-esteem leads to assertiveness. Results also showed that body type perception affects self-esteem. It is, therefore, recommended that Guidance and Counselling officers in our schools should educate adolescent students on the three body types and the advantages associated with being one of these body types. This may help prevent developing body dysmorphic disorder, low self-esteem and non-assertiveness among students with negative perceptions of their body types and the possible effects on their personal relationships with peers, general academic performance and in- school and out-of- school life.

Keywords: body type, self-esteem, assertiveness, high school students, Ghana.

Introduction

Almost every day, we describe and assess the personality of people around us. Personality is a subject of universal interest clouded with mystery and misunderstanding. For many people, this term refers to a person's social values; hence we can deduce that one has a "personality" if he or she is bold, outspoken, punctual, and extraverted or smiles often. This popular view of personality seems to imply that not everyone has a personality. While these informal assessments of personality tend to focus more on mere surface appearance, personality psychologists instead use conceptions of personality that can apply to what one really is (Feist, 1994).

Different psychologists have propounded different meanings of personality with no single definition being acceptable to all of them. According to Allport (1961) personality is the dynamic organization within the individual of those psychophysical systems that determine his characteristic behaviour and thought. Personality is the enduring personal characteristics of individuals and comprises one's self-concept, self-values, attitudes; integration of physical, mental,

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moral, emotional and social qualities exhibited or manifested by an individual to other people (Santrock, 2005; Oladele, 1989).

As these examples imply, there may be different meanings of personality as there are theorists who have tried to define it. Nevertheless, a common theme runs throughout most definitions of personality; it usually refers to the distinctive patterns of behaviour (including thoughts and emotions), that characterize each individual's adaptation to situations of his or her life. Certainly, an individual's personality is difficult to define. In describing personality types, a person can be labelled as introverted or extroverted (Burtaverde, & Mihaila, 2011).

Personality theory developed by Sheldon

Ancient Greek philosophers such as Hippocrates, (400BC) and Galen, (140/150AD) also classified personality types in terms of four types of humours. Each type was believed to be due to an excess amount of one of four bodily fluids. The personalities were termed "humours". This study would concentrate on the personality theory developed by Sheldon (1940), an American psychologist who proposed that there are basically three body types and each body has a specific personality associated with it. The extreme endomorph has the tendency towards plumpness, they tend to have wide hips and narrow shoulders, which makes them rather pear shaped. Quite a lot of fat spreads across the body including upper arms and thighs. They have quite slim ankles and wrists which only serve to accentuate the other parts. The endomorphic personality is associated with the viscerotonia temperament; tolerance, love of comfort and luxury, extraverted, sociable, relaxed, love of food, good humoured, need for affection, fun loving and even temperament. The endomorph tends to have strong social support networks to which they turn to during critical periods (Sheldon, 1940).

The highly ectomorphic physique is fragile and delicate. It is a form of opposite of the endomorphic physique. Physically, they tend to have narrow shoulders and hips, a thin and narrow face, thin and narrow chest and abdomen, thin legs and arms, very little body fat. Even though they may eat as much as the endomorph, they never seem to put on weight. Their ribs are visible and delicate. They have dry skin, fine and fast growing hair. The ectomorphic personality goes hand in hand with cerebrotonia temperament, they are artistic, sensitive, introverted, socially anxious, emotionally restrained, and very thoughtful (Sheldon, 1940).

In the extreme mesomorphic physique, there is a squareness and hardness of body due to large bones and well defined muscles and chest area, with strong forearms and thighs. They have very little body fat, and are generally considered as well-proportioned. The mesomorph is somewhere between the round endomorph and the thin ectomorph. Women in general tend to be less mesomorphy. Women who are primarily mesomorphs rarely show same degree of sharp angularity, prominent bone structure and highly relieved muscles found in their male mesomorphic. Mesomorphic individuals are believed to have somatotonia temperament; courageous, energetic, assertive, aggressive, bold. They cherish power and dominance, competitive, and often indifferent about what others think or want. Mesomorphs in general tend to be less stress- prone (Sheldon, 1940). According to Sheldon (1940), the easiest way to get an idea of the variety of the human physique is by looking at the three extremes, even though in actual life the various combinations are much common.

Adolescent and personality type perception

Adolescence is usually marked by dramatic changes in physical appearance; gaining weight can sometimes result directly from the physical changes of puberty (Santrock, 2005; Steinberge, 2002). Mellits and Cheek (1970) reported that in adolescence, boys and girls differ considerably in the development of adipose (fat-bearing) tissues. With increased height, females show a more marked growth of fat than males. Thompson, Sergent and Kemper (1996) mentioned that, an obese and skinny person has a distorted perception of his or her body shape and size, compares it to others, and sometimes feels shame and anxiety. Being unhappy with one's body can affect how the person thinks and feels about him/herself. A poor body image can lead to emotional distress, low self-esteem, non assertiveness, and eating disorders like anorexia nervosa and bulimia.

Appearance tends to play an important role in one's self-esteem whereas body weight can be another factor for determining attractiveness. It is estimated that current body ideals may promote slimness for women and muscularity for males (Tiggemann, & Pickering, 1996). Consequently,

females have reported a desire to be thinner while males wanted to be heavier. Body image disturbance in this sense has been defined by Smolak (2002) as any form of affective, cognitive, behavioural, or perceptual disturbance that is directly concerned with an aspect of physical appearance. He suggested that, body dissatisfaction for both men and women as well as for adolescents have been shown to be correlated with body mass index, which is calculation of body weight that normally goes with the given height. A person who fits the ideal physical stereotype is perceived to be more sociable, mentally healthy, and intelligent (Feingold, 1992). People who believe that they meet this physical stereotypical standard will experience psychological benefits in their self-esteem (Feingold, 1992).

The concept of self is the accumulation of knowledge about the self, such as beliefs regarding to personality traits, physical characteristics, abilities, values, goals and roles (Santrock, 2002). Beginning from infancy, children acquire and organize information about themselves to enable them understand the relation between the self and their social world. This developmental process is a direct consequence of children's emerging cognitive skills and their social relationships with both family and peers. During middle childhood, the self-concept becomes more integrated and differentiated as the child emerges in social comparison and more clearly perceives the self as consisting of internal psychological characteristics. Throughout later childhood and adolescence, the self concept becomes more abstract, complex and hierarchically organized into cognitive mental representation or self schemas, which directs the processing of self-relevant information. One of the most critical aspects of the self concept is self-esteem. In contrast to self- identity which includes beliefs and cognitions about the self, self-esteem involves our feelings and is therefore an affective component. In the mid 1960s, Morris Rosenberg and other social-learning theorist's defined self -esteem in terms of a stable sense of personal worth (Santrock, 2002).

