



RESEARCH ARTICLE

FACTORS INFLUENCING HEALTH SEEKING BEHAVIOUR AMONG STUDENTS OF TERTIARY INSTITUTIONS IN IBADAN, OYO STATE, NIGERIA

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ABSTRACT

There have been several definitions of health over the years. The main points emphasized in each of the definitions mostly has been the physical, mental, social and psychological health of an individual and not merely the absence of disease. Actions or inactions taken by an individual to seek for help or remedy when they are faced with health challenges are regarded as the Health Seeking Behaviour (HSB). Often students because of their youthful age, of which the university students belong to, engage in inappropriate health seeking behaviour. This is often due to the processes of adolescent development, experimentation and exploration at their age. This outcome of the inappropriate behaviour leads to deteriorating health outcomes, high morbidity and mortality rates, especially among them (Mwase, 2021). The study determined the factors influencing health seeking behaviour (HSB) among students of tertiary institutions in Ibadan, Oyo State, Nigeria. The design for the study was the cross-sectional design. Students at different levels in tertiary institutions in Ibadan, Oyo State, Nigeria were the study population. The sampling technique used for the study was the multistage sampling technique, with the sample size calculated, using Taro Yamane formula to arrive at 360 respondents. A validated, structured instrument was used for data collection which was done within four weeks. Collected data were analysed using descriptive and inferential statistics at 0.05% level of significance. The mean age of the respondents was 22.38 ± 8.28 years. Factors such as self-medication, distance from the clinic, cost, academic concerns and religious beliefs were identified as the main causes of HSB among the respondents. Moreover, findings from the analysed data revealed that there was no significant association between ethnicity and self-medication ($X^2=2.619$; $p=0.270$); distance from clinic ($X^2=1.846$; $p=0.397$), cost ($X^2=3.495$; $p=0.174$), academic concerns ($X^2=4.154$; $p=0.125$) and religious beliefs ($X^2=0.484$; $p=0.785$). Based on the findings, it is recommended that more health awareness programs should be carried out to sensitize students on the activities of the health clinic within the tertiary institutions.

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INTRODUCTION

Health and well-being are the basic needs of a human being (Hamzah, 2024). The third Sustainable Development Goal (SDG, 2020), targets that everyone has access to the full range of high-quality health care services they require, when and where they need them, and without financial hardship (United Nations, 2022). The Universal Health Coverage (UHC) encompasses all aspects of healthcare services, from health promotion to prevention, treatment, rehabilitation, and

palliative care and could be significantly impacted by the health-seeking behaviour (HSB) of the population (Bexell & Johnson, 2022). Health seeking behaviour (HSB), which is also called the illness behaviour or sick-term behaviour, is part of the broader term of health behaviour (Hamzah, 2024). The appropriate HSB is the set of actions taken by an individual to seek for timely and suitable health care services when there is perception of a health problem (Hawi Al Tameemi, et al., 2024). When the HSB is inappropriate, it can have an

impact on the population health outcomes and increase the community's transmission risk. Also, inappropriate HSB can increase the disease burden and cause premature death (Hamzah, *et al.*, 2024). Public health practitioners and policymakers can improve the healthcare system and health promotion strategies when the HSB is fully comprehended (Zhang, 2020). Students live in an unfamiliar environment when in school and this may make them more likely to have health issues especially with the complex and multifaceted university system. (Poortaghi, *et al.*, 2023). Also, the students face issues such as inadequate housing, limited access to basic services, low-income levels, and health burdens. They often lack representation and voice in policy-making processes, contributing to their marginalisation. The multiple pressures faced by the students increase their health risks and this is compounded by high cost of health services. Monitoring health care services inequality is essential to identify and track disadvantaged populations to provide decision-makers with an evidence base to formulate more equity-oriented policies, programs and practices towards the progressive realisation of UHC. Students due to their youthful age display various behaviours that are influenced by various factors which include personal, economic, health care system, environmental and psychological factors. health provider (Hawi Al-Tameemi, *et al.*, 2024). Also, along with these are various socioeconomic determinants including gender, age, social status, illness type, service accessibility, and perceived care quality (Munezero & Manoukian, 2021). Often, conflict situations, population displacement, and food scarcity further complicate health seeking behaviour, posing challenges to both healthcare systems and individual well-being. Moreover, health seeking behaviour is influenced by many patient characteristics such as socio-economic status, gender and age. Other issues such as knowledge of illness prevention and health maintenance, trust in physicians and the presence of chronic conditions have also been demonstrated to impact health care-seeking behaviour, including frequency and length of visits, satisfaction and willingness to seek care (Thompson, *et al.*, 2022).

