



doi 10.5281/zenodo.11204458

Vol. 07 Issue 04 April – 2024

Manuscript ID: #1379

A REVIEW OF THE DETERMINANTS OF HEALTH SEEKING BEHAVIOUR IN NIGERIA

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ABSTRACT

Once a person assumes a sick role, it is observed that he or she seeks medical advice and cooperate with medical experts. Health seekers in Nigeria like any developing country tends to do so based on the resources at the disposal of the individuals or family. This paper is a review of health seeking behaviour in Nigeria. The objective of the paper includes to review the determinants of health seeking behaviour in Nigeria. Secondary method of data collection was adopted. Based on the literature reviewed, the paper revealed that social (peer group, family and religious belief), demographic (age, sex, and educational attainment), economic (socio-economic status and cost of health-care service), cultural, spatial and environmental, and healthcare system are determinants of health-seeking behaviour in Nigeria. The paper concluded by stating that the multifaceted nature of health-seeking determinants must be taken into consideration in any attempt to understand health-seeking behaviour in Nigeria, and also recommended that; future interventions aimed at improving healthcare seeking behaviour may be enhanced by targeting not only the patient's effort but also on the institutional capacity to make accessibility to health care facilities possible; and also, improvement in healthcare seeking behaviour cannot be fully achieved without achievable policy at the national level.

KEYWORDS:

Behaviour, Determinants, Health, Health-seeking behaviour, Nigeria



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Introduction

Health-seeking behaviour is situated within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good state of health. In addition to other basic needs of man like shelter, clothing and food, health is a basic need that is very important. Health is desirable by all people and as such every citizen is entitled to enjoy good health, protection from diseases and proper medicare for survival, personal growth and development (Lucas & Gilles, 2004). Inappropriate health-seeking behaviour has been linked to worse health outcomes, increased morbidity and mortality and poorer health statistics (Akande & Owoyemi, 2009). Once a person assumes a sick role, it is observed that he or she seeks medical advice and cooperate with medical experts and seek medical care. Health-seeking behaviour is any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. Furthermore, the term is often used to describe in other words, as an individually approved, socially appraised, and medically recommended action voluntarily undertaken by a person who believes himself or herself to be healthy that tends to prevent the occurrence of an undesirable health condition or detect it in an asymptomatic stage (Amzat, 2011).

Nigeria is a country located in West Africa. Majority of the population of Nigeria live in rural areas where agriculture is the mainstay (Egbunu & Yunusa, 2022). Nigerian rural areas are the most neglected and its people the most deprived regarding the provision of modern health care services (Uche, 2017). The rural communities generally lack the basic infrastructural facilities for the maintenance and promotion of good health, and this has forced many rural dwellers to develop various forms of illness seeking behaviour in response to their perceived illness. The implication is that rural dwellers are subjected to high incidence of morbidity and mortality resulting from the incidence of preventable and infectious disease. Knowledge about health-seeking behaviour is very crucial in health care policy formulation, early diagnosis, effective treatment and implementation of appropriate interventions in the rural areas where productive tasks are labour-intensive. In nearly all the rural areas of Nigeria today, many of the rural dwellers patronize quacks and traditional healers, only few of rural dwellers have access to better medical treatment when a symptom or abnormal body sign is perceived or when they feel like going for medical check-ups and majority also patronize private clinics and public healthcare facilities where in most cases have facilities with less or no modern machines for check-ups and diagnosis. This is because of the high cost of medical services in private hospitals where there are functional laboratory facilities (Egbunu & Yunusa, 2022). It is also important to note that, not only the rural dwellers have fallen victim of this anomaly of patronizing quacks, as the activity of this quacks is not just limited to rural areas alone. Majority of studies on health-seeking behaviours in literatures have dwelt so much specifically on the utilization, and responses to the perceived illness and the effects of health behaviour on access to healthcare services in Nigeria, with limited consideration of the determining factors influencing the attitudes of rural dwellers in their response to illness (Nwankwo & Emerho, 2017). Consequently, health promotion programmes worldwide have long been premised on the idea that providing knowledge about cause of ill health and choices available will go a long way towards promoting a change in individual behaviour towards more beneficial health behaviour. However, there is a growing recognition in both developed and developing countries, that providing education and knowledge at the individual level is not sufficient, to promote a change in behaviour. Instead, providing knowledge at the societal level and trying to ascertain and compare factors that influence the health-seeking behaviour of members of the society, will be sufficient to promote a change in behaviour.