Self-esteem and body image are influenced by two co-existing means of appraisal; reflected appraisal which means, seeing oneself as others do or think they do, and social comparison which involves comparing and rating oneself against significant others (Health Canada, 1996). Relationships with others also play major role on a person's self-esteem and body image, this includes parents and families, peers, media and culture. For children, the influence of others shifts over time. Up to fifth and sixth grade, parents and siblings tend to be the most influential significant others. In the seventh and eighth grade, friends tend to be the most influential.

By university, friends, teachers and parents tend to equally influence an individual's self-concept (Health Canada, 1996). Ikeda and Naworski (1992) argued that comments by parents and family members can have a huge impact on a child's body image. Friends play an integral part in establishing body image, especially during adolescence. According to Davis (1999), girls engage "in fat talk", in which they complain and find fault with their bodies. Alongside parents and peers, the mass media and prevailing culture views have pervasive influence on body image and self-esteem. Due to the influence of television, it has received special attention as a purveyor of messages containing gender stereotypes (Tiggemann, & Pickering, 1996). The television therefore becomes a matter of concern as media plays a big part in making girls overly concerned about their weight and body shape. They strive for the 'perfect' body and judge themselves by their looks, appearance, and above all thinness, self-esteem and assertiveness (Martin, & Kennedy, 1993).

Assertiveness is an important empowering communication skill. Being assertive means having the ability to express oneself in an effective manner. Assertiveness is a very necessary quality in today's world. Assertiveness is not aggressiveness, it is more like a process of knowing you have a right to be in your place in the world, a right to occupy the space you are in, and a right to get what you want. Assertiveness is a quality best used to develop our confidence. Assertiveness is the ability to express one's own thoughts and feelings and defend one's own right to behave in certain ways, without violating the rights of others. Dorland's Medical Dictionary (1994) defines assertiveness as a form of behaviour characterized by a confident declaration or affirmation of a statement without need of proof. The best way to understand assertiveness is to distinguish it from two other styles people use when dealing with conflict: acquiescence (non- assertiveness) and aggression (Alberti, & Emmons, 1995). Acquiescence is avoiding interpersonal conflict entirely, either by giving up and giving in or by expressing one's needs in an apologetic self-effecting manner. Aggression on the other hand is an effort to attain objectives by attacking or hurting others. Aggressive people trample on others, and their aggressiveness can take such direct forms as threats, verbal attacks, physical intimidation, emotional outburst, and explosiveness (Fensterheim,

1975). Assertiveness does not come easily to most of us; it can put an adolescent into direct conflict with parents, teachers and peers.

Baumeister, Campbell, Krueger and Vohs (2003) believe low self-esteem may cause aggressive and passive personality traits on one hand and depression on the other hand (Santrock, 2002) while high self- esteem may produce assertive personality traits. Being successful in interpersonal relationships, active, assertive, creative, flexible and confident were related with high self esteem. According to Steinberg (2002), adolescence is a period of transition in which a major recognition of the body takes place. There is a general perception in the western world that, adolescents who tend to be skinny are beautiful or attractive, whilst the overweight adolescents are considered unattractive. Adolescents tend to be extremely critical about their bodies and physical appearance, they usually compare themselves with peers and this may produce anxiety and low self-esteem, and lack of confidence especially when they perceive themselves different from their peers (Santrock, 2005). These are good findings but they cannot be generalized to adolescent students who constitute the population for this study. Hence, the design of this research is to find out, if these findings are true of the adolescent students in Ghana.

Methodology

Research Design

An exploratory quantitative research method was adopted for this study. This approach was chosen because the study entailed variables such as body type, assertiveness, self-esteem, age, gender and personality type. The study was also centered on students of a particular senior high school.

Population

Participants were male and female adolescent students from the Senior High School in Accra, Ghana. A sample of 150 participants, consisting of 50 overweight, 50 under weight and 50 optimal students between the ages of 13 and 19 and in various forms (SHS 1, SHS 2,& SHS 3), were randomly selected for this study. The sample consisted of 56 males (37.3%) and 94 females (62.7%). The criterion for selection was their body type which was done through observation. Overweight participants were labelled as "endomorphs", optimal participants were labelled as "mesomorphs" and underweight participants were labelled as "ectomorphs".

Instruments

Two main instruments were used for the study namely; Rosenberg's self- esteem Scale (1965) and Alberti and Emmons' Assertive Inventory (1995). In addition was a self constructed questionnaire designed to elicit information on respondents' demographics.

Rosenberg's self-esteem scale

The scale was made up of both positive and negative statements, assessed using a 5-point Likert scale ranging from strongly disagree (1), to strongly agree (5). The maximum score is 50, with high score indicating high self-esteem. Items 3, 5, 8, 9 and 10 are reversed scores. Examples of items include, "I feel I am a person of worth, at least on an equal plane with others" and "I feel I do not have much to be proud of'". Rosenberg's self- esteem scale had a reliability rating of alpha coefficient *(a)* of 0.87, which is quite high, indicating that the scale was able to measure what it was intended to measure.

Alberti and Emmons' Assertive Inventory

To measure an individual's assertiveness level, there were 35 items on the inventory and three choices for response which include Yes, Sometimes and No. Sum of the Yes, Sometimes and No responses gave the assertiveness score. The higher the score, the higher the assertiveness level of an individual.

Modification

Three of the items on the Assertive Scale were restructured to suit the target population for appropriate response, but their meanings were not changed. An example of an item changed was: *"When you discover a product is faulty, do you return it for an adjustment*?" The former form of this item was *"when you discover merchandise is faulty, do you return it for an adjustment?"*

Scoring

Data from Rosenberg's Self-Esteem Scale was scored by attaching a score of 1-5 on the Likert scale responses of strongly agree, agree, neutral, disagree and strongly disagree. Reverse scoring was applied to negative statements. Assertiveness on the other hand was measured and scored using the Alberti and Emmons' assertiveness scale; the scale consisted of 35 items which was

scored on 1-3 Likert scale responses of yes, sometimes and no. A person's level of assertiveness was obtained by adding the scores attached to the responses, reverse scoring was applied.