Lartey, *et al.*, (2019) in research on factors influencing health behaviour of international students in the United State of America discovered that though, majority (91%) of the students believed that healthy behaviours are important, but they (56%) did not use the available health care services. According to the United State department of education (Tran & Silvestri-Elmore, 2020), 19.9 million youths were enrolled in colleges and universities across the nation with the presence of health centres in most of these institutions, but in spite of this, the health seeking behaviour of the students are negative as only 32% of enrolled students utilized the health centres in a year. Of the 32%, only 15.6% of these students seek for preventive services. In a study conducted by Umami, *et al.*, (2023) among medical students in Hungary, the hospital visit to the GP was (56.8%) as the students felt they have the knowledge to overcome their health problems by seeking help from friends or family members. In another study by Bhandari & Chatau, 2020, it was suggested that the reason for HSB was because the respondents were reluctant to come to the GP for reasons of the type and level of the disease they were experiencing. Hawi Al-Tameemi, *et al.*, (2024) in a study revealed that 87.1% of respondents had engaged in HSB within the previous 3 months, with women having a greater number than men; the former exhibited higher levels of adherence to treatment regimens and expressed greater satisfaction with their healthcare experience while the latter are more inclined to self-medicate, potentially influenced by gender-related factors. In a study published in Canada by Thompson, *et al.*, (2022), women reported that they would visit a family physician in response to both physical and mental health concerns to a greater extent than did men. In Ethiopia, Hamid, *et al.*, (2024) concluded that 39.3% older people engaged in good health seeking behaviour. The relationship between health seeking behaviour and older people is complex and influenced by a variety of factors, all of which shape the likelihood of older adults participating in timely and appropriate healthcare utilization, consequently affecting their overall health outcomes and quality of life. In a cross-sectional study in the Turkish Republic of Northern Cyprus (Abuduxike, 2019), 77.3% of the participants reported visiting health

centres for treatment of health problems, while 12.2% of them had refused to seek healthcare when they felt ill during the last five years. Out of all the respondents, 39.1% of them reported preferring private health services. In Jasikan, the Oti region in Ghana, patients preferred to delay in seeking for health care and this affects the prognosis and health outcomes (Ketor, *et al.*, 2024). Out of the 259 respondents, 61% chose the formal public health institutions as their first port of call for seeking health care. The preference for these health facilities was based on affordability of services, drug availability and good services. Wulifan, (2022) in Ghana on students' health care seeking behaviour and perception, discovered that a total of 83.92% visited the hospital, clinic and pharmacy when illness is detected while 16.08% did nothing. Out of the 400 respondents in a study involving students from two universities in Uganda (Wamaani, *et al.*, 2023), 57.5% consulted a health worker when they were ill, and their main reason was to treat the underlying illness. Over 68% of the respondents treated themselves while 35.8% sometimes went online for health-related information about the illness. A study in Nepal (Bhandari, 2020) revealed that 65% of medical students in a teaching hospital visited a health facility during their last sickness unlike 61.9% university students in Lebanon who sought health care from family members and friends (Behzadifar, *et al.*, 2020). Another study conducted among medical students in Nepal (Khadka, *et al.*, 2022) reported that out of the 208 respondents 88.9% were aware of physical, mental and social aspects of health, 40.8% of the respondents sought help only when their symptoms got worse while 27.4% of them sought the help of alternative medicine. Around 74.2% of the respondents took medicines without a proper prescription and the commonly self-medicated drug group was non-steroidal anti-inflammatory drugs.