Aim and Objectives

The aim of this study is to understand the various determinants of health seeking behaviour with specific objectives to examine social, demographic, economic, cultural, spatial, environmental, and healthcare system factors influencing the health-seeking behaviour of people in Nigeria.

Methods

The method used in this paper is the secondary source of data collection, which includes documented journals, articles and books written in the area of health-seeking behaviour. The paper adopted this method as it helped the researcher to access existing datasets without the need for additional resources or fieldwork and also, secondary data sources play a crucial role in advancing knowledge, informing decision-making, and addressing research questions across various domains and disciplines including the health sector.

Literature Review

This section is devoted to the review of relevant literature, including conceptual and empirical review. It therefore, involves data generation from books, reports, publications, academic journal articles, archival materials and internet based documented source materials among others that are relevant to the paper.

Conceptual Review

The Concept of Health-Seeking Behaviour

Health, according to the World Health Organization (WHO, 2020) is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health encompasses more than just the absence of illness. It includes various dimensions of well-being, such as physical, mental, and social aspects. It is not limited to the absence of diseases or disabilities but focuses on a holistic view of an individual's overall condition. Thus, a person's overall health is determined by their genetic makeup as well as a variety of environmental and psychological factors. Furthermore, statistics show that compared to citizens in wealthier countries, those in less developed nations have greater rates of illness and death (World Bank, 2022).

According to Anthony, (2022) health is a state of physical, mental, spiritual and complete well-being and not necessarily the absence of disease. He further stated that, there is no substitute for good health. A sound mind can only dwell in a sound body. There is no price too high to pay for good health. Deducing from the above definitions, health can be defined as the smooth running of the various components of an individual for the effective functioning of the entire body system to enhance maximum efficiency and effectiveness.

Health-seeking behavior, therefore, is a dynamic concept which depends on life cycle patterns as well as the physical and psychological needs of individuals that determine the demand for health (Damrongplasit & Wangdi, 2016). Jimoh and Oliver, (2019) defined health-seeking behaviour as the way people monitor their bodies, define and interpret bodily indications, make decisions about needed treatment and use formal and informal sources of care.

Also, Geoffrey, et al., (2018) defined health-seeking behaviour (HSB) as any activity undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. Furthermore, Daniel, (2017) sees health-seeking behaviour as what prompts a person to seek treatment and utilize a health facility whether medical or traditional and also what makes an individual to engage in certain protective activities that will prevent an illness from taking

place. Therefore, health-seeking behaviour from the above definitions refers to the action(s) individuals take to maintain their health or seek healthcare services when they perceive a health need.

The Concept of Health Determinants

Health determinants is the conditions in which people are born, grow, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life (WHO, 2021). Similarly, Marmot, (2015) defined health determinants as the circumstances in which people are born, grow, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. Also, Raphael, (2008) describes health determinants as the range of personal, social, economic, and environmental factors that shape health and well-being.

Therefore, health determinants can be seen as the various aspects (social, cultural, economic, geographic etc.) of an individual that makes them react to the outcome of their health in the way they do.

Empirical Review on the Determinants of Health-Seeking Behaviour in Nigeria

There are numerous determinants as it relates to healthcare seeking behaviour across the globe. However, this section of the paper concentrated on reviewing previous studies on the factors determining health- seeking behaviour in Nigeria.

Egbunu and Yunusa (2022) investigated the factors influencing how rural residents sought out health care in Dekina Local Government Area of Kogi State. The study's specific goals includes identifying the most prevalent diseases afflicting rural residents in Dekina L.G.A, investigating the general health-seeking behaviour of rural dwellers, identifying the factors that influence this behaviour, and examining the obstacles that patients in this area face. The study's framework was based on rational choice theory. The study used a cross sectional survey research design, and a sample of 399 people was chosen from the 142, 112 study participants using a cluster sampling strategy combined with systematic simple random sampling. Multiple regression was used to assess the hypothesis formulated. Findings revealed that majority of rural residents in Dekina Local Government Area sought healthcare from nearby facilities for symptoms diagnosis and treatment, but even while taking medications, they supplemented modern drugs with herbal remedies. The study also found that cost of drugs/medical services, location of healthcare facilities, level of education, and income level were found to be the main determinants of rural residents' health seeking behaviour in the study area. The study concluded that typhoid fever and malaria were the most frequent illnesses experienced by rural residents and It was recommended among others that rural dwellers should make use of treated mosquito nets, avoid drinking dirty waters and foods, the cost of medical services should be regulated through the establishment of State and Community Health Insurance .