Procedure

Following institutional approval, participants were grouped based on their body types and asked to respond to the questions on the questionnaire. Participants were informed of the purpose of the study and gave their consents by agreeing to participate. Participants were required to respond to questions in the questionnaire within 35 to 45 minutes after briefing them on the demands of the questionnaire.

Results

Hypothesis 1: 'Adolescent students with mesomorphic body type will have higher self-esteem compared to those adolescent students with ectomorphic body type'. Relevant information from the analysis on this hypothesis is presented in the Table 1 below;

Table 1. One-Way Analysis of Variance summary table on body type and self-esteem

Ectomorph (n=50)		Mesomorph (n=50)		Endormorph (n=50)		
Body Type	**M**	**SD**	***df***	**F**	***ρ***	
Ectomorph	36.00	6.75	2			
Mesomorph	43.56	4.49	147			
Endomorph	32.44	8.22				
Total	37.33	9.73	149	34.648	.001	[2>1>3]

Statistics in Table 1 above revealed that, the mean self-esteem of adolescent students with mesomorphic body type was 43.56 with a standard deviation of 4.49 and the mean self-esteem of adolescent students with ectomorphic body type was 36.00 with a standard deviation of 6.75. This indicated that, differences exist between the self-esteem experienced by mesomorphs and ectomorphs.

Therefore, a significant difference exists between adolescent students with mesomorphic and endomorphic body types in their experience of self- esteem. However, to determine the extent to which adolescent student mesomorphs resulted in higher self- esteem, Bonferroni analysis was resorted to. It was revealed that, body type indeed affects self-esteem, the higher the mean, the higher the self- esteem displayed. This implies mesomorphic adolescent students have higher self - esteem than adolescent student ectomorphs. Thus, hypothesis 1 was accepted.

Hypothesis 2: 'There will be a significant positive correlation between body type and assertiveness'. Relevant information from the analysis on this hypothesis is presented in the Table 2 below.

Table 2. Mean and Standard Deviation of self-esteem and assertiveness

Students (n=150)					
Variables	M	SD	*df*	r	*ρ*
Self-esteem	37.33	8.22			
Assertiveness	75.06	11.97			
Total			148	.365	.001

Statistics in the summary Table 2 above revealed that, the mean result of adolescent students' self-esteem was 37.33 with a standard deviation of 8.22. The mean figure of adolescent students' assertiveness was 75.06 with a standard deviation of 11.97. These two means were correlated with the Pearson's Product Moment Correlation Coefficient and results indicated that a positive

correlation existed between the two variables, [$r_{(148)}$ = .365, ρ = .000]. Thus, hypothesis 2 was accepted meaning self-esteem affects assertiveness; high self-esteem leads to being assertive and low self-esteem leads to non-assertiveness.

Hypothesis 3: 'Adolescent students with endomorphic body type will have low self-esteem compared to adolescent students with mesomorphic body type'. Relevant information from analysis on this hypothesis is presented in Table 1 above. Statistics from Table 1 revealed that, the mean self-esteem of adolescent students with mesomorphic body type was 43.56 with a standard deviation of 4.49 and the mean self-esteem of adolescent students with endomorphic body type was 32.44 with a standard deviation of 8.22. This result indicated that, a significant difference exists between adolescent students with mesomorphic and endomorphic body types in their experience of self -esteem. However, to determine the extent to which endomorphs resulted in lower self- esteem, Bonferroni analysis was resorted to. It was revealed that, adolescent students with endomorphic body type indeed have lower self -esteem, the lower the mean, the lower the self-esteem displayed. Endomorphic adolescent students have lower self-esteem compared to adolescent students with mesomorphic body type.

Discussion

Results indicated that body type and its perception had influence on self-esteem. Both male and female adolescent students with mesomorphic body type preferred their bodies and thus, had high self-esteem compared to male and female adolescent students with ectomorphic body type. This finding is somehow in line with that of Mishkind, Rodin, Silberstein and Striegel-Moore (1987). They found that majority of men preferred the mesomorphic shape body over the ectomorphic (thin) or endomorphic (fat). Within the mesomorphic category, most men preferred the hypermesomorphic or muscular mesomorphic body. They found that men have a greater degree of body satisfaction when their body shape fits this 'ideal'. When there is a gap between their actual and 'ideal' body types and the greater this gap, the lower their self-esteem.

General observation revealed that, people with the optimal body type (not so fat nor skinny) are considered attractive, and are able to fit in perfectly among friends and during social interaction. This goes a long way to boost their level of esteem. Most people especially males prefer to be mesomorphic rather than ectomorphic or endomorphic. This positive body perception is likely to lead these adolescent students to be more sociable, mentally healthy, and intelligent; and experience psychological benefits in their self-esteem (Feingold, 1992).

The study found a significant positive correlation between self- esteem and assertiveness. According to Murphy (2007), there is a correlation between self-esteem and assertiveness scores. Humphreys (1993) indicated that, people with assertiveness and high self-esteem exhibit the same behaviours. In addition, the study suggested that, low self-esteem may cause aggressive and passive personality traits while high self-esteem may produce assertive personality traits. Thompson et al. (1996) observed that being unhappy with one's body image can affect how the person thinks and feels about him/herself. It is likely that adolescent students who were dissatisfied with their body type can suffer emotional distress, low self-esteem, non-assertiveness and eating disorders like anorexia nervosa and bulimia (Drewnowski, Kurth, & Krahn, 1994).

In the same way dissatisfaction with one's body type is likely to be one of the causes of body dysmorphic disorder among adolescents. It is therefore possible that adolescent students who expressed poor perception of their body type have developed or are likely to develop body dysmorphic disorder. It is also possible that the adolescent students are likely to or have engaged in preoccupation with some imagined defect in appearance although they are normal appearing persons and excessive concern over slight physical defect. They may also engage in frequent mirror checking, regard their dissatisfied body type with embarrassment and loathing and are concerned that others may be looking at or thinking about their body type. They may avoid social activities, work, and school and become housebound and suicidal (Schmidt, & Harrington, 1995). This attitude may affect academic performance negatively.