In a study conducted in Edo state among 265 nursing students (Osarugue & Osewe, 2022), 91.8% of the students were aware of the existing health facility, out of which 21.8% have done health clearance and 71.4% stated categorically that the waiting time before being attended to is too long. Usman, *et al.*, (2020) opined that factors such as high cost of drugs (22.4%), long waiting time (55.2%) and the attitude of health workers (22.4%) as well as high cost of services, type and severity of illness and attitude of health care workers determined the health seeking behaviour of respondents in a study conducted among residents of Basawa community in Kaduna. Bamidele, *et al.*, (2023) deduced from a study conducted among undergraduate students in a university that 50.6% of them had poor health-seeking behaviour and some factors that affected this kind of behaviour included the non-availability of medications (37.2%), attitude of healthcare workers (32.5%), and the cost of care (13.6%). Orok, *et al.*, (2024) in a study which was used to determine students' perception of health care services among 429 students reported that only 43.4% of them occasionally utilize the health care facility within the university. The reasons for the under utilization include poor attitude (33.1%) of staff of the health facility and 12.6% of them strongly disagreed that the healthcare staff were incompetent. The research question answered by this study was 'What are the factors influencing health seeking behaviour among students of tertiary institutions in Ibadan, Oyo State, Nigeria? The hypothesis tested was 'There is no significant association between ethnicity and factors influencing health seeking behaviour among students of tertiary institutions in Ibadan, Oyo State, Nigeria. The significance of this study is to improve/bring out policies on maximum use of health care services within tertiary institutions.

MATERIALS AND METHODS

The study design for this study was descriptive cross-sectional design. The study setting was the tertiary institutions within Ibadan, Oyo State, Nigeria. The study population were students in these institutions. The inclusion criteria were registered students in various degree programs, who consented and are willing to participate in the study while the exclusion criteria were non-registered students. The sample size for this study was obtained by using Taro Yamane (1976) formula with 95% confidence level with allowable error (0.05). A

total sample size of 360 was arrived at, including the attrition rate. Multistage sampling technique which consisted of 5 stages was employed for the selection of the respondents. The first stage was selection of 4 Local Government Areas (LGA) out of the 33 LGAs in Oyo State, where Ibadan is situated. In the second stage, 4 wards each from the LGAs out of over 600 wards were selected while in the third stage, 3 areas from each selected ward were selected. The fourth stage was selection of institutions within the selected wards. The fifth stage was selection of individuals who met the inclusion criteria and were willing, ready and who gave their consent to participate in the study. Each stage of the selection was done through simple random sampling. The validation of the study instrument and reliability coefficient was assured by experts and done respectively. The researcher and 8 research assistants, who after training, participated in the collection of data. All ethical principles were adhered to during collection of data. A full explanation of the nature of the study was explained to the respondents. The data obtained was entered into an SPSS software package 25.0 coded and analysed. The data was presented using frequency tables, summaries of descriptive statistics and Chi Square test which was utilized for the statistical analysis. The statistical analysis was used to test the validity of the hypothesis concerning factors influencing health seeking behaviour among the respondents. All statistical tests were set at $p = 0.05$ level of significance which were used to accept or reject the hypothesis.

RESULTS

Research Objective: To identify factors influencing health seeking behaviour among students of tertiary institutions in Ibadan, Oyo State, Nigeria. The study sought out to identify factors influencing health seeking behavior among the study population. A considerable proportion of the students admitted to self-medicating or seeking alternatives outside the health facility 131 (37.9%). One-third of the respondents 115 (33.2%) considered the facility far from their hostels, whereas 124 (35.8%) of them mentioned that they sometimes avoided care to save money. Academic concerns were also relevant, as 111 (32.1%) sometimes believed that attending the clinic interfered with their studies. Most students did not consider religion a major barrier, with 267 (77.2%) never seeing their beliefs as against orthodox medicine (Table 1).

Research Hypothesis: There is no significant association between ethnicity and factors influencing health seeking behaviour among students of tertiary institutions in Ibadan, Oyo State, Nigeria. Table 2 showed that there was no significant association between ethnicity and factors such as self-medication ($X^2=2.619$; $p=0.270$), distance from clinic ($X^2=1.846$; $p=0.397$) and cost ($X^2=3.495$; $p=0.174$). Also, factors like academic concerns ($X^2=4.154$; $p=0.125$) and religious beliefs ($X^2=0.484$; $p=0.785$) were not significant with ethnicity among the respondents. Therefore, the null hypothesis was accepted.