Akande and Owoyemi (2008) carried out a study to examine the awareness and attitude of people to the hazards associated with use of generators. Descriptive cross-sectional survey was conducted using self- administered structured questionnaire on 360 randomly selected respondents in Anyigba town in middle- belt Nigeria. Proportion of respondents (73.2%) that use of generators was very high. Majority (78.2%) of the respondents who owned generators were aware of the social and health hazards associated with generator use. More than half, 183 (56.6%) of the respondents felt that they were prone to hazards from generator use, while (85.5%) thought neighbours of generator users are exposed to noise hazard. Majority of the respondents were favourably disposed to the plight of their neighbour when accosted due to disturbance from generator use.. There is a high level of generator use in the study population due to lack of and erratic public electricity power supply. This exposes

people to a lot of hazards particularly noise. To ameliorate social and health hazards associated with use of generators in Nigeria, government should intensify efforts in boosting public power supply. Users of generators need to make effort to reduce exposure of people to noise and other hazards.

Social Factors and Health-Seeking Behaviour

Gage, et al., (2012) in their study on health-seeking behaviour among selected Nigerian communities, utilizing a cross sectional research design, found that, individuals with healthy peers were more likely to engage in health-promoting behaviour and use healthcare services. Similarly, Ballard, et al., (2017) in their study on health-seeking and peer-led health advocacy: exploring the role of social networks in healthcare access in Nigeria, using descriptive cross-sectional research design, discovered that, women were more likely to be influenced by their peers regarding healthcare decisions. On the contrary, Oduyemi, et al., (2016) in their study on factors influencing the utilization of primary health care services among adolescents in Ibadan, South West, Nigeria, adopting survey research design, found that, peer pressures and stigma negatively affected health-seeking behaviour among adolescence thus, peer group significantly impact individual's health-seeking behaviour.

Commenting on family, Obionu, et al., (2019) in their study on influence of family support on health-seeking behaviour among pregnant women in rural communities in Nigeria, revealed that, pregnant women who received strong support from their families were more likely to seek timely and appropriate healthcare services. Similarly, family support, including emotional support, financial assistance, and encouragement, played a significant role in promoting positive healthcare-seeking behaviour among HIV patients. However, stigma, discrimination, and lack of family understanding were identified as barriers to seeking healthcare services (Arowosegbe, et al., 2020). Also, Abdulkarim, et al., (2023) in their study on determinants of reproductive health-seeking behaviour among women of reproductive age in kogi state, using descriptive survey design, revealed that, 61.5% of the respondents indicated family influence on their health-seeking behaviour.

On religious beliefs and health-seeking, religiosity usually reflects one's individual beliefs more than those of the religious organization itself (Ekenta, 2017). According to Daniel, (2017) in his study on personality and religiosity as predictors of health seeking behaviour among out-patients of federal neuropsychiatric hospital Yaba, Lagos, Nigeria, exploring survey research design, and a purposive sampling technique with a sample size of 332 respondents, revealed that, the population of their study consisted of 270(81.33%) Christians, 58(17.47%) Muslim while Traditional 2(0.60%) and 2(0.60%) Pagan. He further stated from his result that, religiosity significantly predict health-seeking behaviour of out-patients in his study. Similarly, Mary and Musa, (2023) in their study on health seeking behaviour of hausa women in Makurdi LGA, Benue State, using descriptive survey research design with a sample of 389 respondents, revealed that, a few of the respondents were of the view that, cultural barriers have affected the health-seeking behaviour, 12.6% (46) of the respondents agreed while 29.3% (111) respondents did not specify, 35.7% (139) and 22.4% (87) of the respondents disagreed and strongly disagreed respectively, revealing that cultural beliefs has effect on the health-seeking behaviour of the respondents.