The results indicated that adolescents with endomorphic body type will have low self-esteem compared to adolescent students with mesomorphic body type. This was in line with the results of Martin, Housley, and McCoy (1988). In order to establish a relationship between obesity and self-esteem, they administered a Rosenberg Self-esteem Scale to 14 and 16 year old girls. Self-esteem scores were categorized by weight and weight by height. Scores on the Quetelet Index for Obesity were correlated with

self-esteem scores. Mean self- esteem of the low-and-middle weight by height group was higher than the mean of the high weight group. In analyzing weight alone, the self-esteem of the middle-weight group was significantly higher than the self-esteem of the high-weight group. The correlation of the obesity index and self-esteem indicated that as weight increased, self-esteem decreased.

In another study, the relationship between obesity and self-esteem was examined prospectively over three years in a cohort of 1,278 adolescents in grades 7 to 9 at baseline. Cross- sectional analysis revealed an inverse association between physical appearance, self-esteem and body mass index in both males and females. In females, body mass index was inversely associated with global self-esteem, close friendship, and behavioural conduct. In males, body mass index was inversely associated with athletic and romantic appeal. These results suggest that low self-esteem may be an important factor in preventing or reversing obesity (French, Perry, Leon, & Fulkerson, 1996). A study by Strauss (2000) also supports the present finding; Straus's data demonstrates that negative weight perceptions are particularly common among young adolescent white females, which reveals that young obese adolescent females show the lowest levels of self-esteem. Nevertheless, negative perceptions of obesity also exist among adolescent boys. The data also demonstrates significant social consequences of decreasing self-esteem in obese children. Obese children with decreasing levels of self-esteem showed significantly elevated levels of loneliness, sadness, and nervousness. Although these efforts are not unique for obese children, they are nevertheless quite important because nearly 70% of white obese females demonstrated decreasing levels of self-esteem by early adolescence.

Though it is possible that obesity can trigger feelings of low self- esteem, the converse is also true. Feelings of low self -esteem can trigger over eating behaviours that can exacerbate obesity. Overweight adolescents usually feel isolated and lonely among their peers and this may have impact on their level of esteem and the way they feel about themselves can be influenced by many things including comments from family, peers and socio-culture. It is therefore acceptable by this study that, dislike for one's body leads to low self-esteem and non-assertiveness.

Limitation

This study used 150 students and also focused on a target population from one senior high school and therefore, generalization of the findings may be somehow difficult. However, findings from the study could be used in any adolescent issues.

Conclusion

It is therefore concluded that dissatisfaction in body type can seriously affect an individual's self-esteem and assertiveness and by extension academic performance, choice of friends, participation in group work and social relationships. Results indicated that body type and its perception had influence on self-esteem. In addition, the study identified a significant positive correlation between self- esteem and assertiveness. Finally, the study showed that adolescents with endomorphic body type will have low self-esteem compared to adolescent students with mesomorphic body type.

Recommendation

It is therefore, recommended that guidance and counselling officers in senior high schools should educate students on the three body types and the advantages associated with being one of these body types. This may help prevent developing body dysmorphic disorder among adolescent students with poor body type image. In addition, assertiveness training is to be a regular feature of orientation programmes for adolescent students since the three body types will be found with them. The sources and effects of low self-esteem and its implication for poor academic performance, loneliness, depression, social withdrawal, and development of ineffective socialization skills, should be explained to adolescents in senior high schools in Ghana. Adolescents students who are found to have low self-esteem should be taught the four ways to increase self-esteem through, *identification of cause of low self-esteem and the domains of competence important to life, emotional support and social approval, achievement, and coping* (Santrock, 2002).

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RESEARCH ARTICLE

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SME Owners' Perception and Innovation Practices in a Developing Nation Context: A Descriptive Study

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Abstract

Given that scholars in the subject area of innovation have not concentrated much on understanding how innovation is perceived and practiced among small and medium scale owner managers, this study seeks to offer insight to the SME owner- managers' perception and practices of innovation. One hundred (100) SME owners were used as the unit of analysis. Quantitative explorative and non-experimental methods were used in this study (survey). The quantitative tool for the study was a questionnaire, which was used to elicit information from the research participants. In respect of SME owners' perception of innovation, majority perceived changes in the current product as an innovation practice. Consequently, a bulk majority of them had practiced such innovations in the past three years. Here, knowledge/perception and innovation practice of the SMEs were adequately matched. In practice, very few SMEs had made changes to their manufacturing processes, yet a good majority of them perceive such activities as innovations, and could be as a result of the lack of access to credit. The current study recommends innovation education among SMEs to introduce to them to the various kinds of innovation they can adopt. Special emphasizes should be given to management innovation, as such innovation can adequately adopted by firms with limited financial resources.

Keywords: innovation practices, innovation perceptions, small and medium scale enterprises, developing nation, descriptive study.

Introduction

Discussions on the constituents as well as the definitive description of the term innovation has been a matter of contention in the academic sphere since the twentieth century (Piatier, 1984). According to Piatier, this ambiguity accounted for the little innovation among European countries in the twentieth century. Debate on this subject has revived in the recent times (Damanpour, & Schneider, 2006). These authors explain that, in spite of previous efforts by some scholars to clarify the meaning of the term, the definitive parameters of the term are still too broad and not precipitous. Some scholars have gone on to argue that, definition and perception that is held of the

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term in many ways influence the practice of innovation (Piatier, 1984). Extant literature on the subject matter, have shown product innovation as the most dominant and popular category of innovation, because it is most popular perception held of innovation (Madrid-Guijarro, Garcia, & Van Auken, 2009).

This, inadvertently erupts a need for an assessment of the perception of innovation among SMEs, relative to their practice, if innovation practices are going to be promoted in these firms in developing economies. Even though scholars suggest a massive increase in the number of small and medium scale enterprises (SMEs) erupting in the last, SMEs have been identified as the least innovative firms in both developed and developing economies (Abor, 2011; World Bank Latin American Report, 2013). Abor (2011) illustrate this paradoxical relationship between SME proliferation and innovation among developing economies in Africa, whereas Siegel, Wessner, Binks and Lockett (2003) illustrate this phenomenon among developed economies.