DISCUSSION

Several factors which include seeking for health care outside the institution's health facility, distance, financial constraints and more were deduced from the study as constraints to health seeking behaviour of the respondents. Aboaba *et al.* (2023) in a study among rural households in Ogun State revealed that factors such as financial constraints, distance to health facilities, level of education and lack of awareness limits the health seeking behaviour of people. Among the factors that are tandem to this study as revealed by Bamidele, *et al.* (2023) in a study among undergraduate students in a Nigerian private university health centre are non-availability of medications (37.2%) and the cost of care (13.6%). All these factors could act as barriers to seeking for health care and eventually influence HSB. The Chi-Square analysis of the hypothesis revealed a not significant association between all the three major ethnic groups and factors as mentioned in Table 2. In a study on ethnic variations in health seeking behaviours and attitudes between the Fulanis and Yoruba farmers in Nigeria by Otusanya *et al.*, (2019), it showed that the Fulanis (23.5%) were more likely to use private health facilities while the Yorubas (33.6%) commonly used the government owned health facilities. The implication of this study is that health workers in health facilities in tertiary institutions should go along with the slogan of 'Catch them young' while rendering the health care to the students who are just admitted for various programmes and who have left the comfort of their homes to a new environment. This will enable the health workers to have a baseline data of each of their clients and enable them to give individualised health care. Also, the findings of this study will enable health workers to be part of people that could contribute to policy making on how to improve health care services in tertiary institutions.

Table 1. The Students Responses on the Factors Influencing Health Seeking Behaviour

Factors	Responses	Frequency	Percentage
When I am sick, I usually self-medicate or seek for health care somewhere else apart from the health facility.	Never	84	24.3
	Rarely	74	21.4
	Sometimes	131	37.9
	Often	40	11.6
	Always	17	4.9
I see the health facility as being too far from my hostel.	Never	110	31.8
	Rarely	69	19.9
	Sometimes	115	33.2
	Often	24	6.9
	Always	28	8.1
I try to manage my pocket money and cannot afford to use it for seeking for any health care.	Never	103	29.8
	Rarely	60	17.3
	Sometimes	124	35.8
	Often	33	9.5
	Always	26	7.5
The time for attending the health facility is taking its toll on my academic performance.	Never	94	27.2
	Rarely	71	20.5
	Sometimes	111	32.1
	Often	37	10.7
	Always	33	9.5
My religious belief is against orthodox medicine.	Never	267	77.2
	Rarely	19	5.5
	Sometimes	39	11.3
	Often	9	2.6
	Always	12	3.5

Table 2. Association between Ethnicity and Postulated Factors of Health Seeking Behaviour

Factors	Responses		Chi-Square	p-value
Self-Medication	Yes	No	2.619	0.270
Yoruba	222 (74.2)	77 (25.8)		
Igbo	24 (85.7)	4 (14.3)		
Hausa/Others	16 (84.2)	2(15.8)		
Distance to the clinic from the hostel	Yes	No	1.846	0.397
Yoruba	200 (66.9)	99 (33.1)		
Igbo	21 (75.0)	7 (25.0)		
Hausa/Others	15 (78.9)	3(21.1)		
Afford Healthcare cost.	Yes	No	3.495	0.174
Yoruba	206 (68.9)	93 (31.1)		
Igbo	24 (85.7)	4 (14.3)		
Hausa/Others	13 (68.4)	4(31.6)		
Time to spend in clinic is affecting academic performance.	Yes	No	4.154	0.125
Yoruba	212 (70.9)	87 (29.1)		
Igbo	24 (85.7)	4 (14.3)		
Hausa/Others	16 (84.2)	3 (15.8)		
Religious Belief against orthodox medicine	Yes	No	0.484	0.785
Yoruba	70 (23.4)	229 (76.6)		
Igbo	5 (17.9)	23 (82.1)		
Hausa/Others	4 (21.1)	15 (78.9)		

CONCLUSION

In conclusion, the study revealed certain factors as contributors to influencing health seeking behaviour among the students in tertiary institutions in Ibadan, Oyo State, Nigeria.

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