The review above shows that, social factor such as peer pressure, family and religious beliefs determines the way individuals respond to their health in Nigeria.

Demographic Factors and Health-Seeking Behaviour

Demographic factors are socio-economic characteristics of a population expressed statistically as age, gender and educational qualification among others. Health-seeking behaviour is associated with socio-demographic factors, such as age, sex, education, income, religion and marital status (Young, 2004 cited in Daniel, 2017).

Emphasizing on education. Education is an important factor which determines development in general. It is associated with fertility, use of health care facilities and use of contraceptives (World Bank Reports, 2022). According to Oluwasayo and Adesola, (2021) on the relationship between health-seeking behaviour and health related quality of life of female market traders in Ile-Ife in South-west Nigeria, using a cross sectional research design and a sample size of 577 respondents, observed that, 72(12.48%) of the respondents had no formal education and 502(87.52%) had formal education. Findings from the study.

showed that 65.3% of respondents had poor HSB and 54% had good health related quality of life. They went further to state that, there was no association between health-seeking behaviour and educational status of the market women. Similarly, Adesuwa, et al., (2015) in their study on health seeking behaviour among caregivers of under-five children in Edo State, Nigeria, utilizing descriptive cross-sectional study with 370 sample size, revealed that, almost all of the respondents (354, or 96%) had heard of antenatal care. Respondents' major sources of information about antenatal care were from hospital/health workers (304, or 86%), television (31, or 9%), and from relatives (10, or 3%). The majority of the respondents (335, or 95%) knew the meaning of antenatal care and 19 (5%) reported that it was the use of concoctions and herbs during pregnancy.

Conversely, Itunu and Joshua, (2018) in their work on health-seeking behaviour of malaria patients in Lagos, South-West, Nigeria, found that, the level of education also appears to play a role in the health seeking behavior of respondent as there was less delay (67.5%) among the educated ones than the uneducated ones who delay seeking treatment longer (81.1%).

On age and health-seeking, Okpala, et al., (2019) in their study on utilization of maternal and child health services in Enugu, South-East in Nigeria, among 9,536 mothers in Obiagu community with a sample of 323 women of childbearing age, found that, 213 women between 21-29 years age group which constituted a majority of the respondents (70.1%), utilized maternal healthcare services which is an indication that, the age of the respondents determined their health-seeking behaviour. Similarly, Oluwasayo & Adesola (2021), on the relationship between health-seeking behaviour and health related quality of life of female market traders in Ile-Ife with a sample size of 577 respondents, found that, respondents between the age of 18-40 scored high 244(42.3%) in healthcare seeking, followed by age 41-60 scoring 231(40.0%), then age 61 and above scored 102(17.7%) indicating that age significantly affect the health seeking behaviour of the respondents. On the contrary, Nwiko, et al., (2022) in their study on demographic determinants of health care-seeking behaviour among women in Khana Local Government Area of Rivers State, South- South in Nigeria, adopting a descriptive cross-sectional design with a sample size of 1,200 women was selected using multi-stage sampling procedures, found that, respondents of all the age groups: 16-25 years, 26-35 years, 36-45 years and 46 years and above exhibited good healthcare seeking behaviour, indicating that age significantly determined the healthcare seeking behaviour of women of Khana local government Area.

On gender and health-seeking behaviour, Bolaji and Joel, (2022) in their study on correlates between health seeking behaviour and health status, utilizing cross-sectional research design with a sample size of 433 respondents, found that male respondent who had poor health status were 141 (82.5%), those who had good health status were 30(17.5%) and the female respondents who had good health status scored 196 (74.8%) and those with poor health status were 66(25.2%) which indicates that men more than women had good health-seeking behaviour.