In attempt to understand the low level of innovation among SMEs, several scholars have investigated a plethora of related issues. These include some assessments of the barriers that constrain innovation in these regions (Blanchard, Huiban, Musolesiz, & Sevestre, 2012), technology adoption (Quaye, 2014) and impact of assess to credit (Abor, & Quartey, 2010) among many others issues. Again, Piatier (1984) also indicates SMEs perception of innovation as one of the issues hindering innovation. Though we know SMEs perception of innovation is important, very little attempt has been made to understand the perception and practice of innovation among SMEs, to comprehend how their perceptions relates with their practices.

Additionally, some scholars perceive innovation as one of the key elements necessary for stimulating small and medium scale enterprise development and success. Nonetheless, very little efforts have been made by both governmental and non-governmental institutions to ensure we understand SME owner-managers' perception and practice of innovation, especially among developing economies in Africa and Asia. The emphasis in these economies, has been on the development and establishment of enterprises (SMEs), which has rather led to the awful replication of businesses (World Bank Latin America Report, 2013), rather than the establishment of businesses to take advantage of novel opportunities.

Evidently, some scholars affirm this phenomenon by demonstrating that most of the innovation practiced among SMEs in developing economies were incremental (Mahemba, & De Bruijn, 2003; Robson, Haugh, & Obeng, 2009), which according to Hadjimanolis (1999), suggests that these innovations were copied and could also be easily copied. Again, extant literature have widely demonstrated that SMEs resort to certain types of innovation more than others (Oke, Burke, & Myer, 2007; Terziovski, 2010). For example, Oke et al. (2007) note that product and product innovation are more popular among SMEs compared to management innovations (changes in sales and purchasing strategies).

Placing the current study within the context developing economies and using Ghana as an example, several evidence in extant literature demonstrate that most of the innovation undertaken within these economies, and Ghana for that matter, are often incremental and product innovations (Adeboye, 1997; Oyelaran-Oyeyinka et al., 1996; Robson et al., 2009). For example, Robson et al. (2009) notes that most scholars, in assessing innovation among SMEs have only focused on product innovation and neglected other forms of innovation because it was the most common category of innovation for most Ghanaian firms. In this respect, the current author argues that a probable reason for the focus on product innovation and incremental could be because that is all they perceive innovation to be. Hence, SME innovative efforts have been skewed to such forms of innovation to the neglect of the others.

Some studies have been carried to investigate the types of innovation and how they impact SME performance (Oke et al., 2007; Varis & Littunen, 2010; Gunday, Ulusoy, Kilic, & Alpkan, 2011). Again, some scholars have also investigated the innovation practices of SMEs, in relation to the types of innovations (Terziovski, 2010). Nonetheless, most of these studies are in relation to developed economies and may not be necessary to the situation of SMEs in a developing economy context. More so, studies assessing the practices and perception of SME perception and practice in developing nation in a single study is scarce.

Some researchers have argued that the definitive parameters of the subject of innovation is still broad and vaguely defined (Damanpour, & Schneider, 2006). This challenge with the subject matter (innovation) was identified and emphasized by Piatiers (1984). Piatier indicates the need for

a more precise and comprehensive definition of the constituents of the term; and further explains that this is core to the understanding and practice of innovation. Some earlier scholars of innovation specify that it consists of novel products or services, a new production process, technology, a new structure or administrative system, and new plan or programme with respect to organisational members (Zaltman, Duncan, & Holbek, 1973). In addition, the authors also suggest innovation engulfs the adoption of new technology, generated within or without the organization. In spite of these authors' acknowledgment of the fact that innovation can be borne within a firm; the above definition lucidly emphasizes the fact that innovation can be adopted from the outside of an organization; further emphasizing how innovation can be affected by some external factors. These views seem to affirm the market based view of innovation, which suggest that innovation is identified by a proper scanning of the market environment of a firm (Porter, 1985).

Drucker (1985) opines that innovation is a means of entrepreneurship and provides resources that aids in building a capacity that allows the organization to reach welfare. Drucker's definition establishes a nexus between the concept of wealth creation and innovation. In addition, it draws attention to the fact that innovation is a function of entrepreneurship. Drucker's assertion seems to place the entrepreneur in the center of the innovation process and sets innovation as the prime theme that defines entrepreneurship. This definition instigates discussions about the individualistic theory of innovation (Trott, 2008). This theory explains that instead of market environment, innovation emanates from individual with certain peculiar characteristics.

Furthermore, Porter (1990) attempts to draw a nexus between innovation and competitive advantage. In this respect, Porter suggests that innovation provides competitive advantage and comprises both new technologies and new methods. Porter's definition, affirmed the notion held by some scholars that innovation does not solely refer to the channelling out of new products, instead it also includes the adoption of new methods of marketing and markets. Focusing on the adoption and usage of novel technology, some scholars define innovation as an idea, a practice (application) or an object that is perceived as something new (Rogers, 1995).

Damanpour (1996) explains innovation as a complete or partial modification put forward in the outputs, structure or processes of an organization that enables its integration with the environment. From this definition, Damanpour seems to be circuitously postulating three resultant effects from the innovation process, which is either a change to the final output, structure or process. In addition, the author emphasizes that innovation must be integrative: suggesting that for a thing to qualify as an innovation; regardless of its source, it must be well integrated into the environment, as this has the propensity to affect its adoption and usage. In addition, innovation must have positive impact on the environment, thereby introducing a social dimension of the innovation process.

Whereas majority of the definitions discussed above emphasize a snapshot change, a more recent definition by Elçi (2006) accentuates innovation as a continuous process and in view of this, defines innovation as the continuous changes and differentiations in the products, services and working methods. Similar to the view of Damanpour (1996), Elci (2006) affirms that innovation must have social and economic value, as it is the aggregation of both social and technical processes.