On the contrary, Olufemi, (2020) on care seeking behaviour of citizens during pandemics, using case study of COVID-19 in Nigeria, adopting a cross sectional research method, using a sample size of 382 respondents, revealed that, more men 343(89.79%) than women 39(10.21%), registered for testing, and also more men were found turning up for test. Therefore, demographic determinant such as educational level, age and gender of individual influence their health-seeking behaviour. Similarly, Daniel (2017), in his study on personality and religiosity as predictors of health-seeking behaviour among out-patients of federal neuropsychiatric hospital Yaba Lagos, South-West in Nigeria, with a sample size of 332 respondents, revealed that, 56.3% (187) of the participants were male patient, while 43.7% (145) of the participants were female patients indicating that more men than women utilized the healthcare facilities.

Economic Factors and Health-Seeking Behaviour

The likelihood of seeking appropriate healthcare improved as socio-economic status improved (Latunji and Akinyemi, 2018). Commenting on poverty and health-seeking, Egbunu & Yunusa (2022), in their study on factors determining the health-seeking behaviour of rural dwellers in Dekina, North-central, Nigeria, adopting survey research design, and a sample of 399 people, stated that, 51.23% of the respondents indicated that, their income level is the major factor affecting their health seeking behaviour. Further stating that, a high poverty rate is a major problem in most developing nations. Similarly, Akanbiemu, et al., (2019) on income level and health-seeking behaviour among adults in Nigeria, using a cross-sectional research design with a sample of 600 respondents, found that, individuals with higher income levels (81.87%) were more likely to seek healthcare services promptly compared to those with lower income levels. Hadizah and Ibrahim, (2021) in their study of healthcare seeking behaviour and utilization of maternal healthcare services among women of reproductive age in North-west, Nigeria, found that, poverty limited women's access to quality life. It affects women accessibility to healthcare and exposes women to malnutrition, disease, unhygienic environment such as overcrowding and unclean water.

On cost of healthcare service, Abdulkarim, et al., (2023) on determinants of reproductive health-seeking behaviour among women of reproductive age, showed that, the cost of healthcare service had a significant impact on the health-seeking behaviour of respondents (94.9%). In line with this result, a study by Ugochukwu, et al., (2022), in their study on determinants of primary healthcare services utilization in an under-resourced rural community in Enugu State, Nigeria, adopting a cross-sectional research design with a sample size of 335 respondents, revealed that, majority of the respondents 224 (66.86%) indicated that, they could afford the primary healthcare services, while 111 (33.13%) could not afford PHC. Therefore, high cost of services at the primary health care facilities influences the utilization of the PHC services by the respondents. Resulting from the above, poverty and income level of individuals has a direct relationship with their attitude towards healthcare seeking.

On the relationship between poverty level and health-seeking behaviour. Latunji and Akinyemi, (2018) on factors influencing health-seeking behaviour among civil servants in Ibadan, South-west, Nigeria, adopting a descriptive cross-sectional research design, revealed that, the likelihood of seeking appropriate healthcare improved as socio-economic status improved as respondents who were poorest

60(17.8%), had poor health-seeking behaviour, those who were poor 109 (32.3%), had better health-seeking behaviour compared to those of the poorest, then the rich 84(24.9%) in comparison with the poor had better health-seeking behaviour and the richest 84 (24.9%), scored highest in health-seeking behaviour. Also, Egbunu and Yunusa, (2022) in their study on factors determining the health-seeking behaviour of rural dwellers in Dekina, North-central, Nigeria, adopting survey research design, and a sample of 399 people, stated that, 51.23% of the respondents indicated that their income level is the major factor affecting their health-seeking behaviour. Adding that, a high poverty rate is a major problem in most developing nations.

The above therefore, implies that, there is a significant association between income level and health-seeking behaviour.

Cultural Factors and Health-Seeking Behaviour

Cultural beliefs are also serious problems constraining rural households' health-seeking behaviour (Egbunu & Yunusa, 2022). According to Aworinde, et al. (2019), in their study on behaviour modifying myths practices and effect on health-seeking behaviour among pregnant Yoruba women, South-Western in Nigeria, using descriptive cross-sectional research design, found that, the respondents exhibited a particular pattern of behaviour which is avoidance of going out of doors when the sun is high: This behaviour modification was seen in 54% of the respondents. Also, Mary and Musa (2023), in their study on health seeking behaviour of hausa women in Makurdi LGA, Benue State, using a sample of 389 respondents, revealed that, a few of the respondents were of the view that, cultural barriers have affected the health seeking behaviour, 12.6% (46) of the respondents agreed while 29.3% (111) respondents did not specify, 35.7% (139) and 22.4% (87) of the respondents disagreed and strongly disagreed respectively, revealing that cultural beliefs has effect on the health-seeking behaviour of the respondents.