An assessment of the evolution of innovation from the 1960s reveals how the term was initially associated with the creation of new things. This definition evolved to include the adoption of technology, as technological discoveries revealed new ways of doing things. As a result of the rising need for entrepreneurship to foster economic growth and wealth creation, Drucker (1985) suggests innovation as the catalyst for this advancement and thereby draws an important nexus between entrepreneurship, wealth creation and innovation. A much related position is also posited by Porter (1990) who revealed a connection between innovation and competitive advantage (Necadova, & Scholleova, 2011). Another definition posited by Rogers (1995) also introduced and emphasized the usage and application of ideas considered to be novel in some way to the entity. As a result of the rising concerns for social and environmental contribution and protections, Damanpour (1996) introduces a social and environmental component to innovation and argues that innovation must be environmentally conscious (able to be integrated into the environment). This view is accentuated in a more recent definition posited by Elci, who argues that innovation must have social and technical value.

The direction of argument with regard to the definition of innovation has limpidly skewed from just the introduction and application of a novel technology and has further shifted from just

changes in structures, processes and outputs to the adoption, modification and introduction of ideas, methods and technologies that can be integrated into the environment as well as has social and technical value. In this respect, the current author considers innovation as the continuous and instantaneous changes and introduction of new ideas, methods as well as technologies, which result in the modification of the output, process or structure of an organization and contributes to the social and economic environment of a firm. The above posited definition presents a comprehensive and holistic view of innovation and attempts to capture the various evolving facets of innovation.

Given that scholars in the subject area of innovation have not concentrated much on understanding how innovation is perceived among small and medium scale owner managers, there is the need for a study that would offer insight to the SME owner- managers' perception of innovation. This may account for their concentration on product innovation in past years, much to the neglect of the other forms of innovation. It is in this respect that the current study seeks to assess the perception of innovation among SME owner managers in a developing country context.

Methodology

One hundred (100) SME owners were used as the unit of analysis. Quantitative explorative and non-experimental methods were used in this study (survey). The study is described as a quantitative exploratory research (Botma, Greeff, Mulaudzi, & Wright, 2010) because the study was undertaken to investigate the perception of innovation among SMEs. The quantitative tool for the study was a questionnaire, which was used to elicit information from the research participants.

The study Population included the 10, 000 registered firm listed in the NBSSI database. Because the study adopted Quaye and Acheampong's (2013) contextual definition of SME in developing economies, a sample frame of firm with more than 5 employees with stated capital not more than $5000 were considered for the study. Consequently, 100 respondents were conveniently selected as sample for the study.

Results and Discussion

In an attempt to offer a limpid description of the participants of the study, the study collected some demographic information on the SME-owners. This was done to have an understanding of the background of the respondents, in order to understand the impact some of these characteristics may have on the overall findings of the study. The information gathered include sector, educational background of the owners, firm size, control of activities and tenure of business.

Majority of the respondents (51%) had attained formal education up to the tertiary level, whereas 18% and 19% had attained high school education and professional skills respectively. 11% and 1% of the respondents also had up to a primary and junior high education respectively. There is a significant improvement in the educational level of SME owner in recent times, and this may have a favorable impact on innovation adoption.

The study considered three main sectors agribusiness, manufacturing and services. 56% of the firms were in the service industry, whereas 44% were in the manufacturing sector. None of the firms included in the study identified with the agri-business sector. This affirms the dominance of the service sector in Ghana (Ghana Banking Survey, 2013).

With regard to firm size, 61% had employees between the ranging from 5 and 10. Whereas 15% and 10% of the firms had employees within the ranges of 11-20 and 21-30 respectively. Again, only 11% and 3% of the respondents' employees were within the 31-40 and 41 and above respectively.

The current research also found that 70% of the respondents had existed for only 1 to 5 years. Only 27% had existed for a period between 6 to 10 years. 3% had existed for a period between 11 and 15 years. None of the respondents had existed pass 16 years. This could either suggest that SMEs lack a well-structured succession plan, and therefore do not survive pass this age limit.

Finally, 67% of the respondents specified that their businesses were managed by outsiders (persons who were not family members). Whereas, 33% of the respondents revealed that their businesses were managed by persons from their family.

Table 1. Innovation practice among SMEs in the last three years

Question	**Yes**		**No**	
Have you practiced any of these activities in the past three years?	Frequency	%	Frequency	%
• Change in current product	64	64	36	36
• Market new product	63	63	37	37
• Changes in manufacturing processes	34	34	66	66
• Acquisition of new equipment	55	55	45	45
• Changes in management issues	56	56	44	44
• Changes in purchasing procedures	57	57	43	43
• Changes in sales strategy	64	64	36	36

In this respect of Table 1 above, the study sought to investigate the practice of innovation among SME-owners. This was to assess what they practiced as innovation. In this respect, they were to indicate "yes" or "no" responses to the question "have you practiced any of these activities in the past three years". Here, the study found that majority of the respondents (64%) had changed their current product and sales strategy in the past three years. The dominance of this practice (changes in current product) is well acknowledged in extant literature (Madrid-Guijarro et al., 2009), as it was also noticed in their study that this practice was the second most popular among Spanish SME-owners. Nonetheless, their study specified that sales strategy changes were among the least practiced innovation. These differences in the finding however, may be attributed to contextual differences between the two studies. A significant number of respondents specified they had made entry into new markets (63% of the respondents). Next, 57% of the total respondents also agree that they had made changes in the purchasing procedures of their firms.

Less than half (one-third) of the respondents agree that they had made changes to their manufacturing processes constitutes. In connection to this finding, acquisition of new equipment was also identified among the least practiced innovations. Only 55% of the respondents indicated that they practiced such an activity. This may actually explain why SMEs in developing nations are noted to have a low adoption of technology (Quaye, 2014) (new equipment) and are often laggards in this regard. Likewise, Okpara (2011) has also noted that SME growth have been constrained in developing economies because of the lack of ability to adopt new technology. Again, this may also be explained by the lack of finance, which is also fueled by the lack of access to credit (Abor, & Quartey, 2010; Fraser, Bhaumik & Wright, 2015). This hinders the ability of SMEs to acquire these new equipment and adopt new manufacturing procedures.