On the perception of illness causation. According to Uche (2017), in his study on factors affecting health-seeking behaviour among rural dwellers in Nigeria and its implication on rural livelihood, using cross-sectional survey design, stated that, there is usually a spiritual undertone to every serious illness. The implication being that, once a disharmony exists between a man and the 'gods or ancestors', sickness is believed to occur, and when this happens, seeking healthcare from professional health care providers will amount to a waste of time and resources. Thus, those who belong to this category of health-seekers look the way of traditional healers/herbalists who they believe will hear accurately from the 'gods or ancestors' and solve their health needs.

Spatial and Environmental Factors and Health-Seeking Behaviour

A study by Hadizah and Ibrahim (2021), in a study on healthcare seeking behaviour and utilization of maternal healthcare services among women of reproductive age in North-West, Nigeria, adopting descriptive survey design, showed that, a study in Aden hospital, where 73% of maternal deaths were women from the rural areas who had a long way to travel, show clearly acute is the problem in the rural areas. 10% of these women were died on arrival and another 15% died within an hour of arrival. Similarly, Akande & Owoyemi (2009), in their study on health-seeking behaviour in Anyigba, North-Central, Nigeria, adopting a cross-sectional survey, stated that, geographical access to health facility was not a problem in the study population as majority (85.6%) could access health facility within 5km to where they live. This reveals that, environmental/spatial factors like distance from healthcare facility to the residential area of individuals. Furthermore, Egbunu & Yunusa (2022), in their study on factors determining the health-seeking behaviour of rural dwellers in Dekina, North-central, Nigeria, adopting survey research design, and a sample of 399 people, stated that, 43(11.72%) of the respondents indicated that distance to healthcare facilities was a challenge to their utilization of

healthcare services. Therefore, distance to healthcare facilities is a major challenge in proper health seeking behavior.

Healthcare System Factors and Health-Seeking Behaviour

Commenting on patient-physician relationship, it is an important factor in determining the health-seeking behaviour of individuals. For instance, Usman, et al. (2020), in their study on factors influencing health seeking behaviour in North-Central, Nigeria, adopting descriptive cross-sectional study among 125 residents, revealed that, (22.4%) of the respondents indicated the attitude of health workers as the barriers to utilization of health services. Also, Onyemaechi & Ezenwaka (2022). Influence of sub-national social health insurance scheme on enrollees' health seeking behaviour in Eastern Nigeria, found that, the attitude of health workers, scoring (2.2%), was part of the major reasons for change in the respondents' health-seeking behaviour. Therefore, the relationship between healthcare providers and patients can influence the attitude of individuals towards their health when ill.

Theoretical Framework

The choice of a theory used in any research work shapes the way the study is constructed. Therefore, based on the purpose of this paper, the Health Belief Model and the Healthcare Utilization Model were used to further explain the subject under consideration.

Health Belief Model

According to Carly (2020), the Health Belief Model (HBM) is a tool that is used to predict health behaviour. It was originally developed in the 1950s by Rosenstock and Kegels to explain poor usage of preventive care services and updated in the 1980s (Edberg, 2007). The HBM is based on the theory that a person's willingness to change their health behaviour is primarily due to their health perceptions. According to this model, the individual beliefs about health and health conditions play a role in determining their health-related behaviour. The HBM consists of six concepts, which are: 1. Perceived susceptibility to an illness; which reflects the individual's perceived self-vulnerability or self-subjective risk of contracting or developing a particular health condition. 2. Perceived seriousness of the illness; which is indicative of how serious the individual perceives the health condition. 3. Perceived benefits for the presumed action; which is the individual's personal gain for conducting such an action as a result of the health condition. 4. Perceived barriers for the presumed action; which are the negative components that are involved, that prevent the individual from conducting any health-related actions pertaining to the health condition. 5. Confidence in one's ability; which is the belief that the actions that will be taken will eventually lead to a desirable outcome. 6. Health motivation; which are overall beliefs and behaviour relative with concern pertaining to the health condition (Nalan, 2009).