Table 2. Perception of innovation

Question	**Yes**		**No**	
Does this comprise innovation to you?	Frequency	%	Frequency	%
• Change in current product	84	84	16	16
• Market new product	75	75	25	25
• Changes in manufacturing processes	90	90	10	10
• Acquisition of new equipment	65	65	35	35
• Changes in management issues	24	24	76	76
• Changes in purchasing procedures	20	20	80	80
• Changes in sales strategy	40	40	60	60

In terms of the respondents' perception of innovation, the study enquired as to reveal their thought with regard to the listed statements. As shown in Table 2, the study found that changes in the manufacturing processes and changes to current product held the highest views, with 90% and 84% of the respondents indicating that they perceived such practices to be innovation (Terziovski, 2010). Comparing this finding to the findings in table, notably, though SME owner perceive changing the manufacturing process as an innovation, it is still the least practiced innovation among these SMEs.

This goes to affirm the need for financial inclusion, to ensure credit is made available to SMEs to pursue such innovations (adopt new technologies and manufacturing processes). On the

flip side, even though very firm perceive changes in sales strategy as innovation, was identified as one of most pursued practice among SMEs. This could be because few resource commitments are required to effect such change in firms in developing economies relative to changing the manufacturing process. This could probable be the case for changes in purchasing procedures, which also had a few of respondents indicating it as an innovation, yet having more half of the respondents practicing it. Extant literature to a large extent supports these findings. For instance, scholars have noted that management innovation such as changes in purchasing and sales strategies are the least practiced innovation among SMEs in a developed nation context (Madrid-Guijarro et al., 2009). This is probable because studies have also established that management innovation is quite new to SMEs, and have also noted that very few SME owners have a good knowledge of such innovation as management innovations (Oke et al., 2007).

Conclusion

This study was hinged on the subject matter of innovation and small and medium scale enterprise (SME) sector in Ghana. It focused on assessing the perception of SME owner-managers on the innovation and their innovative practices. Consequently, the study focused on 100 responses from SMEs from mainly two sectors, namely, manufacturing and service. The ratio of service firms to manufacturing firms was approximately 3:2, which affirms the dominance of the service sector in Ghana. The firms conveniently and purposively selected for the study firm size ranging from 5-41 and above. With majority having a firm size of 5 to 10 employees, and very few having more than 41employees.

In terms of practiced innovation in the past three years, the study found that majority of the respondents had changed their current product and sales strategy within this period. Extant literature lucidly affirms the popularity of changes in current product as innovation most adopted by SMEs (Madrid-Guijarro et al., 2009). Also in respect to perception, SME owners perceived changes in the current product as an innovation practice. Here, the knowledge and innovation action of the SMEs were adequately matched. In practice very few SMEs had made changes to their manufacturing processes, yet a good majority of them perceive such activities as innovations. These discrepancies between the perception and practice of SMEs could well be explained by the lack of access to credit from financial institutions, hence they lack finance to change their manufacturing processes. The lack of access to credit may also explain why SMEs fail to purchase new equipment for their operations.

In this regard, the current study recommends that the government must liaise with financial institutions (both commercial and microfinance financial institutions) to enact policies that will foster the operations of financial institutions that will design credit products specifically for SMEs. Additionally, though very firm perceive changes in sales strategy as innovation, this was identified as a dominant innovation practice among SMEs. In addition to other probable, this could be as a result of the increasing competition among SMEs and the influx of both foreign and local competition. This causing SMEs to constantly vary their marketing and sales strategies. Changes in sales strategies are fostered by the fact that, little resources are required to effect such changes. Extant literature affirms a general lack of knowledge of management innovations among SMEs. In this respect, the current study recommends innovation education among SMEs to introduce to them to the various kinds of innovation they can adopt. Special emphasizes should be given to management innovation, as such innovation are very helpful in situation where the firm is faced with limited resources. Management innovations are relatively cheaper than product innovations and process innovations.

In respect of future studies, the current investigation adopted a quantitative approach to assess the perception and practice, and acknowledges that such an approach may well limit the findings. Consequently, the study recommends future studies to adopt a more qualitative approach to explore the subject matter.

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RESEARCH ARTICLE

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Gershwin, Imagination and the Present Day Culture: Art Review

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Abstract

In this paper, I analyzed George Gershwin's musical works and the role of imagination in his musical compositions. In his case, imagination is a new product of his mind. This is in accordance with his interests, purposes and cultural backgrounds. Efforts to appreciate his works should be done in classical terms rather than using some new criteria. Failure to follow these criteria could culminate to relativism, as a result of the decreased role of imagination in today's art. This bias may lead to imitation.

Keywords: Gershwin, imagination, present day culture, musical works, classical terms.

Synopsis of Biography

George Gershwin was born on 26th September, 1898, in Brooklyn, New York. Although Gershwin dropped out of school at a tender age, he became one of the famous musicians in America. History has it that, he played professional piano at age 15 and composed opera, jazz, and several popular songs for stage and screen. At age 38, Gershwin died on the 11th of July, 1937, after a brain surgery. Nonetheless, his contributions to the music art and industry have lived on (Bio, n.d.).

Art Review

The purpose of this paper is to discuss George Gershwin's works and to illustrate the role of the imagination in his musical compositions. Gershwin's compositions are very eclectic, including popular music, inspired by the Russian-Yiddish culture[i], European classical music[ii], jazz and folk opera[iii]. In his case, the life experiences and people he met had a strong association with his imagination. Thus, here it is not just a connection between imagination and art (Bio, n.d.; Mawer, & Cross, 2000; Pollack, 2006).

We have to consider his cultural background, his musical education, the meeting with the lyricist Buddy DeSylva[iv] (they together created the experimental one-act jazz opera *Blue Monday)* and the cultural trend of his times. All these things became a mark of Gershwin's creativity. This is clearly depicted in some of his works like *Rhapsody in Blue*[v], *An American in Paris*[vi], the opera *Blue Monday*[vii] or the folk-opera *Porgy and Bess*[viii] (Bio, n.d.; Mawer, & Cross, 2000; Pollack, 2006).

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First of all, I think the eclecticism of Gershwin's works comes from his musical education. He studied piano with Charles Hambitzer, who introduced him to the works of the great classical composers. Then, he had a lot of teachers such as Henry Dixon Cowell, (who studied Asian and Middle Eastern music), and Wallingford Riegger, an early U.S. adaptor of dodecaphonism[ix]. He also had some association with some traditionalists like Edward Kilenyiand Joseph Schillinger (a musical theorist known for his mathematically grounded approach to composition). Hence, Gershwin experience with different teachers, who trained him on different approaches to music and musical techniques could account for his eclecticism.