The HBM was used in this paper to assess the various determinants of health-seeking behaviour of individuals. Individuals, especially Nigerians who have different belief system and other factors that has encouraged the attitude of poor health care seeking behaviour. The model posits that, believe and attitude of individuals are major determinants of their health actions. Health Belief Model was applied to this current study, to suggest the need for proper health care seeking behaviour in Nigeria. This is to ensure that an average individual in Nigeria is giving to the benefits of health-seeking. In addition, those who believe that they will benefit from proper health-seeking will practice proper health-seeking behaviour.

Healthcare Utilization Model

Healthcare Utilization Model (HUM) is a framework used to explain the factors that influence health-seeking behaviour. It posits that individuals' health-seeking behaviour is determined by the predisposing factors, enabling factors, and need factors. In the case of Nigeria, these factors interact in a complex way to determine the health-seeking behaviour of its population.

Predisposing factors refer to the characteristics of an individual that influence their health-seeking behaviour. These include demographic factors such as age, gender and education level. In Nigeria, studies have shown that women are more likely to seek healthcare than men due to cultural norms and beliefs about gender roles (World Health Organization [WHO], 2019). Education level has been found to positively influence health-seeking behaviour as individuals with higher levels of education tend to have greater knowledge about health and are more likely to seek preventive care (National Population Commission [NPC] Nigeria, and ICF, 2019).

Enabling factors refer to the resources that enable an individual to access healthcare. These include financial resources, geographical location, availability of healthcare facilities, and health insurance coverage. Nigeria faces significant challenges in terms of enabling factors, with many people living below the poverty line and lacking access to healthcare facilities (WHO, 2019). The government has made efforts to improve access to healthcare by increasing the number of healthcare facilities, providing free maternal and child health services, and implementing a national health insurance scheme (NPC Nigeria, and ICF, 2019).

Need factors refer to the actual or perceived need for healthcare. This includes both the physical and subjective symptoms experienced by an individual. In Nigeria, cultural beliefs and practices play a significant role in determining need factors, with many people preferring traditional healers to western medicine (Izugbara and Wekesah, 2018). However, there is a growing awareness of the importance of western medicine, particularly in the treatment of infectious diseases such as malaria and HIV/AIDS (WHO, 2019).

Health Utilization Model (HUM) provides a useful framework for understanding the complex factors underlying health-seeking behaviour in Nigeria. Predisposing factors, enabling factors, and need factors interact to influence individuals' healthcare-seeking behaviour.

Conclusion

This paper provided insight into determinants of health-seeking behaviour in Nigeria. The multifaceted nature of health-seeking determinants must be taken into consideration in any attempt to understand health-seeking behaviour, and a comprehensive strategy that takes into account the social, economic, cultural beliefs, spatial and environmental, and healthcare system components must be used.

Recommendations

The aim of this paper is to examine determinants of health-seeking behaviour in Nigeria.

Findings from the literature reviewed revealed that, there are several factors responsible for the health care seeking behaviour in Nigeria, among which are social, demographic, economic, cultural, spatial and environmental, and healthcare system factors. Improvement in health care-seeking behaviour cannot be fully achieved without achievable policy at the national level.

In order to achieve a balance and healthy seeking behaviour, there is the need to pay attention to means of fostering mechanisms that will alleviate unhealthy living. On the basis of the findings

reached in this paper, the following measures are recommended in order to reduce the phenomenon of general health seeking behaviour in Nigeria:

1. Government, Non-governmental organizations and social groups at all levels should take up the responsibility of involving psychologists in training/counseling people on how to live a healthy and good seeking attitude in order to promote good health-seeking behaviour.
2. Interventions should aim at poverty reduction and increasing health education especially in the rural areas where access to information is difficult as this will help and average individual to be aware of proper health-seeking behaviour and make health-seeking affordable.
3. The government should make accessibility to health care facilities possible in order for individuals to be able to make use of the facilities as this will enhance balance health care seeking behaviour.
4. Future interventions should be aimed at improving health care-seeking behaviour by targeting not only the patient's effort but also on the institutional capacity to make accessibility to health care facilities possible as this will encourage individuals to be deliberate about balanced health-seeking.

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