Secondly, I think the eclecticism of George Gershwin's musical works comes from his life experiences. He made piano rolls, he played in New York night clubs and he worked as an accompanist and rehearsal pianist on Broadway. These facts improved his dexterity and increased his skills of transposing and improvisation, as well as the knowledge of popular music and jazz. In his early years of creation, Gershwin composed songs such as *Swanee*, *Nobody but You*, *The Best of Everything* or *Lullaby*[x]. In between the same periods, he also composed the one-act jazz opera *Blue Monday*. Though Gershwin's works are considered as masterpiece arts presently, most of these works were not appreciated and recognized in his era. For example, the one-act jazz opera *Blue Monday* was banned on Broadway's show just after one performance in 1922.This was mainly because jazz was perceived to be dangerous, nerve-irritating, degrading and sex-exciting music in those eras (Rimmler, 1991).

Gershwin's musical education as well as his life experiences led to the composition of *Rhapsody in Blue* in 1924, which is maybe his most famous musical-work. The composition is based on a symphonic context, in which we find trademarks of jazz elements, such as syncopated rhythms, blues notes and onomatopoeic instrumental effects.

Reflecting on George Gershwin's life experiences; he made a trip to Paris in 1920, which played a crucial part in his musical career. There, he found sounds, facts and impressions he never found in America. The result of this trip was the release of "*An American in Paris"*, which was the second well-known composition of him, where we can find a variety of rhythms as jazz, blues or classical forms[xi].

Moreover, if we want to appreciate the diametrical relations among Gershwin's compositions, his education and life experiences, it is informative to consider this fact: during 1925's, George Gershwin spent some time in America's rural south, studying the music and lifestyle of impoverished African Americans and then in 1934, he composed the folk-opera *Porgy and Bess*. A part of the white audience was not very enthusiastic, because they believed that "lowly" popular music should not be incorporated into an opera structure. On the other hand, black audiences criticized George Gershwin's musical work for its condescending depiction of stereotyped characters and inauthentic appropriation.

Notwithstanding these political and racial issues, the music of George Gershwin was appreciated at its real value. This is so because after his death in 1937, the U.S. Department selected the folk-opera *Porgy and Bess* to represent the United States on an international tour during which it became the first opera by an American composer to be performed at *La Scala* opera house from Milan.

Furthermore, Gershwin's musical works were influenced by French composers of the early twentieth century, as Maurice Ravel or Claude Debussy. This fact lead to the belief that his symphonic orchestrations were similar to those of Ravel or that of Gershwin's *Concerto in F* or. However, George Gershwin was not influenced only by French composers. His compositions and his musical style were also influenced by Arnold Schoenberg, Igor Stravinsky, Alban Berg or Dmitri Shostakovich. But, these influences would not strike any worth without Gershwin's imagination and ability to manipulate different musical forms and techniques in order to create his own unique style.

His creativity and contribution in music were recognized after his death. Thus, in 1985 *The Congressional Gold Medal* was awarded to George and Ira Gershwin[xii], in 1998, a special *Pulitzer Prize* was awarded to George Gershwin and in 2006 he was inducted into the *Long Island Music Hall of Fame*. Also, University of California, Los Angeles established *The George and Ira Gershwin Lifetime Musical Achievement Award* to honor the brothers for their contributions to music.

So, upon a reflection of Gershwin's work, it is not about the taxonomy of several kinds of imagination, but the "imagination" itself which comes to us in different ways, as a new product of

our minds, according to our interests, purposes or to our cultural and civil backgrounds. However, this fact was not studied enough and most people concluded that imagination is equivalent to art.

Conclusion

In my opinion, even the art challenges imagination in new and uncharted ways in the 21st century. It should be appreciated by the classical terms, instead of using some new criteria, which will lead to relativism.

If So, George Gershwin contribution in music, according to imagination and the present day culture is key for consideration and not referring to political or social contexts.

It is apparent that the role of imagination decreased in the art of today, going to imitation. But, for a return to the *imagino, - are* (*lat.* to reflect; to represent; to enliven), the imagination will play the main role in all kinds of art and, maybe it will go to a unifying of arts, which was in its early days.

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[i] George Gershwin was born in a Russian Jewish family, so he knew a lot about the Russian-Yiddish culture;

[ii] Gershwin studied piano and European classical music with Charles Hambitzer. Later, he studied classical music with the classical composer Rubin Goldmark and also with the avant-garde composer Henry Cowell;

[iii] In my opinion, Gershwin's orientation to folk-opera is related to the fact that he grew-up around the Yiddish Theatre District. Also, he frequented the Yiddish Theatre, where, sometimes, he appeared as an extra;

[iv] George Gard "Buddy" DeSylva was an American song-writer, film producer and record executive. He founded *Capital Records*. In 1920's, George Gershwin frequently worked with him;

[v] *Rhapsody in Blue*, for piano and orchestra was composed in 1924 and this is considered his major classical work and it proved to be his most popular work;

[vi] *An American in Paris* is a jazz influenced symphonic poem, written in 1928;

[vii] *Blue Monday*, also called *Opera a la Afro-American* is an one act jazz-opera, with the libretto written by Buddy DeSylva;

[viii] The folk-opera *Porgy and Bess* was written in 1934 and it was performed in New York, in 1935, featuring an entire cast of classically trained African-Americans singers. The most well-known song from this opera is *summertime*, which had a great popularity. *Summertime* is considered a jazz standard, so it was sung by a lot of notorious singers, such as Billie Holiday, Sam Cooke, Billy Stewart, Janis Joplin and Annie Lennox;

[ix] The dodecaphonism or the 12-tone technique was created by the Austrian composer Arnold Schoenberg (1874-1951);

[x] *Lullaby* is a composition for a string quartet, a study in harmony composed as an exercise for Edward Kilenyi. This musical work was published after the death of George Gershwin, by his brother, Ira Gershwin;

[xi] 23 years after its premiere, (in 1951), it was made the musical by an *American in Paris*, staring Gene Kelly and Leslie Caron, directed by Vincent Minelli. This musical was a great success;

[xii] Ira Gershwin, George Gershwin's brother, wrote the lyrics for some well-known songs like *I Got Rhythm* or *The Man I Love.*